

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH AND
RECOVERY SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

**MARIN COUNTY
BEHAVIORAL HEALTH AND
RECOVERY SERVICES
(BHRS)**

CULTURAL COMPETENCE

PLAN & UPDATE 2016



Executive Summary



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In late 2013 Marin County's Behavioral Health and Recovery Services (BHRS) Division temporarily promoted one of its Licensed Mental Health Practitioners, Cesar Lagleva-LCSW, to a half-time interim Ethnic Services Manager (ESM) position. At the time, BHRS was experiencing a significant period of transition as the division was in search of a director and a program manager due to the retirement of the director, Bruce Gurganus, and the program manager and writer of the county's 2010 Cultural Competence Plan Requirement (CCPR), Hutton Taylor. Also, the division experienced the unexpected and tragic death of the organization's designated ESM, the late Rene Mendez-Penate.

With the loss of these three integral leadership staff, the interim ESM was challenged to understand and learn the duties and responsibilities of the position. One of the key documents that the interim ESM had hoped to utilize to begin to understand the duties of his position was the county's Cultural Competence Plan Requirement (CCPR) submitted in 2010. Although the CCPR provided some insight into the function, role and responsibilities of the ESM position, much of the contained information needed to be updated. In January 2015, the ESM became a permanent 1 FTE position, and the interim ESM was promoted to fill this role. It was then that the CCPR was re-assessed for its relevancy and consistency with two major areas of BHRS' activities, the newly approved 3-year FY2014-2017 MHSA plan and the organizational re-structuring efforts.

Through the guidance of the newly hired BHRS Director, Dr. Suzanne Tavano, and the re-establishment of the division's Cultural Competence Advisory Board (CCAB), the ESM was directed to revise the 2010 CCPR to better reflect the goals and objectives of the FY2014-2017 MHSA plan and the results of the re-structuring process. This document serves as both the revised CCPR and FY2015/16 annual update. FY2014/15, FY2015/16 and parts of available FY2016/2017 data were used to analyze, develop and implement strategies and tactics to meet state standards in achieving greater cultural and linguistic competence, and to reduce behavioral healthcare disparities and stigma.

As part of BHRS' re-structuring process, which included the formal merger of the mental health and substance use services, this report weaves in efforts that are underway to create a culturally competent organization, and one that can provide treatment and recovery services for co-occurring disorders. Evidence of this merger can be found in the MHSA Workforce Education and Training's (WET) work plan strategies and tactics. The inclusion of racially/ethnically and culturally diverse consumer/family members in the workforce as peer, substance use and/or domestic violence counselors/specialists also highlights BHRS' commitment to integrate lived experience in creating a more multicultural workforce in order to reduce behavioral healthcare disparities among un/underserved racial/ethnic and cultural populations of Marin County.

In addition, FY 2015-2016 was a year of program development for the system. The implementation plan for the Drug Medi-Cal Organized Delivery System 1115 Waiver was developed for substance use and complex co-occurring disorders. This was a departmental effort and will be implemented in the FY 2016-2017 throughout the substance use continuum. As part of this effort, cultural competency and the implementation of culturally responsive service delivery is a primary concern. Behavioral Health and Recovery Services will continue to be focused on creating, maintaining and supporting cultural competent environments throughout the workforce as well as service delivery in order to reflect the diversity of the communities we serve.

Finally, the County of Marin is a part of Government Alliance on Race and Equity (GARE), a national network of government working to achieve racial equity and advancement opportunities for all. The last section in the CCPR includes County of Marin's 5-Year Business Plan, which identifies Diversity and Inclusion as one of its major focus areas. This focus helps drive some of BHRS' commitment to create an equitable and multicultural workforce. The ESM is an active member of the 5-Year Business Plan Implementation Team and serves as a liaison between the County Administrator's Office, the Health and Human Services Department and BHRS Division to ensure that the goals and objectives of the Focus Area are implemented.

[Attachment A1: Marin County 5-Year Business Plan](#)

**CRITERION 1
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
COMMITMENT TO CULTURAL COMPETENCE**

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

I. County Mental Health System commitment to cultural competence

The county shall have the following available on site during the compliance review:

[Attachment A2: CCAB, WET, MHSAAC, Mental Health and AOD boards, QIC Rosters](#)

A: Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement;
2. Statements of Philosophy;
3. Strategic Plans;
4. Policy and Procedure Manuals;
5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).

Response:

Copies of the documents will be available on site during the compliance review.

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

The CCPR Modification (2010) shall be completed by the County Mental Health Department. The county will hold contractors accountable for reporting the information to be inserted into the CCPR. **Note:** The DMH recognizes some very small counties do not have contracts.

The county shall include the following in the CCPR Modification (2010):

A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.

Response:

[Attachment A3: CSS - MHSA FY15/16 Annual Update](#)

B. A one page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.

Response:

On a policy level, BHRS has actively involved and engaged underserved communities by identifying, recruiting and retaining the support and participation of members of the underserved communities to serve on several boards and committees; the Cultural Competence Advisory Board (CCAB), Mental Health Services Act Advisory Committee (MHSAAC); Workforce Education and Training Steering Committee (WET); Quality Improvement Committee (QIC); Transition-Aged Youth (TAY) Advisory Council; Marin County Advisory Board on Alcohol and Other Drug Programs; and Marin County Mental Health Board. One of the primary roles of the underserved representatives as board or committee members is to provide unique perspectives and serve as authentic voices from their representative communities when making policy recommendations.

On a program level, this fiscal year saw a dramatic increase in the engagement and participation of underserved communities in many BHRS programs. BHRS strategically assessed and identified program opportunities within the organization that provided individuals from racial, ethnic, cultural and linguistically diverse backgrounds the opportunities to participate in the county's behavioral healthcare system in meaningful ways. For example, BHRS recruited qualified consumers/family members of un/underserved, communities to co-lead several cultural competency trainings on culture-specific topics as part of the division's cultural competency training series. Trainings on topics such as "Cultural Considerations in Working with Vietnamese Consumers" and the "Needs and Challenges of Newly Arrived Indigenous Immigrants in the U.S" included Vietnamese consumers and an indigenous leader who provided a cultural context to the trainings in which cultural healing practices were introduced as an alternative or complement to mainstream evidenced-based treatment practices and approaches.

On a service delivery and practice level, MHSA's Workforce Education and Training (WET) re-prioritized some of its funds to incentivize consumers/family members to consider a vocation or career in behavioral healthcare by offering scholarships and other supports to become certified peer mental health, substance use or domestic violence counselors. An ethnically and culturally diverse team of peer mentors served on interview panels in the selection of scholarship awardees. The WET program awarded forty one (41) scholarships to a culturally diverse group of Marin residents with lived experience to enroll in one of the three identified vocational paths. All awardees were matched with mentors who are also former consumers/family members with lived experience. This shift in priority is, in part, aligned to the county and the Health and Human Services Department's 5-year Equity business strategic plan.

C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs. Information on the county's current MHSA Annual Plan may be included to respond to this requirement.

Response:

While BHRS re-doubled its commitment and efforts to engage and include individuals from racial, ethnic, cultural and linguistically diverse backgrounds in FY2015/16 throughout the organization, much work is still needed to improve the understanding and knowledge of recruited individuals about the complex nature of the system. Many BHRS staff, agency partner and consumer/family representatives who sit on

committees, boards and councils at times expressed confusion about her/his purpose, role and responsibilities as participants. This may be attributed to the fact that these individuals have not served in advisory board, committees or councils in the past, therefore, lack the experience and confidence to provide their invaluable knowledge, insights and expertise during meetings. Fortunately, individuals who have participated in these processes have remained actively engaged and dedicated to learning the system and the various processes where policy, program and service delivery recommendations and decisions are made.

Another lesson learned is that various approaches or models to conduct outreach and engagement must be considered in order to effectively gain the trust and participation of racial, ethnic and cultural groups. Building and maintaining relationships with leaders from these communities increase the possibilities to build trusting relationships with other residents. Conducting outreach for the purpose of creating collaborative relationships has proven to be an effective strategy that BHRS and some of its staff have experienced, especially for staff that is charged or tasked to conduct outreach and engagement. The “meet them where they are” philosophy is a strength-based approach and consistent to one of BHRS’ underlying goals to become more recovery-oriented.

It is also important for BHRS to demonstrate that it values and honors the wisdom, energy and time that racial, ethnic and cultural consumers/family members bring to the organization. Offering consumers/family members monetary stipends lessens the burdens and barriers that they would otherwise experience such as transportation, loss of potential income, etc. As one participating member once said, “I am not only mentally disabled, I am also financially disabled.” Offering this incentive has supported and maintained the participation of culturally diverse consumers/family members in many areas of BHRS’ recommendation and decision making processes.

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

The CC/ESM reports to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

Response:

[Attachment A4: Promotional Opportunity - Ethnic Services and Training Manager](#)

The county shall include the following in the CCPR Modification (2010):

A. Detail who is designated the county’s CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county’s racial, ethnic, cultural, and linguistic populations.

Response:

In late 2013, BHRS temporarily promoted a clinical staff, Cesar Lagleva-LCSW, from its Youth and Family Services program as the interim Ethnic Services Manager (ESM) to a .50FTE position. Previously, this position and its responsibilities had been held by the late Renee Mendez-Penate who

unexpectedly passed away. In January 2015, Cesar was promoted as the full-time ESM. Upon his hire, Cesar was also given the responsibility to manage MHSA's Workforce and Education and Training (WET) program. The ESM position is 50% funded through MHSA Community Services and Supports and 50% funded through other mental health revenue sources. The ESM, along with the division's re-established Cultural Competence Advisory Board (CCAB), directly reports to the Behavioral Health Director; are available to consult with BHRS' administrative, management, support and line staff and its contract agency partners related to policy, system improvements, the delivery of culturally competent services, outreach and engagement to underserved communities to improve access to services in a culturally competent manner; and are able to provide diversity/multicultural education, workshops, trainings and consultation for BHRS staff, agency partners and other stakeholders. The ESM also serves as the communication bridge (liaison) between internal staff and the stakeholder community on emerging/current trends, issues, ideas and concerns that pertain to cultural competency-related efforts being undertaken by BHRS.

IV. Identify budget resources targeted for culturally competent activities

The county shall include the following in the CCPR Modification (2010):

A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:

Attachment A5: MHSUS Ethnic Services Manager Budget, WET Component Budget, Marin Outpatient and Recovery Services – Contractor, Language Line Services, Inc. (On-Site Interpretation Service)

1. Budget amount spent on Interpreter and translation services;
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;
4. Special budget for culturally appropriate mental health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

Response:

MHSA Prevention and Early Intervention

One of MHSA's Prevention and Early Intervention (PEI) purposes is to reduce mental health disparities by ensuring timely access to services for un- and underserved populations, as well as providing culturally and linguistically competent services. PEI programs dedicated to serving racial and ethnic target populations are listed below, including specific cultural competence efforts within each program, and the portion of the funding allocation for each program that is specific to cultural competence efforts. Descriptions of each PEI program are included in

Attachment A6: PEI Program Descriptions Triple P thru Shoreline

Program	Cultural Competence strategies	FY15-16 Allocation
Triple P	Evidence based program that is culturally appropriate for racial and ethnic target populations At least half of services provided are in Spanish	\$31,000 (50% of total budget)
School Age PEI	Outreach to racial and ethnic target populations, as well as West Marin Services provided at schools that serve a high proportion of racial and ethnic target populations Direct service staff mostly reflect culture of students served	\$310,000
Transition Age Youth PEI	Outreach to racial and ethnic target populations Services provided at Teen Clinics and schools that serve a high proportion of racial and ethnic target populations Group services provided for recent Latino immigrants Direct service staff mostly bilingual/bicultural	\$160,000
Latino Community Connection	Promotores outreach to Latino population Services provided within trusted community organization serving Latino immigrants, as well as in West Marin Direct service staff all bilingual and mostly bicultural	\$204,000
Vietnamese Community Connection	Community Health Advocates outreach Vietnamese population Services provided at trusted community organization serving Vietnamese immigrants Staff all bilingual/bicultural	\$53,000
Older Adult PEI	Outreach to racial and ethnic target populations Evidence based practices appropriate for target populations Staff bilingual/bicultural	\$20,000

Suicide Prevention	The hotline employs interpretation service to provide services in many languages	\$700
PEI Training	Includes Mental Health First Aid in Spanish, cultural competence trainings/conferences/events	\$7000
Statewide	CalMHSA provides culturally and linguistically competent outreach and anti-stigma materials, training and TA, etc.	\$75,000

In addition, all PEI providers are required to attend at least one cultural competence training per year, as well as provide client materials in Spanish.

MHSA Innovation

Marin’s current MHSA Innovation project is *“Growing Roots: The Young Adult Services Project.”* The core challenge identified in Marin, during the development of the MHSA Three Year Program and Expenditure Plan, was how to reduce disparities for un/underserved populations in the mental health system. During Innovation community meetings in late 2014 and early 2015, the role of the informal system of care was identified as a key to addressing existing disparities. Informal providers - such as grassroots, faith and peer led organizations - provide a number of behavioral health services for those at risk for or experiencing mental illness who may not be engaged with the formal system of care. Services include outreach, engagement, prevention, intervention, resiliency, recovery and community integration. In addition, transition age youth from 16-25 years old (TAY) were identified as an un/underserved population that continues to be hard to reach.

The “Growing Roots Project” aims to reduce disparities in access to culturally competent behavioral health services for TAY from un/underserved populations (i.e.: race, ethnicity, language, sexual orientation, gender identity, geographic isolation, experiencing complex conditions) who are at risk for or experiencing a mental illness by building on the strengths of the informal system of care

[Attachment A7: INN Idea Submission Flyer, INN Plan, Canal Welcome Supporting Letter](#)

Funding allocation:

FY15-16	FY16-17	FY17-18	FY18-19	TOTAL
\$10,350	\$236,900	\$684,250	\$685,400	\$1,616,900

Substance Use Services

Marin County services system data shows an ongoing under-representation of adults of Hispanic or Latino descent participating in mental health and substance use services, as compared to Marin demographic data. Information provided through focus groups and key informant interviews with community stakeholders corroborate these findings. In order to begin to reduce the current disparity—and in alignment with the national Culturally and Linguistically Appropriate Services (CLAS) standards -

Marin County initiated a request for proposal in 2014 for an applicant to develop and implement co-occurring capable substance use treatment services that are culturally and linguistically appropriate for underserved segments of the Spanish Speaking Hispanic or Latino population in Marin County. The contract was awarded in 2015 to a community based provider and was funded at \$105,500.00 for the fiscal year 2015-2016.

In addition to this funding allocation for monolingual treatment services, Marin County Behavioral Health and Recovery Services requires all sub-contractors who receive funding for substance use services to include in their budgets cultural competency trainings for staff to comply with the national Culturally and Linguistically Appropriate Services (CLAS) standards. In addition, contractors must have access to translation services with are included in their overall agency's budget. As a result all funding that is provided for substance use services have various allocations towards 1) interpretive and translation services, and 2) culturally appropriate mental health and substance use services.

**CRITERION 2
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
UPDATED ASSESSMENT OF SERVICE NEEDS**

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

Note: All counties may access 2007 200% of poverty data at the DMH website on the following page: http://www.dmh.ca.gov/News/Reports_and_Data/default.asp within the link titled "Severe Mental Illness (SMI) Prevalence Rates". Counties shall utilize the most current data offered by DMH.

Only small counties, as defined by California Code of Regulations 3200.260, may request Medi-Cal utilization data from DMH by submitting the appropriate form to DMH, no later than five calendar months before plan submissions are due. To complete the Data Request Form, counties must contact the Office of Multicultural Services at 916- 651-9524 to have a DMH staff person assist in the completion of the proper form.

Eligible counties may be provided data within thirty calendar days from the data request deadline; however, all requests are first-come first-serve and provided according to DMH staff availability and resources.

I. General Population

The county shall include the following in the CCPR Modification (2010):

A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations. The summary may be a narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally). If appropriate, the county may use MHSA Annual Update Plan data here to respond to this requirement.

Response:

Marin County Profile

Marin County, located just north of San Francisco, is a mid-sized county spanning 520 square miles of land with a total population of 252,409 residents. The population is 50.8% female and 80% White; however, similar to other areas of California, the Latino population (15.5% of the total population) is the fastest growing demographic in Marin (43% increase since 2000). Neighborhoods like Marin City and San Rafael/Canal have a higher concentration of families of color. Spanish is the only threshold language in Marin County, although most county documents are also available in Vietnamese.

The majority of residents live in the eastern region of the county, along the Highway 101 corridor. Ranching and dairying are major features of the rural areas of West Marin. Industry in the county

includes movie and video production, computer software, communications equipment, printing and the manufacturing of ceramics, candles and cheese.

The Population Health Institute continues to rank Marin as the healthiest county in California. This includes indicators for mortality, health behaviors, and social and economic factors. While that is a great strength to build on, not all communities within Marin enjoy the same level of health – physically, socially, economically, or psychologically. According to the same ranking system, Marin County ranks in the bottom 50% with regard to adult excessive drinking and accidental overdoses.

Marin County by 2010 Census Data

	<i>Demographic</i>	<i>Population</i>	<i>Percentage %</i>
	<i>Total population</i>	<i>252,409</i>	<i>100</i>
Age	0-19 years old	56,452	22.2
	20-24 years old	10,308	4.1
	25-64 years old	143,557	56.9
	65 years old and older	42,192	16.8
Sex	Male population	12,4072	49.2
	Female population	12,8337	50.8
Race	White	211,647	83.9
	Black or African American	8,941	3.5
	American Indian and Alaska Native	3,787	1.5
	Asian	18750	7.4
	Native Hawaiian and Other Pacific Islander	1132	0.4
	Some Other Race	19,769	7.8
Hispanic or Latino	Hispanic or Latino (of any race)	39,069	15.5
	Not Hispanic or Latino	21,3340	84.5

II. Medi-Cal population service needs (Use current CAEQRO data if available.)

The county shall include the following in the CCPR Modification (2010):

A. Summarize the following two categories by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

1. The county’s Medi-Cal population (County may utilize data provided by DMH. See the Note at the beginning of Criterion 2 regarding data requests.)

2. The county's client utilization data

Response:

Fiscal Year 2015-2016		Marin County Medi-Cal Population*	County Client Utilization (FY15/16)
Race:	White	15,803	1,710
	Black or African American	2,269	216
	American Indian or Alaska Native	98	16
	Asian	1,986	93
	Other Asian or Pacific Islander	1,019	42
	Other Race	299	557
	Two or More Races	N/A	1
	Not Reported	2,400	269
	** Hispanic	**19,921	N/A
Ethnicity:	Hispanic or Latino	19,921	663
	Not Hispanic	23,874	2,241
Language:	English	24,923	2,483
	Spanish	16,934	275
	Vietnamese	448	36
	Other	1,490	110
Age:	0-15	10,969	409
	16-25	5,738	420
	26-29	2,953	180
	30-39	7,027	442
	40-49	5,346	473
	50-59	5,072	480
	60-64	2,356	224
	65+	4,334	276
Gender	Male	20,620	1,436
	Female	23,175	1,457
	Unknown/ Not Reported	N/A	11
Note:	* Data from MMEF: Aug 2016		
	** MMEF does not collect Ethnicity (Hispanic/ Non Hispanic) as separate items, both are combined in one field.		

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

Response:

In FY2015/16, Marin County's Medi-Cal population was 43,975. Of this total, 19,921 (45%) were Latino beneficiaries. Of the total 2,904 client utilization, the Latino client utilization rate was 663 (23%) and while the utilization rate among Caucasians was 1,710 (59%). With regards to the African American population who represent the fourth largest county's Medi-Cal beneficiary population at 2,269 (5%), the utilization rate was 216 (9%). The utilization rate for African Americans in proportion to the county population of 3.5% indicates that they are over-represented in the county's behavioral healthcare system. Asian Pacific Islanders who represent 7.8% of the county population and 6.9% of the Medi-Cal beneficiary population, the third largest Medi-Cal population are slightly under-represented in proportion to their utilization rate of 135 (4.5%). The most significant disparity in utilization rate is the Latino/Hispanic population where they represent 15.5% of the county's population and make up the highest of all Medi-Cal beneficiaries among all racial/ethnic populations at 45.5% and with an overall utilization rate of 23% of the total number of people served in FY2015/16. Additionally, only 3% of all Latino/Hispanic Medi-Cal beneficiaries have utilized services in FY2015/16.

275 (16%) Spanish-speaking Medi-Cal beneficiaries received services in their native language while 36 (8%) Vietnamese-speaking Medi-Cal beneficiaries received services in their native language. Other languages in which services were provided other than English represented a total of 1,490 (7%). The sum total of this part of the data indicates that 421 (14%) of Medi-Cal beneficiaries served were provided services in languages other than English.

With regards to the population by age, of the 43,795 county Medi-Cal beneficiaries, 27,088 (61.6%) are people between 0-25 years old; adults between 26-64 years old make up 12,373 (28.3%); people 65 years or older make up 4,334 (9.9%). The highest utilizers of services among these three age groups are adults between 26-64 years old at 1,799 (41.1%) even though the highest Medi-Cal beneficiaries are people between the ages of 0-25 years old whose utilization rate is at 825 (18.9%).

III. 200% of Poverty (minus Medi-Cal) population and service needs. (Please note that this information is posted at the DMH website at: http://www.dmh.ca.gov/News/Reports_and_Data/default.asp.)

The county shall include the following in the CCPR Modification (2010):

A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.

Response:

Fiscal Year 2015-2016		200% of Poverty (minus Medi-cal Population)***	County Client Utilization (FY15/16)
Race:	White	23,713	1,710
	Black or African American	1,078	216
	American Indian or Alaska Native	221	16
	Asian	766	93
	Other Asian or Pacific Islander	1,628	42
	Other Race	5,741	557
	Two or More Races	1,322	1
	Not Reported	N/A	269
Ethnicity:	Hispanic or Latino	10,676	663
	Not Hispanic	23,793	2,241
Language:	English	20,492	2,483
	Spanish	9,442	275
	Vietnamese	179	36
	Other	4,356	110
Age:	0-15	12,343	409
	16-25	{Age(0-9)=2,531; (10-19)=3,538; (20-29)=6,274}	420
	26-29		180
	30-39	4,587	442
	40-49	4,656	473
	50-59	4,886	480
	60-64	2,270	224
	65+	5,727	276
Gender	Male	15,795	1,436
	Female	18,674	1,457
	Unknown/ Not Reported	N/A	11

Note: ***Marin County Residents living at or below 200% of the Federal Poverty Level (FPL) based on iPUMS data utilizing American Community Survey 5-year estimates, 2010-2014.

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

Response:

Caucasians make up the largest population among the 200% of poverty rate minus the Medi-Cal population while the Latino population makes up the second largest in the county. The difference between economically disadvantaged Caucasians without Medi-Cal versus those who receive Medi-Cal is 7,910. On the other hand, there are less Latinos (without-10,676; with-19,921), Asian/Pacific Islanders (without-2,394; with-3,005) and African Americans (without-1,078; with-2,269) without Medi-Cal than those who receive those benefits. These disparate distinctions suggest a few things. While these three racial/ethnic populations who fall within the 200% poverty rate receive more Medi-Cal benefits than those without, they still do not utilize services at a proportionate rate in comparison to Caucasians whose utilization rate is more consistent with the actual population of Medi-Cal beneficiaries than those without. This data also suggest that the disparities in access to services among Latinos, Asian/Pacific Islanders and African Americans may stem from cultural differences in beliefs and attitudes about treatment/healing practices, language and/or systemic barriers that prevent them from receiving care than their Caucasian counter-part.

Response:

**IV. MHSA Community Services and Supports (CSS) population assessment and service needs
The county shall include the following in the CCPR Modification (2010):**

A. From the county’s approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

Response:

Race/ Ethnicity	# of People Served 15/16
Caucasian or White	181
Hispanic	63
Black or African	
American	19
Other	6
Vietnamese	4
American Indian	3
Unknown / Not Reported	2
Chinese	1
Grand Total	279

by Gender	# of People Served 15/16
Female	127
Male	152
(blank)	
Grand Total	279

B. Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

Response:

The table above represents the number of consumers who received services from BHRS' full service partnership (FSP) programs—Youth Empowerment Services (YES), Transition Age Youth (TAY), Support and Treatment after Release (STAR), Helping Older People Excel (HOPE) and Odyssey. In FY2015/16. As mentioned in previous analysis in this criterion, Latinos, who make up the largest number of Medi-Cal beneficiaries, experience the greatest disparities in the utilization of FSPs. Conversely, Caucasians make up 65% of all FSP consumers while the lowest racial/ethnic populations who penetrate FSPs are Asian/Pacific Islanders (Vietnamese and Chinese) at 1.8% and Native Americans at 1.1%. African Americans make up 6.8% of all FSP consumers, which is slightly higher than the county's African American population of 3.5% but slightly lower in comparison to the total Medi-Cal utilization rate of 9.5%.

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

The county shall include the following in the CCPR Modification (2010):

A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

Response:

Race	County Population 2010	Medi-Cal Population 2015-16	200% Poverty (minus Medi-Cal Population 2015-16)	Consumers Served 2015-16
<i>White</i>	83.9	23.4	34.4	47.9
<i>Black or African American</i>	3.5	3.4	1.6	6.1
<i>American Indian or Alaska Native</i>	1.5	0.1	0.3	0.4
<i>Asian</i>	7.4	2.9	1.1	2.6
<i>Other Asian or Pacific Islander</i>	0.4	1.5	2.4	1.2
<i>Other Race</i>	7.8	0.4	8.3	15.6
<i>Two or More Races</i>	N/A	0.0	1.9	0.0
<i>Not Reported</i>	N/A	3.5	N/A	7.5
<i>Hispanic</i>	15.5	29.4	15.5	18.6
<i>Not Hispanic</i>	84.5	35.3	34.5	62.8

Designation of un/underserved populations is based on those Marin residents who are eligible for County mental health services, best represented by Medi-Cal Beneficiaries, compared to those receiving county mental health services. Based on this data, as well as priorities identified during MHSA community planning processes, PEI targets:

- Adult Latino population: identified as the most un/underserved based on data
- Asian Pacific Islanders: also categorized as underserved by the data
- African Americans and Latino youth: over-represented among County clients according to the data, possibly in part due to lack of prevention and early intervention services that would reduce the need for treatment services
- Transition Age Youth (16-25 years old): identified as underserved by the data
- Older Adults: while slightly over-represented in the data, the numbers of older adults from underserved racial and ethnic populations is increasing
- Persons living in West Marin: underserved based on BHRS data

PEI programs targeting these priority populations are listed under question IV.

**CRITERION 3
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC
MENTAL HEALTH DISPARITIES**

Rationale: “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

Note: The purpose of this section is to use this CCPR Modification (2010) as a logic model by continuing the analyses from Criterion 2 and to correlate the county’s defined disparities with targeted activities to address them.

The county shall include the following in the CCPR Modification (2010):

I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)

Response:

- Adult Latino population: identified as the most un/underserved based on data
- Asian Pacific Islanders: also categorized as underserved by the data
- African Americans: over-represented among County clients according to the data, therefore potentially “inappropriately served”
- Transition Age Youth (16-25 years old): identified as underserved by the data
- Older Adults: while slightly over-represented in the data, the numbers of older adults is increasing significantly
- Persons living in West Marin: underserved based on BHRS data

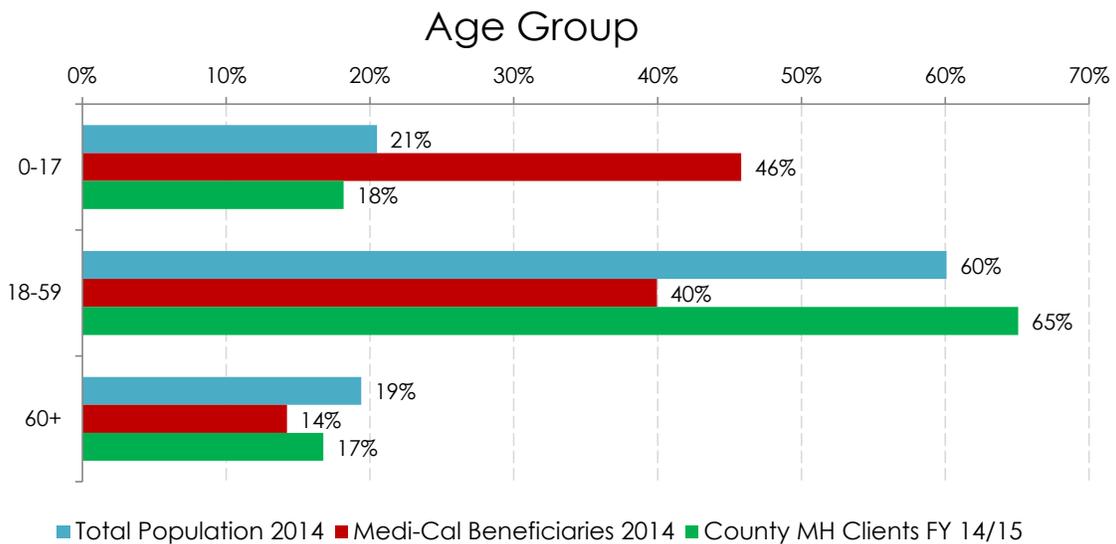
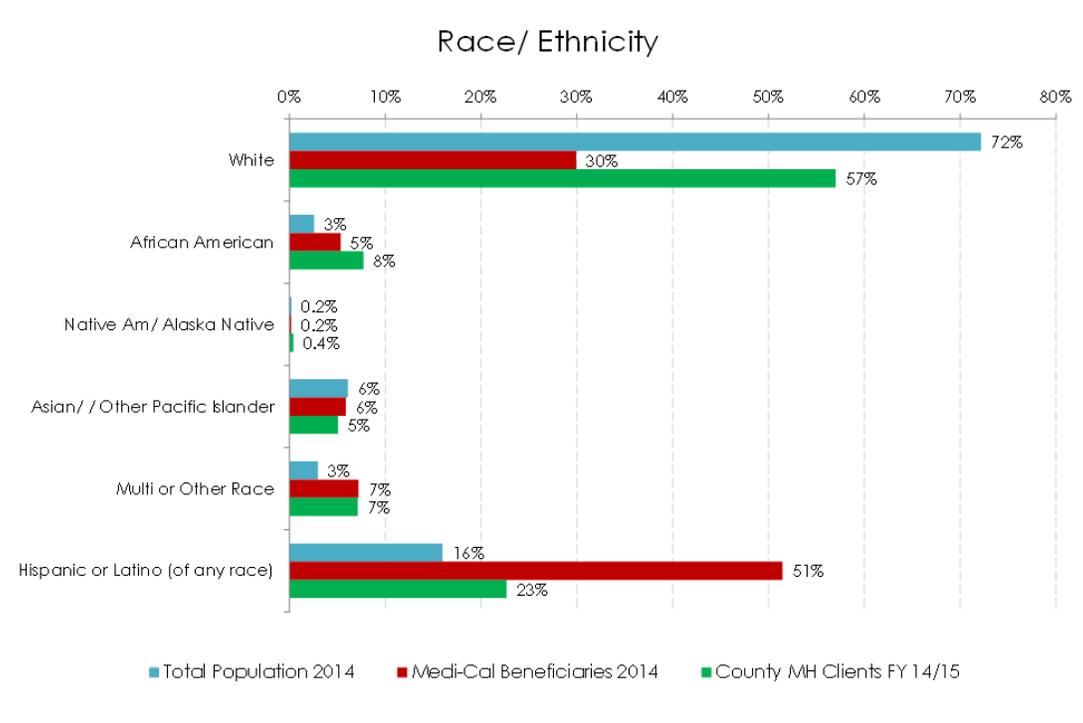
A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

Response:

Designation of un/underserved populations is based on those Marin residents who are eligible for County mental health services, best represented by Medi-Cal Beneficiaries, compared to those receiving county mental health services (tables below). Based on this data, as well as priorities identified during MHSA community planning processes, BHRS targets:

- Adult Latino population: identified as the most un/underserved based on data
- Asian Pacific Islanders: also categorized as underserved by the data

- African Americans and Latino youth: over-represented among County clients according to the data, possibly in part due to lack of prevention and early intervention services that would reduce the need for treatment services
- Transition Age Youth (16-25 years old): identified as underserved by the data
- Older Adults: while slightly over-represented in the data, the numbers of older adults from underserved racial and ethnic populations is increasing in Marin overall
 - Persons living in West Marin: underserved based on BHRS data



II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).

Response:

Population	Disparities Identified
Adult Latino	<ul style="list-style-type: none"> • Significantly low penetration rate overall in County • Undocumented individuals are told they will be charged on a sliding scale based on income to get an assessment, but the amount to be paid is unknown prior to the time of the appointment • Lack of providers for Spanish speaking individuals needing mild/moderate services through the Managed Care Plan (MCP) • Inadequate number of bilingual/bicultural clinicians in BHRS' Adult System of Care • Inadequate bilingual/bicultural clinical staffing in programs where there is a high concentration of potential adult Latino consumers to access services (i.e. STAR, Odyssey, CalWORKs, County Jail, rural West Marin and North Marin) • Lack of available schedule for appointments during non-traditional work hours (9am-5pm) to accommodate consumers' work schedule(s) • Lack of culturally appropriate treatment interventions and options • Stigma
Asian Pacific Islanders	<ul style="list-style-type: none"> • Low penetration rate overall in County • Inadequate number of providers for Vietnamese speaking individuals needing mild/moderate services • Stigma
African American	<ul style="list-style-type: none"> • Over-represented among County clients according to the data, possibly in part due to lack of appropriate prevention and early intervention services that would reduce the need for treatment services • Lack of effective and culturally appropriate treatment interventions provided by contract agency partner in Southern Marin (Marin City), the highest geographic concentration of African Americans residents in the county • Lack of African American providers for mild/moderate and severe services provided by the MCP • Stigma
Latino Youth	<ul style="list-style-type: none"> • Over-represented among County clients according to the data, possibly in part due to lack of culturally appropriate prevention and early intervention services that would reduce

	<p>the need for treatment services</p> <ul style="list-style-type: none"> • Stigma
Transition Age Youth	<ul style="list-style-type: none"> • Low penetration rate overall in County • Lack of outreach and engagement efforts that are conducted (i.e. community colleges, criminal justice, etc.) • Limited programs or services that are culturally appropriate to this population to access services • Inadequate number of culturally appropriate service providers who specialize in working with TAY
Older Adults	<ul style="list-style-type: none"> • Slightly high penetration rate, but the numbers of older adults from underserved racial and ethnic populations is increasing for Marin overall • Stigma
W Marin	<ul style="list-style-type: none"> • Low penetration rate • Sparsely populated area with inadequate public transportation system • Difficult to attract, recruit and retain bilingual/bicultural service providers due to location

III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSa plans (CSS, WET, and PEI) for reducing those disparities described above.

Response:

Two major strategies that were undertaken in FY2015/16 to reduce disparities were:

1. To increase the hiring and retention of bilingual/bicultural workforce that represent underserved populations.
2. To increase outreach and engagement efforts in racially/ethnically un/underserved and geographically hard-to-reach/serve communities.

With regards to outreach and engagement efforts, it is important to note that BHRS employed several strategies to increase the penetration of rates and engagement of un/underserved communities, particularly racial/ethnic populations. The strategies used are as follows:

MHSa-Prevention and Early Intervention (PEI)

All PEI programs use strategies to reduce disparities. The most common are:

- Locating services within agencies and sites that target populations already access
- Use materials, strategies and interventions shown to be culturally appropriate
- Employ staff that reflect the clients they serve culturally and linguistically
- Conduct outreach through venues likely to reach target populations

- Reduce stigma by providing services in multi-service sites, schools, etc., as well as using language that does not increase stigma (i.e.: refer to “stress” rather than “mental health issues”)

Specific tactics some PEI programs use:

Program	Strategies to reduce disparities
Triple P	<ul style="list-style-type: none"> • Evidence based program that is culturally appropriate for racial and ethnic target populations • At least half of services provided are in Spanish
School Age PEI	<ul style="list-style-type: none"> • Outreach to racial and ethnic target populations, as well as West Marin • Services provided at schools that serve a high proportion of racial and ethnic target populations • Direct service staff mostly reflect culture of students served
Transition Age Youth PEI	<ul style="list-style-type: none"> • Outreach to racial and ethnic target populations • Services provided at Teen Clinics and schools that serve a high proportion of racial and ethnic target populations • Group services provided for recent Latino immigrants • Direct service staff mostly bilingual/bicultural
Latino Community Connection	<ul style="list-style-type: none"> • Promotores outreach to Latino population • Services provided within trusted community organization serving Latino immigrants, as well as in West Marin • Direct service staff all bilingual and mostly bicultural
Vietnamese Community Connection	<ul style="list-style-type: none"> • Community Health Advocates outreach Vietnamese population • Services provided at trusted community organization serving Vietnamese immigrants • Staff all bilingual/bicultural
Older Adult PEI	<ul style="list-style-type: none"> • Outreach to racial and ethnic target populations • Staff bilingual/bicultural
Suicide Prevention	<ul style="list-style-type: none"> • The hotline employs interpretation service to provide services in many languages
PEI Training	<ul style="list-style-type: none"> • Includes Mental Health First Aid in Spanish, cultural competence trainings/conferences/events
Statewide	<ul style="list-style-type: none"> • CalMHSA provides culturally and linguistically competent outreach and anti-stigma materials, training and TA, etc.

MHSA-Innovation

The “Growing Roots Project” aims to reduce disparities in access to culturally competent behavioral health services for Transition Age Youth (16-25) from un/underserved populations (i.e.: race, ethnicity, language, sexual orientation, gender identity, geographic isolation, experiencing complex conditions) who are at risk for or experiencing a mental illness by building on the strengths of the informal system

of care. A central aspect of this project is a TAY Advisory Council to advise and conduct aspects of the project. The TAY Advisory Committee is made up of racially and ethnically diverse TAY, ones who are at-risk and/or have been involved in the criminal justice system, LGBTQ, and those who experience mild, moderate and severe mental health issues. The purpose of the Council is to ensure that the project is client driven and engages diverse voices. The project also aims to engage informal providers (grassroots, spiritual, TAY run, etc.) who may be successfully engaging underserved young adults. Many of these organizations may not provide formal mental health services and therefore have not been included in the system of care, but do play an important role in outreach, engagement, prevention, community integration, and recover – and can play a greater role. The two phases are:

1. Needs Assessment: Collect existing data, as well as conduct survey, interviews and focus groups with TAY, parents of TAY, and providers to understand what an improved system of care would look like.
2. Action Plan: Based on the Needs Assessment, develop an Action Plan for making changes to the system of care. Release a Request for Proposals (RFP) to identify providers to implement changes to their services and systems as prioritized in the Action Plan. Participating agencies implement changes that may include changes to policies and procedures; locations or modes of services; types or quantity of services available; coordination of services; and evaluation of services, among others. Implement trainings, technical assistance, and evaluation as needed.

MHSA-Workforce Education and Training (WET)

The WET Plan was amended in FY2015/16 to better align and reflect its strategies based on BHRS' identified workforce education and training needs and goals. The amended goal of WET is **“to develop a workforce that is culturally competent, linguistically and culturally reflective of the communities that are served, and able to offer integrated treatment for co-occurring disorders”**. A set of tactics has been implemented which includes:

1. Graduate Clinical Internship Program- Recruit and retain culturally/linguistically diverse interns to provide clinical services throughout the division, especially in program areas where there is persistent under-penetration of un/underserved racial/ethnic communities such as the Latino population.
2. Scholarships for Consumers and Family Members-Offer scholarships to culturally diverse consumers/family members to complete a vocational/certificate course in mental health, substance use and/or domestic violence peer counseling.
3. Peer Mentoring- Recruit and retain peer mentors with lived experience to provide support to scholarship recipients who are attending vocational/certificate courses in mental health, AOD and/or domestic peer counseling to ensure that recipients successfully complete their coursework.
4. Peer Specialist, domestic violence and substance use Intern Stipend Program- Offer internship stipends to mental health, substance use and domestic violence peer counselor graduates who are placed in public behavioral healthcare settings.

5. Consumer-Focused Trainings- Develop and implement advocacy training course for un/underserved racially/ethnically and culturally diverse peer specialists/counselors and adult BHRS consumer populations. Also, implement WRAP program that will be taught by former consumers who have completed WRAP certification program.

6. System-wide Dual Diagnosis Training- Develop a comprehensive system-wide substance use training and consultation plan for BHRS clinical staff and its agency partners. Also, develop and implement a co-occurring peer education certification course for consumers/family members interested in becoming mental health peer counselors/specialists.

7. Development of BHRS Peer Counselor classified positions- In collaboration with Human Resources, develop Peer Counselor I, II and Peer Supervisor job classifications and positions. Also, develop a collaborative pilot project with the department's Human Resources that will enhance recruitment, application reviews, interview and hiring processes and practices that will increase a culturally diverse applicant pool to compete for available BHRS job opportunities.

8. Training/Workshop Initiatives- Provide a series of introductory-level course/trainings on culture-specific topics. Also, continue to provide evidenced-based trainings such as Motivational Interviewing, Non-Violent Crisis Intervention and Trauma Informed System, Interpreter and the Use of Interpreter trainings, and Mental Health First Aid, all of which includes cultural competency principles.

9. Team Development- Contract with an organizational consultant/trainer/facilitator with cross-cultural expertise to engage staff throughout the organization on team building-related activities, discussions and planning related to diversity for the purpose of fostering, promoting and creating an inclusive organizational work culture and environment.

10. Curriculum Development- Participate in a Bay Area Workforce Co-Learning Collaborative (WCC) to develop a training curriculum for employers to support consumers and family members in the workplace.

11. State-wide WET Collaboration and Partnership- Continue to attend and participate in regional and state-wide WET-related policy, program and planning through the California Institute for Behavioral Health Solutions (CIBHS).

12. Advisory Committee- Continue to meet with WET steering committee monthly and to ensure fair and equitable representative voices from BHRS, agency partners and consumers/family members.

[Attachment A8: WET Program, COPE, WRAP, BHRS Peer Counselor Class Specification, WCC and accompanying information](#)

MHSA-Community Services and Supports (CSS)

The County recognizes the need to better engage and serve diverse populations, especially those identified as un/underserved. In addition to PEI-funded efforts that increase engagement of underserved populations, CSS continues its efforts to hire bilingual and bicultural staff and other

strategies to better serve diverse populations. In addition, the Southern Marin Services Site (SMSS) Program was closed at the end of FY2015-16 in order to work with the community on designing a service that will better meet their needs.

Outreach and Engagement

The Promotores and the Community Health Advocates that share the same outreach approach to the Latino and Vietnamese communities have consistently and effectively provided linkages to county operated and/or funded behavioral healthcare programs and systems. These outreach and engagement efforts utilize grassroots community residents and leaders from the Latino and Vietnamese communities to promote and encourage residents to access needed services.

CCAB's Outreach and Engagement Committee planned for and produced six (6) community education TV shows (3 Spanish; 3 English) in partnership with the county's government cable access channel. The purpose of the shows was to provide the audience an education on an array of topics and available resources. Culturally and racially diverse county residents and BHRS staff was featured guests in all the shows. The project was unique in that the production team included volunteer consumers/family members, BHRS staff and grassroots community agency partners. Consumers/family members were given hands-on training on the use of many different technical equipment and technology, and learned film production through the use of the cable channel's studio facility. When all shows launched in the Spring 2016, YouTube analytics produced by Community Media Center of Marin (CMCM), one of the two funded collaborating agencies, reported the number of viewership on this site alone between March-June 2016. The results are as follows:

MEANINGFUL MENTAL HEALTH

- Episode 1 - Uploaded Oct 21 - Total views as of August 11: **271**
- Episode 2 - Uploaded Oct 21 - Total views as of August 11: **162**
- Episode 3 - Uploaded Dec 23 - Total views as of August 11: **80**
- Mini spotlight "Crisis Intervention" - Uploaded Mar 2 - Total views as of August 11: **21**
- Mini spotlight "Boxing Gym" - Uploaded Mar 2 - Total views as of August 11: **30**
- Mini spotlight "Suicide Prevention" - Uploaded Mar 2 - Total views as of August 11: **15**
- Mini spotlight "Youth" - Uploaded March 2 - Total views as of August 11: **12**

LATINOS EN LA CASA

- Episode 1 – Uploaded on March 3 – Total views as of August 11: **98**
- Episode 2 – Uploaded on February 12 – Total views as of August 11: **78**
- Episode 3 – Uploaded on February 12 – Total views as of August 11: **52**

These shows are also shown on the BHRS' website, the Wellness Campus' Guest Reception area and the local cable access channel.

CCAB also planned for and sponsored a day-long community education and awareness event during May Mental Health Month. Again, volunteer consumers/family members of CCAB co-led the planning

process and coordination of the event that assisted approximately 200 attendees throughout the county to learn about many facets of the county operated and funded behavioral healthcare system.

Also, BHRS established a Faith/Spirituality initiative in Marin City in which it convened several local faith institutions from various faith backgrounds to discuss, share and identify different ways that the faith/spirituality community and BHRS can work more closely together. Participating initiative members/collaborators met regularly for several months which culminated in a cross-training on the important role of faith/spirituality in the treatment and recovery of people who suffer from mental illness and/or substance abuse for approximately 50 BHRS staff and agency partners, and a Mental Health Aid First Aid training for approximately 35 faith and lay leaders.

One of the successful programs supported and funded by BHRS is a local Spanish radio show hosted by a BHRS clinical staff, Dr. Marisol Munoz-Kiehne. The broadcast of the show not only reaches out to the hard-to-reach Latino populations in rural West Marin, but it also reaches to a broader international audience via www.cuerpocorazoncomunidad.org.

The newly implemented Mental Health Crisis Team program has its own Outreach and Engagement team. It works to determine the best way to engage and encourage client to utilize necessary services. It provides long-term outreach to individuals suffering from a mental illness whose limited insight contributes to an unwillingness or inability to engage with mental health services.

[Attachment A9: Crisis Team Flowchart](#)

IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities

Response:

PEI

All PEI programs collect client demographic data as well as outcome data. This enables us to assess annually whether the target populations are being reached and whether the interventions provided are effective. At this time providing agencies are not required to analyze the outcomes by race, ethnicity or other client characteristics. The MHSOAC has indicated that will be requested in the future. Many of the program contracts include objectives about numbers of individuals from un/underserved communities to be served. Based on annual contract performance, continuing efforts will be made to meet and/or maintain the goals and objectives of each program including activities to monitor the reduction or elimination of disparities.

Innovation

The Growing Roots Project has an extensive evaluation plan focused on assessing whether it led to an increase in access to services, including culturally competent services. It also evaluates the learning process itself, as well as outcome data for those who receive INN related services. Resource Development Associates (RDA) has been hired to conduct the evaluation.

WET

BHRS' WET Plan's vision is **"to have a culturally and experientially diverse workforce that is skilled to provide services to people with co-occurring substance use and mental health disorders."** BHRS' WET Plan will measure and monitor all identified strategies/activities for reducing disparities in several different ways. For example, WET will monitor the number of graduating students who received scholarship awards to enroll in vocational training courses as mental health, substance use and domestic violence counselors; engage scholarship recipients to evaluate the administration of the scholarship program including mentor support that they received while in the process of completing their coursework; monitor the number of graduates who are either placed in public behavioral healthcare settings as volunteers, interns and/or who find employment; obtain periodic accounting from Human Resources to inform senior management about the number of bilingual/bicultural staff that are hired and retained every fiscal year; rely on existing evaluation tools that are currently used to determine the effectiveness and quality of all trainings that are offered and the number of staff who attend cultural competence, substance use and related trainings; track the number of bilingual/bicultural who graduate clinical interns who obtain employment with BHRS or contract agency partners after successful completion of their internship experience; monitor the development of BHRS' Peer Counselor and supervisor positions; and monitor the number of bilingual/bicultural graduate clinical interns who are recruited and retained every fiscal year.

CSS

Response to this section will be provided during the compliance review.

Outreach and Engagement

Promotores and the Vietnamese Community Health Advocates are required to submit yearly reports that include the number of people reached or served. The PEI coordinator collects this information, analyzes and evaluates the data, and makes recommendations to BHRS senior management staff and contracting agencies based on penetration rates, levels of community engagement and access to services and resources.

The TV shows were officially launched in late FY2015/16. Community Media Center of Marin (CMCM) whom BHRS contracted with to help produce these shows will provide data information in FY2016/17 about the number of viewership from various media outlet sources (i.e. YouTube, Facebook, local cable channel, etc.).

The May Mental Health Month's planning committee measured the success and effectiveness of this outreach, education and engagement tactic by the number of people who attended the event. Planners anticipated about 150 community members to attend the event. To ensure that the event attracted culturally diverse community members, planners included activities that were appealed to a broad audience.

[Attachment A10: May Mental Health Month Event Flyers and Accompanying Information](#)

The Faith and Spirituality Initiative will measure the effectiveness of this tactic based on the number of congregations, faith and lay leaders who participate in the process. Also, the initiative proposed to its members to consider educating their congregants about mental illness and/or substance abuse, and available services and resources in the community for the purpose of reducing stigma and discrimination. Outreach and engagement materials and resource directories have been distributed to participating congregations.

Attachment A11: Faith Leaders Initiative and Accompanying Information

The Mental Health Crisis Team program will measure its effectiveness in penetrating racial/ethnic and other cultural communities by the team's ability to engage, educate and conduct interventions to un/underserved communities in culturally meaningful ways. It will track the number of contacts and the demographic population that it serves.

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).

CSS

Response to this section will be provided during the compliance review.

PEI

In the original PEI Plan, Marin included a mix of county-wide, age specific programs, such as Triple P, as well as population specific programs, such as the Canal Community Based program targeting Latino immigrants. Both approaches have been successful, and we have found ways to expand and combine these approaches. One of the key aspects is working with the target population to develop the programs over time. For example, the Canal program became the broader Latino Community Connection program – now reaching multiple geographic areas in the County.

In the initial PEI Plan, the services were defined in the community planning process, and then providers were selected through a competitive process. In the MHSA Three Year Plan beginning FY2014-15 we began the School Age PEI program. Three school districts were targeted and outcomes were defined, but the types of services were determined through the competitive provider selection process. This enabled each district to determine the services based on what already existed there and what was most needed. The process needs further refinement, but was beneficial for tailoring services to the context.

WET

1. Graduate Clinical Internship Program- This program has significantly improved its recruitment efforts over the years to attract and retain interns who represent un/underserved and culturally/linguistically populations. In FY2015/16 offered internship opportunities to eight (8) bilingual/bicultural clinical graduate interns, (Spanish, Vietnamese and Tagalog) out of fifteen (15) total number of graduate clinical interns. Within the past five years, BHRS have hired and retained six (6) bilingual/bicultural former graduate clinical interns, all of whom are still working in the organization.

2. Scholarships for Consumers and Family Members- This scholarship program for consumers and family members produced positive outcomes. This program, which is also the County of Marin and Health and Human Services Department's 5-year Equity Initiative Business Plan, awarded scholarship funds and/or mentor support to forty one (41) Marin residents with lived experience. Twenty (20) scholarship recipients have already graduated at a drug/alcohol certification program; one (1) obtained a domestic violence peer counseling certificate; one (1) obtained a mental health peer counseling certificate; and the rest of the nineteen (19) are still in the process of completing their coursework. Ten (10) out twenty two (22) graduates have either found or maintained gainful employment as drug/alcohol counselors in the county. The remaining twelve (12) graduates are either placed in a public behavioral healthcare setting as volunteers and/or interns. Of the forty one (41) scholarship recipients, twenty (20) males and twenty on (21) females; Eighteen (18)-Caucasian, sixteen (16)-African American, three (3)-Latinos, four (4)-other/multiple; five (5)-TAY, thirty (30)-Adults, six (6)-Older Adults. A public graduation ceremony was held at the Board of Supervisors Chambers where one of the Board of Supervisors, Steve Kinsey, was the keynote speaker who addressed the graduates and their families. Public newspaper media also covered the event to honor the graduates and their families.

3. Peer Mentoring- This program recruited and retained five (5) peer mentors to provide support to consumers/family members who received scholarship awards. All mentors represent un/underserved populations four (4) African Americans and one (1) Latina) with lived experience. Two (2) out of five (5) mentors are recent graduates and scholarship recipients of the Scholarship program.

4. Peer Specialist, domestic violence and substance use Intern Stipend Program- This program was not utilized in FY2015/16 as all scholarship recipients were still in enrolled in their coursework. Funds are expected to be fully utilized in FY2016/17 as most, if not all, scholarship recipients would have successfully completed their coursework and will be ready to advance in volunteer and/or internship placement experience.

5. Consumer-Focused Trainings- At the recommendation of the WET steering committee to offer consumer advocacy trainings for adult consumers in the county due to the lack of behavioral healthcare consumer advocacy in the county, WET coordinator identified an instructor with lived experience to develop and teach an advocacy training course to a culturally diverse group of adult Peer Specialist and consumers. The instructor is an African American family member with lived experience.

6. System-wide Dual Diagnosis Training- Based on FY2014/15 feedback and evaluations received from BHRS clinical staff, supervisors and managers to offer substance use trainings, the WET coordinator worked closely with the division's Substance Use Services managers to offer two (2) ASAM trainings in FY2015/16. Plans are underway to provide a comprehensive training series on substance use in FY2016/17. Also, WET funded an innovative Peer Counseling Program that were taught by two instructors with lived experience. Named Co-Occurring Peer Education (COPE), this two-part nine month course was offered in Marin City, the highest concentration of African American residents in the county. The first of the two-part program enrolled 12 students and finished with graduated nine (9) students and became certified Peer Counselors. Of the 9 graduates, three (3) are males and six (6) are females; six (6)-African Americans, two (2)-Spanish speaking Latinas, one (1)-Caucasian. It is expected that COPE will continue for at least another year to fully determine the effectiveness of the program.

7. Development of BHRS Peer Counselor classified positions- With the approval and request of the Board of Supervisors to develop a Peer Counselor positions within the county government, BHRS began working closely with the department's Human Resources to research, review and draft Peer Counselor and Supervisor positions. It is expected that these newly created positions will be formally created and funded in FY2016/17.

8. Training/Workshop Initiatives- BHRS offered eight (8) introductory cultural competency trainings in FY15/2016 on culture-specific topics. Although results of written evaluations that were submitted by participants after each training revealed that they were overall satisfied with the training content and delivery, it is unclear how these trainings have improved BHRS' service delivery and treatment interventions in a culturally competent or appropriate manner that would reduce disparities and how participants have become more culturally competent as a direct result of the trainings offered. At best, the introductory trainings may just have provided a greater level of awareness about cultural norms which is only a small aspect in the spectrum of becoming culturally competent.

In FY2016/17, BHRS will pilot a monthly cultural competency drop-in case consultation clinic for BHRS clinicians and contract agency service providers. Led by BHRS' ESM, the purpose of the clinic is to provide clinicians and service providers an opportunity to address cultural competency-related treatment strategies and techniques when working with diverse populations. The pilot will also be able to better assess the training needs of BHRS and its agency partners, level of competency of staff, and to identify barriers that may interfere in creating and/or maintaining a more cultural competent organization.

9. Team Development- BHRS retained the services of a multicultural consultant/facilitator, Isoke Femi, to support and assist the organization in promoting and fostering a work environment that is committed to creating a diverse workforce. Ms. Femi consulted, led mini-seminars and focus groups among managers and supervisors that enabled participants to explore and discuss issues of diversity within the organization. In FY2016/17, BHRS' ESM and Ms. Femi will outline a work plan that will hopefully expand her work to various division programs, units and work teams for the purpose of creating a work environment and culture that will utilize diversity from a strengths-based perspective.

10. Curriculum Development- BHRS' ESM participated in the development of a training curriculum for employers to support consumers and family members in the workplace. Once developed, the ESM used the curriculum to help guide the draft development of classified Peer Counselor positions within the County of Marin. The curriculum will be widely disseminated in FY2016/17 throughout the county by the ESM in a training and/or informational presentation format.

11. State-wide WET Collaboration and Partnership- At the request of the steering committee chair, presented on Marin County's and BHRS' 5-Year Equity Initiatives which includes creating a diverse and inclusive workforce and improving the cultural competency of the organization through education and trainings.

12. Advisory Committee- Held monthly WET steering committee to advise the ESM/WET coordinator, and senior management about workforce education and training needs of the county's public behavioral

healthcare system. The steering committee is composed of a culturally and racially/ethnically diverse group of BHRS staff, agency partners and consumer/family members.

In FY 2015/16 BHRS hired and retained four (4) Asians; five (5) Latinos; five (5) African Americans in its division. Of great significance from this data, BHRS hired its first African American program manager after several months of exhaustive recruitment effort and energy to fill this vacant position.

[Attachment A12: 2015/16 BHRS Hires](#)

Outreach and Engagement

While the Promotores and the Vietnamese Community Health Advocates outreach and engagement programs have consistently demonstrated a great capacity to penetrate the Latino and Vietnamese communities, BHRS hopes to find new strategies to embed these assets into BHRS' overall operations, especially in the delivery of services. This strengths-based approach would increase the likelihood of treatment interventions to become more culturally appropriate and responsive, thus, improving penetration rates, particularly among the adult Latino population who are persistently under-served by BHRS.

If proven to have wide local viewership in un/underserved communities, CCAB will propose to fund additional shows on a different set of behavioral health topics. The uniqueness of the project in which success can be measured also includes the hands-on active participation and involvement of consumers/family members that help produce these shows. Above and beyond the production of the shows, the relationships developed between volunteer consumers/family members, a Latino grassroots organization (Canal Welcome Center), BHRS and CMCM have mutually benefited all involved, especially the volunteer consumers/family members who reported gaining many technical and social skills as a result of this project.

The Faith/Spirituality Initiative started on a very promising path towards a greater collaborative relationship between BHRS and several faith/spiritual communities. Unfortunately, two core faith leaders who were instrumental in organizing and convening initiative meetings and other duties were either re-assigned to different congregations at a different state or have been promoted to become a Bishop which expanded his responsibilities and work load in early 2016. Consequently, these two major losses left a significant void in the leadership of the initiative. BHRS, however, have remained in contact with the remaining faith and lay leaders by continuing to offer and/or provide Mental Health First Aid trainings to their respective congregations and partnering with them to coordinate activities during May Mental Health Month. Three congregations provide sermons about mental illness during the month of May and the Marin Interfaith Council (MIC) tabled during BHRS May Mental Health Month event. Lastly, faith leaders reported to the BHRS representative that they feel more informed about the services that the county's behavioral healthcare system offers, and are more confident on how to refer and use mental health and substance use services for their congregants in need.

The Mental Health Crisis Team began its implementation of its program and services during FY2015/16. One of the primary objectives of this team is to build community relationships with community leaders and residents from un/underserved communities. The team participated in several community events for the purpose of providing community information about its services and meet

community stakeholders. BHRS hopes to expand the reach of the Mental Health Crisis Team in the hard-to-serve/reach rural communities of West Marin in the next fiscal year and beyond.

Substance Use Services

In FY 2014-2015 Behavioral Health and Recovery Services developed and finalized their substance use services strategic plan update. In collaboration with our longstanding partners including service providers, county advisory board members, personnel from schools, law enforcement, policymakers, community coalition members and other interested community individuals, the Division hosted three community-wide meetings in December, 2014, March, 2015 and May, 2015. Attendees reviewed qualitative and quantitative data sources on the consumption patterns, contributing factors, consequences, and system capacity to prevent and treat alcohol, tobacco and other drug problems. Stakeholders worked in affinity groups to identify a series of strategic directions, strategies and priorities for consideration resulting in the Substance Use Services Strategic Plan Update (FY 2015/16 – 2019/20).

The process paid close attention to assessing the continuum's current cultural competency capacity and identifying areas where improvement is needed while taking into account the changes in our services delivery capacity. Since the major changes that came with the implementation of the Affordable Care Act in January 2014 and the creation of the Drug Medi-Cal-Organized Delivery System (DMC-ODS) 1115 Waiver implementation plan, the needs of our system capacity has shifted monumentally. The shift in system capacity includes a high rate of enrollments into various health plans, including enrollment of those eligible for Medi-Cal (the majority of who are individuals accessing the publicly funded substance use services in Marin) doubling the numbers of Medi-Cal beneficiary; and the increase in Drug Medi-Cal service providers.

To ensure that individuals, organizations and communities within the system of care have the capacity and infrastructure to implement evidence-based, culturally responsive services and strategies to effectively prevent, reduce and treat issues related to alcohol, tobacco and other drug misuse and abuse the community process identified a goal of ensuring there will be an organized intervention, treatment and recovery service delivery system that meets the needs of the Marin County population. This goal takes into account that there is an increase in beneficiaries in culturally diverse communities of the County who may need access to substance use services. Several strategies are now being implemented to increase capacity to serve these communities that include workforce development and training, and integrating and co-locating services. In FY 2016-2017 the Department is looking to expand substance Use services in both West Marin and Marin City.

CRITERION 4
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE
WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.

The county shall include the following in the CCPR Modification (2010):

A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), the inclusive committee shall demonstrate how cultural competence issues are included in committee work.

Response:

After several years of inactivity, BHRS re-established its Cultural Competence Advisory Board (CCAB) in December 2013 immediately upon the interim promotion of the ESM. The ESM conducted targeted outreach to develop a culturally diverse board that is composed of division staff (managers, supervisors, support and clinical staff), service agency partners, consumers, family members and community advocates.

[Refer to: Attachment A2 CCAB Roster](#)

Upon its re-establishment, members worked to define the overall purpose, goals and objectives of the board. Using the **California Mental Health Directors Association's Framework for Eliminating Cultural, Linguistic, Racial, and Ethnic Behavioral Health Disparities** report as the guide to the board's strategic plan, the ESM oriented the Board to Marin's 2010 Cultural Competence Plan. Due to the scope, magnitude and high interest of board members to improve the organization and its systems, the board decided to structure itself by creating sub and ad-hoc committees, including policy, media/outreach, access and training, as well as a consumer/family member ad-hoc group. Each committee was tasked to review and analyze issues and data related to the committee's goals and areas of focus.

The purpose of the Cultural Competence Advisory Board is to serve as advisors to BHRS administrators, managers and line staff. The charge of the board is to examine, analyze and make recommendations about promising and current mental health services and practices that are culturally sensitive, appropriate and responsive to our diverse consumer community. Additionally, the board

identifies barriers and challenges within BHRS' system that prevent consumers from adequately accessing needed mental health and substance use services. Barriers may include, but are not limited to, stigma and discrimination, language and/or lack of cultural awareness.

Consistent with the state's priority to improve culturally competent mental health and substance use services, and to reduce stigma among the consumer community, the Board identifies and advocates for improvements in the areas of BHRS' policies, procedures, service delivery and practices that can be improved upon. Priorities and recommendations are established by the Board upon careful examination and analysis of identified concerns.

The process of the board is as follows:

- The Board meets every other month for two hours. Additional sub or ad-hoc committee meetings and tasks may be established in between regularly scheduled board meetings, as appropriate/necessary.
- The Board holds an annual retreat in the beginning of each calendar year to set its priorities and work plan for the year.
- BHRS' Ethnic Services Manager (ESM) facilitates and records board meetings to ensure that the Board is working to achieve its stated goals in an efficient manner.
- The ESM and the Board directly reports to the Behavioral Healthcare Director.
- The Board relies on individual and collective expertise of its members to make informed decisions and recommendations.
- The Board is available for community and staff input, utilizing members of the Board as liaisons to the entire stakeholder community.
- Members of the Board will work collaboratively to ensure that the interests of stakeholders are appropriately and effectively represented.

B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

Response:

The Cultural Competence Advisory Board (CCAB) was re-established on or around the same time that the 3-year MHSA community planning process was coming to an end. Therefore, it did not have the opportunity to fully engage and provide significant or meaningful input or review of the 3-year recommended plan. However, some members of CCAB participated in some aspects of the planning process as individual representatives, not as representatives of CCAB.

The 3-year plan (FY2014-2017) acknowledged that strengthening this part of the county's efforts will be highlighted within this implementation period. In doing so, CCAB has led the way and played an active role in many of BHRS' cultural competence activities, efforts and related-events. CCAB has undertaken many roles and responsibilities such as, but not limited to, analyzed and made policy recommendations

on AB 1421; analyzed and made procedural and practice recommendations around workforce recruitment, application review and interview and hiring in order to reduce the potential for implicit biases and increase the opportunities to possibly hire qualified candidates who represent underserved communities; planned for and led a series of cultural competency trainings and workshops; provided cultural competency trainings for BHRS' agency partners and stakeholders (i.e. Marin County Probation Department, Marin Advocates Network and Community Institute for Psychotherapy); organized activities and events throughout May Mental Health Month in May 2016; executed numerous outreach and public education strategies and tactics to increase awareness about mental health and substance abuse-related topics such as the development of three (3) English and three (3) Spanish TV shows that aired on local TV ; and advocated for the improvement in access to care in identified BHRS programs that have struggled to adequately serve underserved cultural communities such as the STAR (of the 59 served in FY15/16, only 5 Hispanics/Latinos, 2 African Americans, 1 Chinese, 3 Other and 2 Unknown were served) and HOPE programs (of the 76 served in FY 15/16, only 5 Hispanics/Latinos, 4 African Americans, 2 Vietnamese, 2 Other, 1 American Indian and 1 Unknown were served).

CCAB will play a more a significant role in the upcoming three-year MHSA 2017-2020 planning process which has already begun. BHRS' MHSA coordinator recently attended a CCAB board meeting to discuss the planning process, seek input and recommendations and to solicit active support and assistance with outreach and recording of community and focus group meetings.

[Attachment A13: Cultural Competence Advisory Board Agenda, Minutes, Ad-Hoc Minutes, AB 1421.](#)

**CRITERION 5
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
CULTURALLY COMPETENT TRAINING ACTIVITIES**

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

The county shall include the following in the CCPR Modification (2010):

A. The county shall develop a three year training plan for required cultural competence training that includes the following: (The county may submit information from the county's WET plan provisions for training. The county shall describe how training efforts are integrated and can reasonably be expected to create and maintain a culturally competent workforce).

Response:

BHRS' WET plan went through a re-assessment and re-prioritization process in early 2015 shortly after the ESM was hired and given the responsibility to manage all of its programs, initiatives and activities. Upon careful review of the 3-year plan, conducting interviews with BHRS staff, contract agency partners, consumers/family members and other stakeholders, the ESM received approval from the WET steering committee and CCAB to strengthen the organization's delivery of cultural competency trainings. Consequently, some WET funds were re-purposed to help fund cultural competency trainings to pay for trainers, which included stipends for consumers/family members who co-led trainings with subject matter professionals.

Due to the success of the cultural competency training series that were offered in FY15/16, and based on the feedback received from training participants, CCAB decided to support and implement an alternative strategy to enhance the workforce training experience around cultural competency. In this current fiscal year, CCAB began to offer a drop-in monthly cultural competency consultation clinic for BHRS staff, agency partners and other stakeholders. Led by the ESM and supported by a group of subject matter experts who serve on CCAB, this pilot project hopes to provide a safe learning and sharing environment for behavioral healthcare professionals and other service professionals to discuss cultural factors when working with diverse populations; enhance practical skills, strategies and techniques that lead to effective and successful outcomes when working with diverse populations; and network and exchange knowledge among peers, colleagues and collaborators on various human diversity-related topics and subjects.

1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.

Response:

The cultural competency training series offered in 2015 was not required by BHRS administration and senior management. The high number and frequency of culture-specific topics offered throughout the year provided ample opportunities for BHRS staff to select from the array of topics to choose from. Additionally, due to the high number of changes in staffing and the re-organization process that BHRS went through in FY2015/16, requiring staff to attend any training during this time was not feasible and would have created difficulties in staffing coverage in the delivery of services. Also, upon accepting the temporary promotion, the then interim ESM and CCAB planned for and hosted two (2) day-long cultural competence trainings in 2014 (May 12 and October 14, 2014) which were attended by a total of approximately 200 participants that consisted of agency staff, contract agency partners and consumers/family members. Both trainings incorporated the voices of underserved consumers/family by co-leading/presenting with subject matter professionals. In sum, BHRS planned for, sponsored and provided a total of sixteen (16) cultural competency trainings between calendar year 2014-2016 (8 in FY15/16); one (1) Interpreter training and one (1) Interpreter training for service providers in CY15. In FY 2016/17 BHRS intends to require all staff to attend agency-sponsored cultural trainings and to offer monthly drop-in cultural competency case consultation clinic to staff, its contract agency partners and other stakeholders.

Historically, BHRS has required providers of substance use services to comply with the Office of Minority Health National CLAS standards. As part of the NNA/DMC State-County contract for the provision of substance use services the State requires the County to implement CLAS standards and ensure equal access to quality services by diverse populations. It is the policy of BHRS that cultural competency is embedded as a critical component in the planning and delivery of substance use services. Each year the County reviews the each provider's cultural competency training logs to ensure staffs are regularly trained in culturally relevant topics on service delivery and staff professional development.

In FY 2016-2017 the implementation of the DMC-Organized Delivery System will begin. There is an increased focus on creating cultural competence staff development training for all substance use service providers. Additionally, all service providers will be encouraged to attend the County provided cultural competency trainings offered by the BHRS ESM in coordination with the Cultural Competency Advisory Board.

2. How cultural competence has been embedded into all trainings.

Response:

In addition to the cultural competency trainings that were offered in FY2015/16, BHRS' ESM developed a set of training guidelines that is used to assess and identify the training needs of staff and the organization. One of guidelines states that all trainings that are sponsored and offered by BHRS should demonstrate evidence that they are culturally appropriate and sensitive. BHRS has a Training Committee composed of senior managers and directors that meets quarterly to address the organization's training needs, its feasibility and goals. Identified trainings that have been and that will

continue to be offered are consistent to the scope of staff roles, duties and responsibilities, and have direct benefits to the consumer experience and the organization as a whole.

Attachment A14: MHSUS Training Committee

3. A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community- based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.

Response:

Attachment A15: 2015 Training Summary, Summary Evaluations

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

1. Cultural Formulation;
2. Multicultural Knowledge;
3. Cultural Sensitivity;
4. Cultural Awareness; and
5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.).
6. Interpreter Training in Mental Health Settings
7. Training Staff in the Use of Mental Health Interpreters

Response:

Refer to: Attachment A15: 2015 Training Summary, Summary Evaluations

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities. Topics for Client Culture training are detailed on page 18 of the CCPR (2010) from DMH Information Notice 10-02.

Response:

In addition to the list of cultural competency trainings that have been offered, adult, youth and TAY consumer voices of their personal experiences were included during this year's May Mental Health Month Awareness event that BHRs' CCAB planned for and implemented by having a Speakers' Bureau session and a youth/TAY poetry slam session.

Refer to: Attachment A10 & A15: May Mental Health Month Event, 2015 Training List & Summary Evaluations, respectively.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's personal experiences with the following:

1. Family focused treatment;
2. Navigating multiple agency services; and
3. Resiliency

Response:

A cultural competency training on working with youth and young adults was part of FY15/16 cultural competency training series. Titled "Working With Criminal Justice-Involved Teens and Transitional-Aged Youth of Color", this training discussed some of the cultural considerations when providing therapeutic interventions with these populations. It also explored the negative stereotypes that are often associated with teens and young adult of color which interferes in their development, recovery and resiliency as productive members of their communities. The training highlighted strengths-based interventions, strategies and approaches that can produce positive therapeutic outcomes for the consumer and their families. Due to the positive reception that this training received, especially by the county's probation department participants, BHRS' ESM was invited and conducted a half-day diversity training for the department and its probation officers, supervisors and administrators.

**CRITERION 6
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE:
HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT**

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, final report).

I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

The county shall include the following in the CCPR Modification (2010):

A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. **Rationale:** Will ensure continuity across the County Mental Health System.

Response:

The attached information was extracted from the MHSA FY2007/08 WET Plan. Also, attached and below is the most up-to-date (2016) workforce demographic data of BHRS and its contractors. Unfortunately, the 2016 workforce demographic data does not represent the total number of BHRS and CBO staff. It only reflects responses that were gathered within a two week period from BHRS and CBO staff (mental health and substance use contractors). BHRS will provide greater accuracy of workforce demographic next year by improving data collection methods.

[Attachment A16: MHSA FY2007- 2008 WET Plan](#)

Cultural Competence Plan: FY15/16 Staff Survey

Marin County/ CBOs	Count
<input checked="" type="checkbox"/> Marin County HHS (employees, independent contractors, volunteers)	208
MH	188
AOD	20
<input checked="" type="checkbox"/> All Other (CBOs, CBO subcontractors, network providers and volunteers)	83
MH	48
AOD	35
Grand Total	291

Type of Employment/ Role MH & AOD	Marin County HHS	All Other (CBOs)	Grand Total
Unlicensed Mental Health Direct Service Staff	46	24	70
Case Manager/Service Coordinator	12	12	24
Consumer Support Staff		3	3
Mental Health Rehabilitation Specialist	11		11
Other Unlicensed MH Direct Service Staff	23	9	32
Licensed Mental Health Direct Service Staff (direct service)	58	12	70
certified addiction treatment counselor		1	1
Clinical Nurse Specialist	2		2
Licensed Clinical Psychologist	2	2	4
Licensed Clinical Social Worker (LCSW)	8	2	10
Licensed Psychiatric Technician	1		1
LPCC	2		2
Marriage and Family Therapist (LMFT)	23	5	28
MSW, registered intern (or waived) - (ASW)	2		2
Psychiatric or Family Nurse Practitioner	3	1	4
Psychiatrist, child/adolescent	1		1
Psychiatrist, General	9	1	10
RN	5		5
Managerial and Supervisory	38	33	71
CEO or manager above direct supervisor	5	17	22
Licensed supervising clinician	17	5	22
Other managers & supervisors	15	11	26
Supervising psychiatrist (or other physician)	1		1
Other Health Care Staff (direct service)	15	5	20
Other Health Care Staff (direct service to include traditional cultural healers)	10	3	13
Other Therapist (e.g. physical, recreation, art, dance)	3		3
Physician		1	1
Registered Nurse	2	1	3
Admin Staff/ Front Desk/Medical Records (direct-service)	24	4	28
Admin Staff/Front Desk/Medical Records (direct service)	18	2	20
Analysts, tech support, quality assurance	1	1	2
Clerical, secretary, administrative assistants	4	1	5
N/R	1		1
Support Staff (non-direct service)	25	5	30
Admin Staff/Front Desk/Medical Records (direct service)	1		1
Analysts, tech support, quality assurance	10		10
Clerical, secretary, administrative assistants	3		3
Education, Training, research	1	4	5
Other support staff (non-direct services)	9	1	10
N/R	1		1
N/R	2		2
N/R	2		2
Grand Total	208	83	291

Race/ Ethnicity MH & AOD	Marin County HHS	All Other (CBOs)	Grand Total
African-American/Black	12	2	14
Asian/Pacific Islander	22	10	32
Hispanic/Latino	42	8	50
Multi Race or Other	14	6	20
White/Caucasian	116	57	173
Native American	1		1
N/R	1		1
Grand Total	208	83	291

by Language	Marin County HHS	All Other (CBOs)	Grand Total
English	208	83	291
Can also speak: Spanish	60	20	80
Can also speak: Vietnamese	7	2	9
Can also speak: French	3	3	5
Can also speak: Germany	3	1	4
Can also speak: Italian	3	0	3
Can also speak: Tagalog	1	2	3
Can also speak: Thai	2	1	3

FTE	Marin County HHS	All Other (CBOs)	Grand Total
Full time employee (1.0)	158	62	220
Half time employee (0.5)	9	10	19
Part time (>0.5)	11	6	17
Part time (<0.5)	6	2	8
Volunteer		1	1
Extra Hire	6		6
Intern	6		6
Other	12	2	14
Grand Total	208	83	291

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data.

Rationale: Will give ability to improve penetration rates and eliminate disparities.

Response:

Marin County by 2010 Census Data			
	<i>Demographic</i>	<i>Population</i>	<i>Percentage %</i>
	<i>Total population</i>	<i>252409</i>	<i>100</i>
Age	0-19 years old	56,452	22.2
	20-24 years old	10,308	4.1
	25-64 years old	143,557	56.9
	65 years old and older	42,192	16.8
Sex	Male population	124072	49.2
	Female population	128337	50.8
Race	White	211,647	83.9
	Black or African American	8,941	3.5
	American Indian and Alaska Native	3,787	1.5
	Asian	18750	7.4
	Native Hawaiian and Other Pacific Islander	1132	0.4
	Some Other Race	19,769	7.8
Hispanic or Latino	Hispanic or Latino (of any race)	39069	15.5
	Not Hispanic or Latino	213340	84.5

Fiscal Year 2015-2016		Marin County Medi-Cal Population*
Race:	White	15,803
	Black or African American	2,269
	American Indian or Alaska Native	98
	Asian	1,986
	Other Asian or Pacific Islander	1,019
	Other Race	299
	Two or More Races	N/A
	Not Reported	2,400
	** Hispanic	**19,921
Ethnicity:	Hispanic or Latino	19,921
	Not Hispanic	23,874
Language:	English	24,923
	Spanish	16,934
	Vietnamese	448
	Other	1,490
Age:	0-15	10,969
	16-25	5,738
	26-29	2,953
	30-39	7,027
	40-49	5,346
	50-59	5,072
	60-64	2,356
	65+	4,334
Gender	Male	20,620
	Female	23,175
	Unknown/ Not Reported	N/A

Fiscal Year 2015-2016		200% of Poverty (minus Medi-cal Population)***
Race:	White	23,713
	Black or African American	1,078
	American Indian or Alaska Native	221
	Asian	766
	Other Asian or Pacific Islander	1,628
	Other Race	5,741
	Two or More Races	1,322
	Not Reported	N/A
Ethnicity:	Hispanic or Latino	10,676
	Not Hispanic	23,793
Language:	English	20,492
	Spanish	9,442
	Vietnamese	179
	Other	4,356
Age:	0-15	12,343
	16-25	{Age(0-9)=2,531; (10-19)=3,538; (20-29)=6,274}
	26-29	
	30-39	4,587
	40-49	4,656
	50-59	4,886
	60-64	2,270
	65+	5,727
Gender	Male	15,795
	Female	18,674
	Unknown/ Not Reported	N/A

Race	County Population 2010	Medi-Cal Population 2015-16	200% Poverty (minus Medi-Cal Population 2015-16)	Consumers Served 2015-16	BHRS Staff 2016	CBO Staff 2016
White	83.9	23.4	34.4	47.9	55.7	68.7
Black or African American	3.5	3.4	1.6	6.1	5.7	2.4
American Indian or Alaska Native	1.5	0.1	0.3	0.4	0.5	N/A
Asian	7.4	2.9	1.1	2.6	10.6	12.0
Other Asian or Pacific Islander	0.4	1.5	2.4	1.2	N/A	N/A
Other Race	7.8	0.4	8.3	15.6	6.7	7.2
Two or More Races	N/A	0.0	1.9	0.0	N/A	N/A
Not Reported	N/A	3.5	N/A	7.5	0.5	N/A
Hispanic	15.5	29.4	15.5	18.6	20.2	9.6
Not Hispanic	84.5	35.3	34.5	62.8	N/A	N/A

The table above represents percentages in all categories. The racial/ethnic staffing composition for BHRS in proportion to the county population of 2010 indicates that the workforce is relatively diverse. Of the 208 responses received from BHRS staff who provide direct services, 77 are Caucasian, 34 Latinos, 8 African Americans, 12 Asian/Pacific Islander, 14 multiracial or other. However, of the 38 responses received from BHRS staff in management and supervisory positions 26 are Caucasians, 3 Latinos, 7 Asian/Pacific Islander, 1 African American and 1 Native American. Among BHRS' CBO contractors, of the 83 responses received from staff who provide direct service, 31 are Caucasian, 4 Latinos, 3 Asian/Pacific Islander and 1 African American. Of the 33 responses received from CBO who are in management and supervisory positions, 24 are Caucasians, 1 Latino, 5 Asian/Pacific Islander, 1 African American and 2 multiracial.

African American and Latino staffing among CBOs are under-represented on all levels of these organizations while Asian/Pacific Islanders are well represented in both BHRS and CBO's workforce demographics relative to the county population.

C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

Response:

Within the re-designed WET Plan framework and strategies, summary of targets reached to grow a multicultural workforce are as follows:

Graduate Clinical Internship Program- This program has significantly improved its recruitment efforts over the years to attract and retain interns who represent un/underserved and culturally/linguistically populations. In FY2015/16 offered internship opportunities to eight (8) bilingual/bicultural clinical graduate interns, (Spanish, Vietnamese and Tagalog) out of fifteen (15) total number of graduate clinical interns. Within the past five years, BHRS have hired and retained six (6) bilingual/bicultural former graduate clinical interns, all of whom are still working for the organization

Scholarships for Consumers and Family Members- This scholarship program for consumers and family members produced positive outcomes. This program, which is also the County of Marin and Health and Human Services Department's 5-year Equity Initiative Business Plan, awarded scholarship funds and/or mentor support to forty one (41) Marin residents with lived experience. Twenty (20) scholarship recipients have already graduated at a drug/alcohol certification program; one (1) obtained a domestic violence peer counseling certificate; one (1) obtained a mental health peer counseling certificate; and the rest of the nineteen (19) are still in the process of completing their coursework. 6 out of 22 graduates have either found or maintained gainful employment as drug/alcohol counselors in the county. The remaining 16 graduates are either placed in a public behavioral healthcare setting as volunteers and/or interns. Of the 41 scholarship recipients, twenty (20) males and twenty one (21) females; Eighteen (18)-Caucasian, sixteen (16)-African American, three (3)-Latinos, four (4)-other/multiple; five (5)-TAY, thirty(30)-Adults, six (6)-Older Adults. A public graduation ceremony was held at the Board of Supervisors Chambers where one of the Board of Supervisors, Steve Kinsey, was the keynote speaker who addressed the graduates and their families. Public newspaper media also covered the event to honor the graduates and their families.

System-wide Dual Diagnosis Training- Based on FY2014/15 feedback and evaluations received from BHRS clinical staff, supervisors and managers to offer substance use trainings, the WET coordinator worked closely with the division's Substance Use Services managers to offer two (2) ASAM trainings in FY2015/16. Plans are underway to provide a comprehensive training series on substance use in FY2016/17. Also, WET funded an innovative Peer Counseling Program that were taught by two instructors with lived experience. Named Co-Occurring Peer Education (COPE), this two-part nine month course was offered in Marin City, the highest concentration of African American residents in the county. The first of the two-part program enrolled 12 students and finished with graduated 9 students and became certified Peer Counselors. Of the 9 graduates, 3 are males and 6 are females; 6-African Americans, 2-Spanish speaking Latinas, 1-Caucasian. It is expected that COPE will continue for at least another year to fully determine the effectiveness of the program.

The biggest impact the WET scholarship program has had so far in the system is in the substance use counseling field. This program has enabled the County to increase the number substance use counselors with lived experience and continues to look for opportunities to impact diverse communities who would benefit from this program. In particular this field is has seen an under-representation of professionals in the Spanish speaking community. In FY 2016-2017 BHRS will continue outreach and identify opportunities for scholarships for Spanish speaking individuals with lived experience.

Additionally, the advocacy efforts undertaken and the collaborative working relationship between CCAB members and some of BHRS' programs and hiring authorities have resulted in the hiring and retention of four (4) Asians; five (5) Latinos/Hispanics; five (5) African American staff throughout the organization in FY2015/16. Of great significance from this data, BHRS hired its first African American program manager after several months of exhaustive recruitment effort and energy to fill this vacant position.

Refer To: [Attachment A11: 2015/16 BHRS Hires](#)

D. Share lessons learned on efforts in rolling out county WET implementation efforts.

Response:

FY2015/16 was a year of evaluation and re-assessment period of the WET's three-year plan. The WET steering committee, in partnership and consultation with CCAB, laid a new foundation, vision and strategic approach to growing a multicultural workforce. There were many lessons learned as a result of the WET Plan re-design process. One of the key lessons learned was that the existing 3-year MHSW WET Plan was not achieving some of its stated goals, objectives and tactics in building a multicultural workforce, as evidenced by either poor outcomes or lack of evidence that the stated plan(s) were appropriately implemented.

For example, one of the stated WET Plan outcomes states:

"The outcomes of the WET program are to reach at least 300 people per year with the various training series. In all of the trainings offered through the WET program we gather data on attendees: what setting they are working in, level of experience, applicability of training to their work, evaluation of trainer and ideas for future trainings."

While approximately 300 people per year have attended various trainings, and that there are records of participants who attended offered trainings, there has been no data gathered on the attendee in terms of their work setting, level of experience and applicability of training to their work.

Another example is the CBO intern stipend program in which the WET plan states that:

“The CBO intern stipends will allow us to support up to 24 interns each year who are bi-lingual and are serving the SMI population in Marin through the local counseling centers. They offer individual therapy and evidence based group interventions such as Seeking Safety.”

During the succession/transition planning that occurred in 2015 between the current WET coordinator and the former WET coordinator, it was reported that this program was challenging to implement as recruiting bilingual/bicultural interns by CBOs were difficult. Additionally, the amount of the stipend awards that were set aside to recruit interns were not competitive, relative to other organizations in surrounding counties and organizations who were able to offer higher stipend amount.

Other strategies identified in the 3-year WET Plan were difficult to evaluate for its effectiveness due to the small size and number of people served such as the Peer Mentoring program.

On the other hand, the BHRS Intern Stipend program has consistently improved in its recruitment and retention of a diverse pool of interns. The intern program has provided invaluable culturally and linguistically appropriate services to racially/ethnically un/underserved populations, primarily among Spanish speaking Latino and Vietnamese consumers. Additionally, within the last five years BHRS have hired and retained six (6) bilingual/bicultural former graduate clinical interns, all of whom are still working in the organization.

While BHRS and its contract agency partners have made great strides and efforts to grow a multicultural workforce, unfortunately, much work is still needed to provide better opportunities for racial/ethnic representatives of un/underserved populations to be considered for supervisory and management-level positions. Also, the lack of African American staffing within BHRS is an area of needed growth despite the fact that African Americans are meeting or exceeding the state’s prescribed threshold penetration rate, particularly within the adult system of care. However, the children/youth system of care has had difficulty recruiting and hiring African American clinicians and penetration rate of African American children/youth have declined over time. An important data to review that can provide valuable insight into the quality of culturally appropriate services that are provided to African Americans would be into the treatment outcomes of this consumer population.

With regards to the un/underserved LGBTQ populations, BHRS does not have a formal tracking system in place that would identify the number of LGBTQ staff in BHRS and its contract agency partners. However, there is anecdotal evidence to suggest that there is staff from all levels of BHRS who represent the LGBTQ population as evidenced by staff’s voluntary personal disclosure.

Due to the low number and supply of available licensed/license-eligible clinicians of color throughout the state (as reported by the California Institute for Behavioral Health Solutions-CIBHS), the demands

to grow a multicultural workforce has been a quite challenging endeavor. Furthermore, this challenge is further exacerbated by the county's high cost of living, lack of affordable housing, lack of county demographic racial/ethnic diversity, non-competitive salaries and worsening Bay Area work traffic commute conditions results in an unappealing area to work in for many potential out-of-county job candidates or applicants.

Developing collaborative relationships/partnerships with local colleges such as the community college (College of Marin) and the private university (Dominican University) could be a strategy to pursue in growing a multicultural workforce in the future. In the meantime, the WET Plan has committed to growing a multicultural workforce, by shifting its attention and resources to the untapped wealth of talent and expertise within the consumer/family member populations, particularly within the racial/ethnic un/underserved communities, to consider becoming Peer, Substance Use and/or Domestic Violence counselor/specialists. Also, strategies which include the development of county classified Peer Counselor positions and the piloting of new policies, procedures and practices in recruitment, applicant review and panel interviews hope to produce positive results in growing a multicultural workforce.

Lastly, the Mental Health Loan Assumption Program (MHLAP) have been helpful in the retention of some of BHRS' staff, particularly among bilingual (Spanish and Vietnamese speaking) positions which are difficult to fill/retain. Providing this benefit also enables BHRS to incentivize psychiatrists, clinical staff with co-occurring experience and competency and/or criminal justice experience and competency, and registered/licensed psychiatric mental health nurse practitioners.

E. Identify county technical assistance needs.

Response:

BHRS cannot identify any technical assistance needs at this time. However, it welcomes feedback and recommendations.

**CRITERION 7
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES**

LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the threshold language that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DMH will provide threshold language data to each county.

I. Increase bilingual workforce capacity

The county shall include the following in the CCPR Modification (2010):

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following: (Counties shall document the constraints that limit the capacity to increase bilingual staff.)

Response:

CCAB has been actively monitoring staffing and hiring patterns of BHRS since it became fully operational in mid-2014. Representative staff of BHRS, particularly staff who work in the adult system of care who are members of CCAB have, in their respective ways, advocated for an increase in bilingual/bicultural staffing throughout the organization, especially in the hiring and retention of bilingual/bicultural clinicians, supervisors and management positions. Attempts to employ strategies by staff and consumer/family members who represent underserved communities have produced mixed results. While some of the efforts undertaken by certain individual CCAB members have yielded positive results such as the hiring of an Asian Adult Team supervisor who is a bilingual Spanish-speaker, certain programs of BHRS where there is clear evidence of need based on persistent under-penetration of Spanish and Vietnamese-speaking consumers have not successfully produced the hiring of qualified and needed bilingual/bicultural staff that may have improved penetration rates and access to services.

Extenuating factors such as high cost of living, lack of affordable housing, lack of county behavioral healthcare workforce, non- competitive salaries and benefits compared to other Bay Area counties and difficult commute due to worsening Bay Area traffic conditions are some of the significant constraints that limit the capacity to increase bilingual staffing. However, another likely cause of difficulty in hiring and retaining qualified bilingual/bicultural staff is BHRS' and the department's Human Resources recruitment, screening, interview and hiring strategies, procedures and practices.

Some CCAB members who have participated in parts or throughout BHRS' and the department's recruitment and hiring processes have reported to the ESM and CCAB about their concerns in the county's application system, vetting procedures, interview and hiring practices. They perceive that

implicit biases exist throughout the system of recruitment, application review and interview processes that perpetuate inequities and significantly contribute to the difficulties in the recruitment, hiring and retention of not only bilingual/bicultural staff, but especially among candidates of African Americans and/or African descent.

Attachment A17: Family Member Letter

To mitigate some or many of these concerns, real or perceived, CCAB has continued to advocate for the improvement in access to and in the quality of culturally responsive care of un/underserved and inappropriately served consumers through the improvement of BHRS' recruitment, hiring and retention policies, procedures and practices. In January 2016, CCAB held its annual strategic planning retreat and worked to develop a strategic plan intended to increase the number of bilingual/bicultural staff hired in BHRS. The ESM who chairs CCAB was directed by the board to directly work with the department's Human Resources by developing a one-year pilot project that would better engage BHRS staff who represent ethnically, culturally and linguistically underserved communities to serve on application screening and interview panels. As of date, there appears to be some positive gains that have been made to increase the number of bilingual/bicultural staff in BHRS as evidenced by the recent hire of the division's first known African American program manager in the organization's history. Also, in a recent recruitment for a vacant bilingual support service worker position in the STAR program, a high number of bilingual applicants applied for this position, which resulted in the hiring of a bilingual/bicultural staff. BHRS will closely monitor results of this pilot project as it appears that it is emerging to become a possible best practice approach in the recruitment, application review, interview and hiring processes to hire and retain qualified bilingual/bicultural staff who represent un/underserved consumer populations.

At CCAB's upcoming annual retreat in January 2017, the board will evaluate the gains that have been made to increase the hiring and retention of bilingual/bicultural staff, especially in programs where there is a persistent under-penetration of Spanish and Vietnamese-speaking consumers.

The Health Professions Education Foundation's Mental Health Loan Assumption Program (MHLAP) awarded seven (7) out of twenty (20) applicants in FY15/16. These recipients serve to increase the supply of mental health professionals in hard-to-fill or retain positions within California's public mental health system. Of the seven recipients, five (5) are Spanish-speaking bilingual and bicultural clinicians of BHRS. Hard-to-fill and retain positions in Marin were Adult and Child Psychiatrists; Latina(o) Spanish-speaking Clinicians; Clinicians with Co-Occurring Mental Health and Substance Use Competency; Vietnamese and Vietnamese-speaking Clinicians; Clinicians with Older Adult experience; and African or African American Clinicians.

Attachment A18: MHLAP

In the 2015-2016 fiscal year BHRS has made available a monolingual Spanish speaking substance use services outpatient program to the community. This is the first County funded/Drug Medi-Cal program the County has been able to offer to the community. The services are located in San Rafael. It serves all mono-lingual Spanish speaking clients in the County who want access to these services regardless of ability to pay and or insurance status. No client is turned away for inability to pay. BHRS has seen positive outcomes with this program and would like to duplicate its success in other areas of the County where these services are needed such as West Marin and Novato. In FY 2016-2017 plans are in place

to develop/plan for additional Spanish speaking substance use services in both of these geographical areas.

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs. See appendix-- attachment WET visual strategic plan, and supporting documents (scholarship awards, intern plan, CCAB subcommittee work including pilot recruitment and hiring initiative)

[Refer to: Attachment A8: WET Program, COPE, WRAP, BHRS Peer Counselor Class Specification, WCC and accompanying information](#)

Response:

Marin County services system data shows an ongoing under-representation of adults of Hispanic or Latino descent participating in mental health and substance use services, as compared to Marin demographic data. Information provided through focus groups and key informant interviews with community stakeholders corroborate these findings. In order to begin to reduce the current disparity—and in alignment with the national Culturally and Linguistically Appropriate Services (CLAS) standards that promote the provision of equitable and effective treatment in a culturally and linguistically appropriate manner—BHRS began to strategically develop and implement co-occurring capable substance use treatment services that are culturally and linguistically appropriate for underserved segments of the Spanish Speaking Hispanic or Latino population in Marin County.

The minimum staffing requirements is that direct service staff are bi-lingual (Spanish and English)/bi-cultural and possess the following professional qualifications:

- Supervision Requirements: Licensed Master's or Doctoral Level with at least two (2) years of experience in supervising staff and/or providing co-occurring competent treatment services for adults
- Clinician Requirements: Certified Alcohol and Drug Counselor/Registered Addiction Specialist(s) or licensed clinician with at least two (2) years of direct service experience.

BHRS contracted with Marin Outpatient and Recovery Services (MORS) to supply drug/alcohol services to the monolingual Spanish speaking community. Currently, Marin Outpatient and Recovery Services employ culturally and linguistically qualified, culturally competent certified drug counselors to implement Spanish- Speaking Intensive Outpatient Treatment Services. They have a diverse staff that provides appropriate chemistry and client-counselor match when counseling assignments are made. All intake, assessment, treatment materials and evidence-based educational media are in Spanish.

The program complies with the National CLAS standards. These standards serve to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. MORS implemented this policy by recruiting and supporting a culturally and linguistically diverse workforce responsive to the Spanish Speaking population. They support this workforce by educating and training in appropriate policies and practices on an ongoing basis. The program offers language assistance to individuals who have limited English proficiency, by employing bi-lingual counselors fluent in both English and Spanish. They provide multimedia materials in Spanish, including

the intake forms, the evidence based Matrix Model DVD's and handouts. MORS establishes culturally and linguistically appropriate goals and policies for this population reflected in their treatment plans, and informed consent documents. They collect and maintain accurate data to evaluate effectiveness and treatment outcomes to insure CLAS standards are upheld. Culturally and linguistically appropriate conflict and grievance resolution policies are included in intake packets and communicated to participants to prevent and resolve conflicts or complaints. They employ male and female counselors, and have a culturally diverse staff that provides appropriate chemistry and client-counselor fit when assignments are made post assessment.

Additionally, the WET program shifted some of its financial resources to enhance the shortage of available and qualified bilingual/bicultural substance use counselors in the county by offering and providing scholarship awards to qualifying county residents with lived experience who are interested in becoming certified substance use counselors. Although this effort did not produce a significant number of interested bilingual scholarship recipients to become substance use counselors (two Spanish-speaking Latina/o), the program yielded a high number of African American scholarship awardees, all of whom have lived experience as required to be eligible to be considered to receive the scholarship. With regards to WET's Graduate Clinical Internship Program, FY15/16 produced eight (8) bilingual clinical graduate interns (Spanish, Vietnamese and Tagalog languages) out of fifteen (15) total. In the Spring 2015, the WET plan included providing two (2) trainings; a 2-day interpreter training for interpreters and a 1-day training on the use of interpreters. These trainings were a part of a multi-county training collaborative that was planned for by the California Institute for Behavioral Health Solutions (CIBHS).

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

Response:

In FY15/16, BHRS' CSS hired and retained nine (9) bilingual and bicultural staff (Spanish and Vietnamese speakers). WET's Graduate Clinical Internship Program also recruited and retained eight (8) bilingual and bicultural graduate students.

[Refer to: Cultural Competence Staff Survey, Page 40-42 of this document.](#)

3. Total annual dedicated resources for interpreter services in addition to bilingual staff.

Response:

[Attachment A19: Interpreter Services Contract](#)

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of policies, procedures, and practices for meeting clients' language needs, including the following:

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the

language line is viewed as acceptable in the provision of services only when other options are unavailable.

2. Least preferable are language lines. Consider use of new technologies such as video language conferencing as resources are available. Use new technology capacity to grow language access.
3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access including staff training protocol.

Response to 1-3:

Attachment A20: Language Line Services

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services.

Response:

Attachment A21: Consumer / Grievance / Beneficiary Rights Handbook – Pamphlet

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

Response:

Attachment A22: Use of Interpreters Policy

D. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.

Response:

Not all staff is trained on the effective use of interpreters or interpreter services. Attempts were made in CY15 to offer and provide this type of training. However, participation to this training was low. BHRS' Access Team continues to conduct periodic test call for quality management purposes which has proven to be an effective ongoing assessment tool to determine the quality and efficiency of the interpreter services. BHRS will need to require that all staff receive adequate training in this area and to offer similar training that was provided in 2015.

D. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs so that DMH may aggregate information and find solutions for small county technical assistance needs.)

Response:

BHRS cannot identify any technical assistance needs at this time. However, it welcomes any technical feedback to improve language capacity.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable. Counties should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.

The county shall include the following in the CCPR Modification (2010):

A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

Response:

Visible posters and bulletins located throughout BHRS' access points (waiting rooms and reception areas) inform consumers about the availability of interpreters at their request.

B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

Response:

There is no consistent standard of practice that interpreter services are offered and provided to clients and the response to the offer is recorded. However, all written public announcements that is hosted and sponsored by BHRS (i.e. trainings, celebrations, etc.) offers special accommodations, including interpreters. Refer to appendix—training and events flyers

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

Response:

[Refer to Attachment A22: Fact Sheet on Translation, Contract and Consumer beneficiary rights](#)

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

Response:

Language competence for interpreters is certified by Language Line and International Effectiveness Centers. All county bilingual staff are tested during the interview process for fluency in writing and speaking. Also, in FY2015/16, an interpreter training and the use of interpreters by service providers training were offered to BHRS staff.

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact. The county shall include the following in the CCPR Modification (2010):

A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

Response:

Refer to pamphlet—policy and procedure Marin Mental Health Plan Beneficiary Rights

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

Response:

Refer to: Attachment A21: Consumer / Grievance / Beneficiary Rights Handbook – Pamphlet, Member Handbook, Marin Mental Health Plan

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 27) requirements:

1. Prohibiting the expectation that family members provide interpreter services;
2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
3. Minor children should not be used as interpreters.

Response:

Refer to--Interpreter policy

V. Required translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:

1. Member service handbook or brochure;
2. General correspondence;
3. Beneficiary problem, resolution, grievance, and fair hearing materials;
4. Beneficiary satisfaction surveys;
5. Informed Consent for Medication form;
6. Confidentiality and Release of Information form;
7. Service orientation for clients;
8. Mental health education materials, and
9. Evidence of appropriately distributed and utilized translated materials.

Response:

Attachment A21: Spanish Survey

B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.

Response:

Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language will be available during the compliance visit.

C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).

Response:

BHRS will have a sample copy of the consumer satisfaction survey translated in the threshold language and summary report of the results during the compliance visit.

D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).

E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade).
Source: Department of Health Services and Managed Risk Medical Insurance Board

Responses to D and E:

Written materials that require translation are sent to BHRS' contract interpreter services organization. Thereafter, the translated materials are vetted by bilingual staff for accuracy in terms of both language, culture and appropriate reading level.

Responses to D and E:

Written materials that require translation are sent to BHRS' contract interpreter services organization. Thereafter, the translated materials are vetted by bilingual staff for accuracy in terms of both language, culture and appropriate reading level.

**CRITERION 8
MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES
ADAPTATION OF SERVICES**

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS final report).

I. Client driven/operated recovery and wellness programs

The county shall include the following in the CCPR Modification (2010):

A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

Response:

BHRS has been contracting with a community-based organization, Community Action Marin, for many years to provide a client-driven recovery and wellness program. Named Enterprise Resource Center (ERC), this peer run facility day drop-in center also operates numerous programs which includes outreach, telephone counseling, companion programs, education, peer case management and employment. All services are provided by trained Mental Health Peer Counselors. Activities range from working with individuals and families as peer case managers to helping people through times of crises. Referrals are made through a variety of ways including self-referrals, family members, friends, law enforcement officers, community agencies, therapists and physicians.

[Attachment A23: Community Action Marin Brochure and Accompanying Documents](#)

There are no other client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally and linguistically specific diverse differences. However, most substance use services programs that BHRS contracts with in the community have "Alumni" programs where former clients can participate for as long as they choose. Since each such program is required to implement CLAS standards and be culturally responsive to the clients they serve, former clients do have an opportunity to support each other as well as be peer support to current clients and influence their organizations by racially, ethnically, culturally and linguistically specific diverse means.

II. Responsiveness of mental health services

The county shall include the following in the CCPR Modification (2010):

A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

(Counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts

to include additional culture-specific community providers and services in the range of programs offered by the county).

Response:

BHRS relies on the cultural expertise and culturally appropriate intervention strategies and approaches of other multi-service contract agency and informal community partners that are not solely providing behavioral healthcare services. Contract agency partners and informal community partners such as the Canal Alliance (Promotores), Marin Outpatient Recovery Services, Marin Asian Advocacy Project, Canal Welcome Center, The Phoenix Project (Marin City), individual contractors who are representatives of racially/ethnically un/underserved communities and the faith/spiritual communities. CCAB and its membership also have the capability to access “non-traditional” mental health provider due to the diverse racial, ethnic and cultural composition of the board. There are some board members of CCAB who are community leaders and residents from the county’s racial/ethnic communities. Their level of knowledge about non-traditional behavioral health services, practices and providers have been an invaluable resource for BHRS and its staff.

BHRS contracts with a community provider, Marin Outpatient and Recovery Services to provide Spanish speaking, monolingual substance use services to the community. This program employees Spanish speaking substance use counselors and offers case management to clients to help them access Spanish speaking supportive services in the County. It is the intent and model of the program to help the client holistically in regards to supportive services, community participation, and focalized family involvement.

In addition to all listed services and resources identified above and having bilingual/bicultural BHRS staff across and throughout the county’s behavioral healthcare plan, there are culture-specific programs that serve the unique needs of other populations. They are as follows:

Program	Culturally/Linguistically Specific Programs
Triple P	<p>Evidence based program that is culturally appropriate for racial and ethnic target populations</p> <p>At least half of services provided are in Spanish</p>
School Age PEI	<p>Services at a primarily African American K-8 school were determined by the community and are provided by community members who reflect culture of students served</p>
Transition Age Youth PEI	<p>Group services provided for recent Latino immigrants have been developed in response to the needs of the participants</p> <p>Direct service staff mostly bilingual/bicultural</p>
Latino Community Connection	<p>Promotores from local Latino population conduct outreach</p> <p>Services provided within trusted community organization serving Latino immigrants</p> <p>Direct service staff all bilingual and mostly bicultural</p>
Vietnamese Community Connection	<p>Community Health Advocates from the Vietnamese community conduct outreach</p> <p>Services provided at trusted community organization serving Vietnamese immigrants</p> <p>Staff all bilingual/bicultural</p>
Older Adult PEI	<p>Evidence based practices appropriate for target populations</p> <p>Staff bilingual/bicultural</p>
Suicide Prevention	<p>The hotline employs interpretation service to provide services in many languages</p>
PEI Training	<p>Includes Mental Health First Aid in Spanish, cultural competence trainings/conferences/events</p>
Statewide	<p>CalMHSA provides culturally and linguistically competent materials</p>

B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.

Response:

The availability of the above listing is not included in the member services brochure at this time. However, a provider directory is available at the beneficiaries' request and at the point of entry to Marin County MHP.

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

(Counties may include **a.**) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services; or **b.**) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)

Response:

BHRS has several ways to inform Medi-Cal beneficiaries about access to services:

1. **Attachment A24: Policy and Procedure 210-06 Marin Mental Health Plan Authorization Criteria**
2. BHRS website: <https://www.marinhhs.org/behavioral-health-recovery-services>
3. Drug Medi-Cal clients are informed at access to services about availability of services in Spanish language.
4. All Drug Medi-Cal programs are required to make available pertinent documents in both English and Spanish if requested.
5. **Attachment A25: MHSA Three Year Plan Meeting Flyer**
6. **Attachment A26: May Mental Health Event Flyer**
7. **Refer to: Criterion 3 - Attachments A8-12, Community meetings, events and activities**

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. Location, transportation, hours of operation, or other relevant areas;
2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and
3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)

Response:

The innovative Marin Health and Wellness Campus brings a spectrum of services and clinics together in one inviting place. It is a result of local individuals, organizations, businesses, and government pulling together in the spirit of cooperation and neighborhood revitalization. The project involved the design and renovation of approximately 74,000 square feet in five buildings. A sixth campus building, located a few hundred feet away, houses a new branch of the Marin Community Clinics, and provides additional parking. Seagate Properties, prior owner of the five adjacent buildings, managed the renovation of the buildings.

The Campus is built to LEED-NC Gold standard and is designed around principles of sustainability and ecological health. It integrates state-of-the-art green building practices for design, construction, and site operation. Highlights of this commitment to a sustainable environment include:

1. Re-use and recycling of materials and supplies during construction
2. Use of solar energy
3. Easy site access via alternative modes of transportation (walking, biking, mass transit)
4. Extensive on-site recycling program
5. Landscaping with native plants to minimize water use
6. Energy-efficient heating, ventilation and cooling systems

These and other green practices offer benefits that significantly reduce costs while creating a safe and healthy setting for Campus visitors and staff.

Marin County's Health and Human Services is proud to be a partner in this amazing effort to help strengthen health, well-being, and wellness throughout the county.

Navigating community resources can be challenging. The following resource directories were developed by Health and Human Services and other collaborating agencies in Marin to assist community members in finding the services they need:

- Connection Center Programs
- Marin County Food Resource Guide
- Assistance Programs in Marin County
- *Assistance Programs in Marin County (Spanish)*
- Income & Asset-building Resource Guide
- Marin Community Resource Guide
- Commission on Aging Nutrition Resources

The Connection Center is the heart of the campus. With its soaring glass walls, large lobby, café, and state-of-the-art conference rooms, clients, staff, and community members are welcomed to a variety of programs. Unlike a traditional lobby, the Connection Center is the focal point for health promotion,

prevention activities, and contact information for other County and community services. The reception area, hosted by bilingual, multi-cultural staff members, offers information about Campus programs and community resources, referrals, billing services, case management, health insurance enrollment, and assistance navigating and accessing services.

Our Mission: To create a system of H&HS and community resources and referrals that supports primary prevention and is integrated and accessible to the Campus and communities.

Prevention is a primary strategy in addressing the health and wellness of our community. By working “upstream” to address the key preventable risk factors that affect health and quality of life, the Connection Center encourages and supports healthy choices. Two large LCD screens feature health promotion and education materials, streaming in Spanish and English, and there are exhibits and displays which highlight various Marin community services and health-related activities. Prevention topics for the screens and for classes were prioritized through a series of community focus groups and meetings, as well as by H&HS staff surveys and focus groups.

Situated in the Canal area, the Marin Health and Wellness Campus is in an ideal central location to serve residents from across Marin. The Campus is easy to reach - via public transit, bicycle, walking path, and car - and is a place where people can connect with and learn from each other, realize their full potential, and help create a healthier Marin. The Connection Center is located on the Campus at the corner of Kerner and Bellam (3240 Kerner Blvd) in San Rafael.

DRIVING DIRECTIONS:

From the South: From Highway 101N, take the (San Rafael) I-580 / Richmond Bridge / Francisco Blvd exit. Turn left onto Bellam at the light, staying in the right-most left turn lane. Travel under the freeway and follow directions from Bellam Blvd. below.

From the North: From Highway 101S, take the I-580 exit toward Richmond Bridge / Francisco Blvd exit. Take the first exit to Bellam Blvd / Francisco Blvd. Move to the right-most left turn lane and turn left onto Bellam Blvd. Travel under the freeway and follow directions from Bellam Blvd below.

From the East: Continue on I-580 West from the Richmond Bridge. Take the exit toward Francisco Blvd / US-101. Turn right onto Bellam Blvd and follow directions from Bellam Blvd.

From Bellam Blvd: After traveling under the freeway, make an immediate right onto Francisco Blvd E /The Loop. Turn left onto Irene St / The Loop. Turn left onto Kerner Blvd. Proceed .3 mi. to the Campus on your right. Enter the driveway at the sign that reads “Marin Health and Wellness Campus”. The Connection Center is in building 3240 immediately in front of you.

PARKING:

2 or less weekday hours: There are a number of 2-hour spaces around the Campus buildings. If you don't find parking at Building 3240, continue around the perimeter of the Campus until you locate available parking. NOTE: The lot is patrolled by the Marin County Sheriff's Department and tickets are given for parking beyond the 2-hour limit.

More than 2 weekday hours: Long-term weekday parking near the Campus is extremely limited. Suggested parking is in the rear of the Marin Community Clinics building located at 3110 Kerner. Immediately after turning onto Kerner from Irene, look for the signs on the right that read “Marin County Staff Parking”. Any spaces allocated to County staff can be used by placing a guest pass on the dash of your car. The .3 mile distance is an easy walk down the sidewalk to the right.

ADA-accessible & Carpool parking: There are a number of ADA-accessible spaces on the Campus and participants who carpool may use any of the carpool/vanpool spaces around the buildings.

After 3:00 PM: Participants can park in any open space around the campus after 3:00 PM.

NOTE: Please *do not park in the large parking lot on the north-side of the Campus*. This is the property of a local business and is not open to the Health and Wellness Campus participants.

GOLDEN GATE TRANSIT:

Buses 29, 35 and 36 all stop within 4 blocks of the Kerner and Bellam intersection. Check the transit schedule for exact stops and schedules. 3240 Kerner Blvd, San Rafael 94901 | hhsfacilities@marincounty.org | (415) 473-4300

III. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:

The county shall include the following in the CCPR Modification (2010):

A. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

Response:

BHRS tracks the Consumer Grievance Resolution Process through the submission of an annual Quality Improvement Committee (QIC) for review. Thereafter, BHRS’ QIC compiles data and report the number of cases submitted, types of issues, number of unresolved grievances, number of resolved grievances, number of appeals and the number of state fair hearings. The QIC will identify trends that surface in the annual reports and make recommendations for improvement to program staff.

Refer to:

[Attachment A10 & A26 Consumer Grievance Resolution](#)

In FY2015/16, there were a total of 19 grievances (see table below).

Grievance 15/16	People Count
Black or African American	1
Caucasian or White	13
Hispanic	2
Korean	1
Unknown / Not Reported	2
Grand Total	19

At this time, BHRS does not have a system in place that distinguishes between Medi-Cal and non-Medi-Cal grievances and complaints/issues that it can analyze to compare rates between the general beneficiary population and ethnic beneficiaries.



ATTACHMENTS



Grant Nash Colfax, MD
DIRECTOR

Suzanne Tavano, Ph.D.
ASSISTANT DIRECTOR

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415 473 7008 F
415 473 3344 TTY
www.marinhhs.org/bhrs

EVALUATION SUMMARY 1-17#

Attachment A1:
Marin County 5-Year Business Plan 1-17#

CRITERION 1 18-120#

Attachment A2:
CCAB, WET, MHSAAC, MENTAL HEALTH AND AOD BOARDS, QIC ROSTERS 18-28#

Attachment A3:
CSS - MHSA FY15/16 Annual Update 29-83#

Attachment A4:
Promotional Opportunity - Ethnic Services and Training Manager 84#

Attachment A5:
MHSUS Ethnic Services Manager Budget, WET Component Budget, Marin Outpatient and Recovery Services – Contractor, Language Line Services, Inc. (On-Site Interpretation Service) 85-88#

Attachment A6:
PEI Program Descriptions Triple P thru Shoreline 89-108#

Attachment A7:
INN Idea Submission Flyer, INN Plan, Canal Welcome Supporting Letter 109-120#

CRITERION 2

CRITERION 3 121-274#

Attachment A8:
WET Program, COPE, WRAP, BHRS Peer Counselor Class Specification, WCC and accompanying information 121-213#

Attachment A9:
CRISIS TEAM FLOWCHART 214#

Attachment A10:
May Mental Health Month Event Flyers and Accompanying Information 215-255#

Attachment A11:
Faith Leaders Initiative and Accompanying Information 256-271#

Attachment A12: 2015/16 BHRS HIRES	272-274#
CRITERION 4	<u>275-383#</u>
Attachment A13: CULTURAL COMPETENCE ADVISORY BOARD AGENDA, MINUTES, AD-HOC MINUTES, AB 1421, REFER TO ATTACHMENT A2: CCAB ROSTER	275-388#
CRITERION 5	<u>389-443#</u>
Attachment A14: MHSUS Training Committee	389-399#
Attachment A15: 2015 Training Summary, Summary Evaluations	400-443#
CRITERION 6	<u>444-477#</u>
Attachment A16: MHSA FY2007- 2008 WET PLAN	444-477#
CRITERION 7	<u>478-528#</u>
Attachment A17: Family Member Letter	478-479#
Attachment A18: MHLAP	480-485#
Attachment A19: INTERPRETER SERVICES CONTRACT	486-504#
Attachment A20: Language Line Services	505#
Attachment A21: Consumer / Grievance / Beneficiary Rights Handbook – Pamphlet	506-518#
Attachment A22: Use of Interpreters Policy	519-528#
CRITERION 8	<u>529-574#</u>
Attachment A23: Community Action Marin Brochure and Accompanying Documents	529-543#
Attachment A24: Policy and Procedure 210-06 Marin Mental Health Plan Authorization Criteria	544-549#

Attachment A25:

MHSA Three Year Plan Meeting Flyer

550-566#

Attachment A26:

Consumer Grievance Resolution

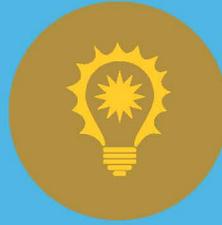
567-574#



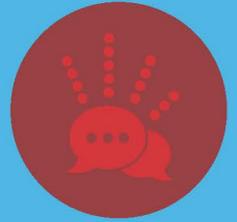
DIVERSITY + INCLUSION



GROWTH + DEVELOPMENT



INNOVATION + CHANGE



COMMUNICATION



COUNTY OF MARIN 5 YEAR BUSINESS PLAN 2015-2020

Media+Trust+Innovation+Change+
Growth+Development+Diversity+
Inclusion+Communication+Informed
RiskTaking+Mentoring Common
Language+Openness+Opportunity
+Excellence+Community+Equality+
Invest+Social Media+Trust+Inclusion
Innovation+Change+Growth+Equality



WELCOME

WELCOME FROM THE BOARD PRESIDENT

One of the most important duties of an elected official is to lead an organization that is responsive and effective in the delivery of services to the community. This 5 Year Business Plan process has given our organization the opportunity to gather stakeholders together, evaluate recent trend data and make plans to improve our organization over the next five years. By understanding the challenges we will face over the next 5 years, our plan provides focus to change the organization for the benefit of our residents and employees.

To effectively respond to complex issues such as poverty, climate change, changing demographics and emerging technology, we need to develop strategies so that we have the right people and the right technology in place to adapt to the changing needs of our community. Whether it is examining our recruitment practices to ensure that we are attracting the best workforce, developing our current workforce or creating resident self-service on our website so that our community can do business from home, we need to be a responsive and responsible government for our community.

We recognize that this plan does not provide all the answers, but it does identify very important initiatives the County will prioritize in the next 5 years. This plan creates the foundation for excellent services and accountability that will benefit our residents for years to come. That foundation will rely on our talented workforce who helped create the plan and will be called upon to implement our action plan over the next 5 years.

On Behalf of the Board of Supervisors,

Katie Rice, President
Board of Supervisors



A MESSAGE FROM THE COUNTY ADMINISTRATOR

INTRODUCTION

“Leadership and learning are indispensable to each other.”

JOHN F. KENNEDY

The 5 Year Business Plan is not a one-time project, but rather a way of doing business. It builds upon our past efforts and strives to create a more dynamic workplace where we encourage engagement, learning and leadership at all levels of our organization. By doing so, we will provide a better workplace for our employees and better service to our residents.

This plan was developed after twelve months of collaborative work in the County. The plan was created by our employees. We heard they want a more inclusive, innovative and engaged workplace. We heard that on-going training and development opportunities for County employees were pivotal for the success of the organization. On one level the plan provides action steps for our departments to follow to ensure that we are attracting the best employees, adapting to new technologies and allocating our resources as effectively as possible. On a deeper level, it strives to create a learning organization where employees own their growth and development and management encourages collaboration across all levels of the organization so we can better address the complex issues we face.

A countywide effort such as this would not have been possible without the help of:

Our Executive Steering Committee Members: Chana Anderson, Marin Community Foundation; Dr. Denise Lucy, Dominican University of California; Douglas Mundo, Canal Welcome Center; Eli Gelardin, Marin Center for Independent Living; Gregg Adam, Labor, Safety; Charlie Haase, Marin County IST Director; Jonathan Reichental, City of Palo Alto; Jose Varela, Marin County Public Defender; Michael Daly, Marin County Probation; Robert Eyler, Economic Forensics and Analytics, Inc.; Rudy Collins, Kaiser Permanente; Sara Jones, Marin County Free Library; Supervisor Rice, Board of Supervisors; and Supervisor Sears, Board of Supervisors

A MESSAGE FROM THE COUNTY ADMINISTRATOR (CONTINUED)

All of the Employees who participated in the Working Groups, including:

Civic Engagement/Public Information: Facilitator, Susan Stuart Clark; Clarissa Daniel, CAO; Jacalyn Mah, CAO; Brent Ainsworth, CAO; Talia Smith, CAO; Damon Hill, Library; Doug Pittman, Sheriff-Coroner; Erin Cochran, HHS; Janet Boddington, Cultural Services; Kemplen Robbins, Public Works; Ken Mercer, HHS; Kiki La Porta, Board of Supervisors; Mike Giannini, Fire; Oscar Guardado, HHS; Reuel Brady, Public Works; Yvonne Zupkow, Parks

Technology Tools and Resident Self-Service: Facilitator, Kristen Firpo; Gordon Habermelde, IST; John Aliotti, DA; La Dell Dangerfield, PD; Elizabeth Clark, Finance; Jeremy Tejirian, CDA; Fred Vogler, CDA; Pejmahn Choupani, Finance; Christophe Meneau, IST; Chris Mai, HHS; Laurie Williams, Public Works; Jane Crownover, Elections

Resource Management: Clarissa Daniel, Facilitator, CAO; Dan Eilerman, CAO; Bret Uppendahl, CAO; Anthony (AJ) Brady, DA; Heather Burton, IST; Alison Clayton, HHS; Qiana Davis, Public Works; Maureen Lewis, HHS; Paul Mushrush, Public Works; Jessica Ruiz, HHS; Jason Weber, Fire; Mariano Zamudio, Probation; Ron Miska, Parks

Organizational Culture and Inclusion Practices: Facilitator, Juan T. Lopez; Chantel Walker, HR; Janell Hampton, CAO; Cicily Emerson, HHS; D'Angelo Paillet, HHS; Teresa Torrence-Tillman, Probation; Otis Bruce, DA; Laney Morgado, Public Works; Berenice Davidson, Public Works; Cindy Brown, HR; Eva Patterson, Library; David Escobar, Board of Supervisors; Elise Lenox, HHS; Brent Ainsworth, CAO; Qiana Davis, Public Works; Adora Gutierrez, DA; Tom Lai, CDA; Solange McGirr, HR; Ralph Hernandez, CAO; Jose Varela, PD; Margie Roberts, Finance; Dodie Goldberg, Public Works; Alisa Samuel, HR; Phillip Thomas, Public Works; Jim Selmi IST; Danielle Romo, HR

A MESSAGE FROM THE COUNTY ADMINISTRATOR (CONTINUED)

Career Development: Facilitator, Madelyn Mackie; Angela Nicholson, CAO/HR; Chantel Walker, HR; Herman Barahona, HHS; Guiliana Ferrer, Probation; Jeanene Gibson, Public Works; Martin Graff, HHS; Ralph Hernandez, CAO; Lorene Jackson, CDA; Dean Joyner, Public Works; Kathy Koblick, HHS; Heather Ravani, HHS; Shelly Scott, ARCC; Christy Wick, Sheriff-Coroner; Terry Corde, IST; Sandra Rosenblum, HHS; Kellie Sullivan, Fire; Phoenicia Thomas, Fire; Ed Berberian, DA; Jose Varela, PD; Mark Brown, Fire; Mike Daly, Probation; Scott Bauer, Library; Tom Lai, CDA

Talent Attraction and Retention: Facilitator, Dianna Wilusz; Diane Ooms, HR; Royal Atkinson, Sheriff-Coroner; Tim Flanagan, IST; Lauren Houde, ARCC; Michael Kelleher, ARCC; Yvette Martinez-Shaw, DA; Matt Perry, Probation; Adriana Rasquiza, HHS; Kerri Reidy, Child Support Services; Wendy Sorensen, ARCC; Leelee Thomas, CDA

Labor Management Partnership participants, Assistant Department Heads and Department Heads.

The contributions of these individuals and the leadership of Angela Nicholson, Joanne Peterson, and Chantel Walker cannot be understated. Thank you.

Although I am confident that this plan will benefit our organization, we are not guaranteed to succeed. Successful implementation will only come with a willingness to change by all levels of our workforce and with many mid-course corrections along the way. In the long run, if we learn as we go, the organization and our community will be better because of it. I welcome you to engage in this journey as we become a more responsive government.

Matthew Hymel



County Administrator



OUR JOURNEY

BACKGROUND

This 5 Year Business Plan builds upon, replaces, and learns from our past strategic planning efforts. Using major trends, challenges and opportunities, it is designed to create a more compelling future by encouraging innovation and positive organizational change; supporting the development of a learning organization; embracing diversity; and enhancing employee communication and engagement.

In 2001, the County adopted its first Strategic Plan: A Blueprint for Excellence, which was composed of four strategic areas: the customer, the employee, communication and performance management. It was the beginning of a new way of working together to fulfill the County's mission which was: to provide excellent services that support healthy, safe and sustainable communities; preserve Marin's unique environmental heritage; and encourage meaningful participation in the governance of the County by all. Since fourteen years have passed, the 5 Year Business Plan takes a fresh approach to the new challenges and opportunities we face in the next 5 years.

Over the previous 14 years, various administrative services departments developed focused strategic plans. For example, in 2004, Information Services and Technology developed an operational plan. It is no surprise that technology has rapidly changed in the past 11 years and there are great demands for innovation both internally and externally.

In 2010, the County Administrator's Office developed the Long-Term Restructuring Plan, which responded to the budgetary realities of an economy in downturn. By planning ahead the County sought to minimize the impact of service reductions by addressing structural budget issues and improving our business practices to better adapt to diminishing resources. The plan was used to inform many of the adopted budget reductions which balanced our budget and resulted in over \$30 million in ongoing savings.

OUR JOURNEY (CONTINUED)

In 2011, the County, led by Human Resources, took an internal analysis of its workforce and produced a comprehensive Workforce Strategic Plan: Building a Thriving Organization. This strategic initiative addressed emerging workforce issues and set out to create a thriving organization, providing meaningful careers in public service with the following goals: Serve as Change Agents, Support our People, and Promote a Positive Culture.

While many of the initiatives identified in the above Plans are still relevant today, it became clear that a combined strategic document with one voice and one vision will best meet our future needs of the organization. We know that, if done well, these efforts will create a more responsive government for our residents.





TRENDS

OUR TRENDS

“The secret of change is to focus your energy, not on fighting the old, but building the new.”

SOCRATES

The County of Marin has stabilized after the economic downturn and is positioning itself for success in an environment where technology is an ever present tool, multilevel diversity must be understood and embraced to achieve success, and workforce development will be impacted by a large wave of retirements and high demand for new multi-talented workers.

These changes offer opportunities to analyze these trends and change the way we do business to adapt and better serve our community. The 5 Year Business Plan development process became the vehicle to assess our responsiveness as local government and outline how the County can be more resilient and thrive in an ever changing landscape. The 5 Year Business Plan is designed to address three overarching trends:

Economic Trends

Over the past 5 years, the County has reduced its spending by over \$30 million and has reduced its workforce by about 10%. The County’s revenue picture has improved, though at a slower pace than neighboring counties that are benefiting from greater sales and hotel tax growth. Growth in property values is the main driver of County revenue. In 2014/15 the County experienced a 5.8% increase in property tax, equivalent to the cumulative growth of the previous 5 years. While the County’s budget is now stable, we still face the challenges of aging infrastructure, increases in workers compensation costs, and continued need to reduce our unfunded pension liabilities. Although our local economy has certainly improved, not all in our community are sharing in the benefits.

OUR TRENDS (CONTINUED)

EDUCATION LEVELS AND EARNINGS BY RACE/ETHNICITY



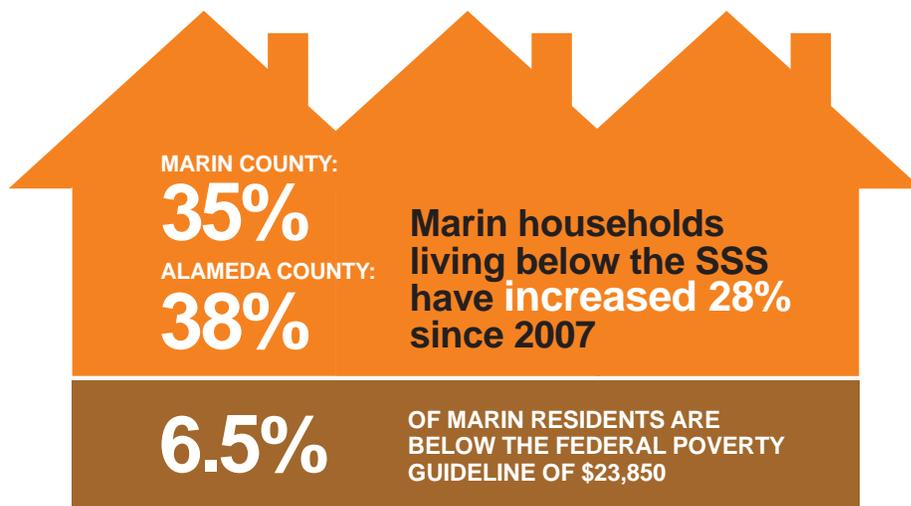
	LESS THAN HIGH SCHOOL	AT LEAST HIGH SCHOOL DIPLOMA	AT LEAST BACHELOR'S DEGREE	GRADUATE OR PROFESSIONAL DEGREE	SCHOOL ENROLLMENT	MEDIAN EARNINGS
	%	%	%	%	%	(2010)
California	19.5	80.5	29.7	10.7	90.0	\$31,551
Marin County	7.8	92.2	53.9	22.4	96.2	\$44,246
Marin Whites	2.7	97.3	60.7	25.5	100.0	\$51,462
Marin Asian Americans	7.6	92.4	61.5	24.2	100.0	\$43,534
Marin African Americans	16.8	83.2	21.8	8.4	100.0	\$31,608
Marin Latinos	37.3	62.7	20.3	8.2	79.0	\$23,795

Source: American Human Development Project analysis of data from the U.S. Census Bureau, American Community Survey, 2005-2009

The wage gap in our community continues to grow. With housing costs growing greater than wage growth, the number of Marin households living below self-sufficiency standard has dramatically increased since 2007.

LIVING BELOW THE SELF SUFFICIENCY STANDARD

\$102,223 for a family of 4 in Marin, \$86,400 in Alameda

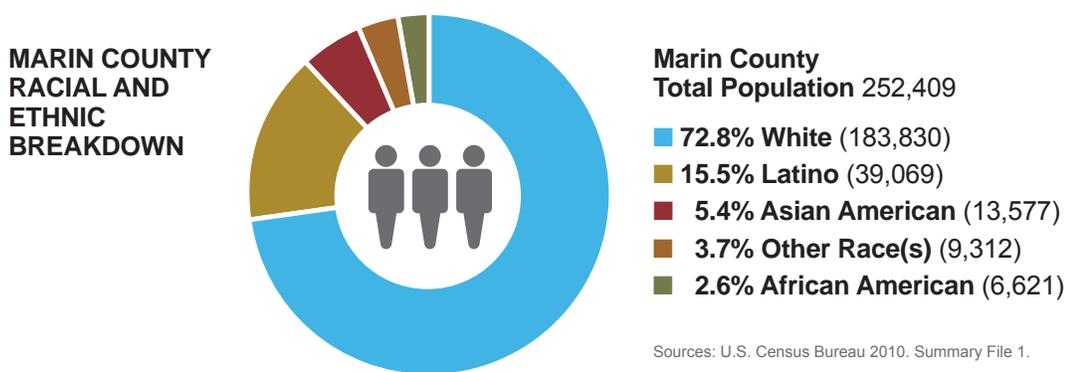


Source: Insight Center for Community Economic Development

OUR TRENDS (CONTINUED)

Demographic Trends

Marin County residents are growing in diversity, in terms of age and ethnic background, more quickly than ever before. In the 2000 Census, it was reported that Marin had a 78.6% White population, an 11.1% Hispanic population, a 4.5% Asian population, and a 2.8% African American population. The figure below depicts Marin's population according to the 2010 census. There has been significant growth in both the Asian and Hispanic populations.



Our County systems and social environment will need to be supported to align and function effectively for the evolving Marin County population. Paralleling the demographic trends of our residents, the County of Marin government workforce is becoming more diverse. As of December 31, 2014 our workforce is 70.9% white, 14% Hispanic, 8.7% Asian, 5.7% African American, 55.4% women, and the average age of employee is 49. A large wave of retirements is expected to lead to 1 in 3 workers retiring over the next 5 years. With such dramatic turnover predicted, there is a need for knowledge transfer. The increase in diversity in both our employee population and our residents calls for a greater commitment to cultural competency and the inclusion of those with multiple perspectives and backgrounds in our decision making.

Access and Engagement Trends

Rapidly changing technology tools have led to expectations from residents and employees that include around the clock access to County services and transactions and the implementation of modern systems that increase efficiency. On-line services and mobile-accessible information are the new norm. These expectations are positive, as they clearly indicate that our residents want to be engaged in the activities of the County and our workforce must stay current in order to provide the best possible service to our community.



PROCESS

OUR PROCESS

The 5 Year Business Plan is designed to build on past successes and embrace new opportunities to become a more adaptive organization. Data gathering for the 5 Year Plan was qualitative and quantitative, internal and external. The County convened a 5 Year Business Plan Steering Committee composed of local leaders, two-thirds of whom were external County partners from law, business and community based organizations. The 5 Year Business Plan Steering Committee helped to evaluate trend data to determine where additional County-specific data needed to be gathered. Six Employee Working Groups were convened to deeply evaluate the following topics:

- Civic Engagement/Public Information
- Technology Tools and Resident Self Service
- Resource Management
- Organizational Culture and Inclusion Practices
- Career Development
- Talent Attraction and Retention

The Employee Working Groups, made up of 10 to 12 employees each, were asked to create a problem statement, a vision, a mission and strategies to improve the County in their area of focus. Their work highlighted gaps in the County's structure and recommended strategies for County growth and excellence. The Employee Working Groups included more than 70 working group members and also surveyed 260 additional employees to ensure all voices were heard. Their final reports were thoughtful, well-researched and comprehensive. These reports included many shared recommendations and informed the 5 Year Business Plan Action Plan.

While the action plan is complete, we now transition to implementation. Finding a way to keep the 5 Year Business Plan Steering Committee and the Employee Working Groups engaged in our success is imperative.



MARIN COUNTY 5 YEAR BUSINESS PLAN

THE 5 YEAR PLAN



VISION

Working together to be a more responsive government

MISSION

To become a more adaptive organization where we encourage engagement, learning and leadership at all levels

CORE VALUES

Integrity

Respect

Diversity

Innovation

Collaboration

Excellence

FOCUS AREAS



DIVERSITY
+ INCLUSION



INNOVATION
+ CHANGE



GROWTH
+ DEVELOPMENT



COMMUNICATION



FOCUS AREA 1 CREATE AN INCLUSIVE ORGANIZATION

STRATEGY 1: ENSURE DIVERSITY AT ALL LEVELS OF THE ORGANIZATION

- Action**
 Create partnerships with Dominican, College of Marin, and Sonoma State, to develop specific career tracks.
Metric
At least 5 clear career paths are developed with institutes of higher education.
- Action**
 Develop and deliver cultural competency training for all County employees; Develop and deliver an advanced curriculum for hiring managers that focuses on anti-bias strategies in hiring.
Metrics
All Employees have completed the County's cultural competency training within 2 years.
All hiring managers have completed the County's anti-bias course within 2 years or within 6 months of being hired.
- Action**
 Increase gender and ethnic diversity on every selection and oral board panel.
Metrics
With the approval of this plan, at least one man and one woman are on every oral board and selection panel.
Using year one of the plan as our baseline, compare successive years of the plan to ensure greater ethnic diversity on oral board and selection panels.
- Action**
 Create a diversity hiring tool kit for hiring managers and departments.
Metric
Increase diversity of candidate pools for County recruitments.

STRATEGY 2: STREAMLINE TALENT ATTRACTION PROCESSES TO ENSURE THE BEST QUALITY CANDIDATE POOL

- Action**
 Revise minimum qualifications for County classifications to eliminate unnecessary barriers to employment.
Metric
20% of the County classifications are reviewed and revised, as necessary, within the next 2 years.
- Action**
 At the Assistant Department Head and Department Head levels, pilot strategies to ensure that there is a diverse candidate pool and that diverse applicants are interviewed.
Metric
With the approval of this plan, at least one woman and one person of color are interviewed in each assistant department head and department head recruitment. In the instance this doesn't occur, document barriers to diversity in the applicant pool.
- Action**
 Branding the County of Marin, complete the development of a world-class internship program.
Metric
Increase in the number of interns working in the County by 10% in the next two years.





FOCUS AREA 2

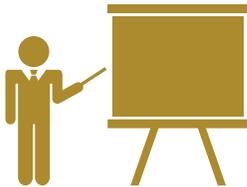
PROVIDE ENHANCED PUBLIC SERVICE THROUGH INNOVATION

INNOVATION + CHANGE

STRATEGY 1: SUPPORT THE IMPLEMENTATION OF CHANGED BUSINESS PRACTICES

- Action**
With support from the ATOM Team, successfully implement Tyler-Munis.
Metric
100% of employees and managers use self-service options to complete time entry and enroll in all benefits.

- Action**
Develop and deliver Tyler-Munis user training and documentation.
Metric
After a survey conducted following implementation, over 80% of users report that training is good or very good.



STRATEGY 2: INCREASE ONLINE OPTIONS FOR THE COMMUNITY TO CONDUCT BUSINESS WITH THE COUNTY

- Action**
The County is able to accept online payments in departments such as Cultural Services, Community Development Agency, Parks and Open Space, and the Assessor Recorder County Clerk's office.
Metric
The top 5 County online payments are available within the next two years.

- Action**
Automate the highest-use forms so they can be completed, saved, and fully processed online, including the use of electronic signatures.
Metrics
Electronic signature has been implemented and is an available tool for forms that do not require a wet signature.
7 of the highest-use forms have been automated within the next 2 years.

- Action**
Develop mobile apps for use by members of the public.
Metric
The top 6 mobile apps are implemented within the next two years.





FOCUS AREA 3

INVEST IN CAREER GROWTH AND DEVELOPMENT THROUGH PROGRAMS, SERVICES, AND INITIATIVES

STRATEGY 1: DEVELOP A CULTURE OF FEEDBACK FOR ALL EMPLOYEES

- Action**
Deliver training to all managers/supervisors and employees on the performance evaluation process and its expectations.
Metric
100% of County employees have received training on the performance management process, which details individual roles and responsibilities, within the next two years.

- Action**
Implement an integrated learning and performance management platform for all County employees (TalentQuest).
Metrics
*All County employees use the new learning and performance management system (TalentQuest).
Through a pulse survey, 75% of employees rate TalentQuest as a helpful tool.
All employees have TalentQuest performance evaluation and training course access by December 2016.*

- Action**
All County employees receive a meaningful yearly performance evaluation.
Metrics
*100% evaluation completion in each calendar year.
A pulse survey establishes that 75% of employees indicate that the meaningfulness of evaluations is increasing.
A pulse survey establishes that an increasing number of employees seek regular feedback on performance.*

STRATEGY 2: PROMOTE AND PROVIDE CAREER DEVELOPMENT OPPORTUNITIES

- Action**
Develop a coaching curriculum, providing coaching training to supervisors and “what is coaching” training to employees to ensure a culture of development and learning.
Metrics
*Training is received by all employees in six “pilot” departments within year 1 of the plan.
In the six pilot departments, supervisors are held accountable for offering regular coaching to employees.
In the pilot departments, great coaches are recognized.*

- Action**
Regular hire employees may apply for limited-term opportunities without relinquishing regular hire position security.
Metric
Increased internal competition for limited term appointments.

- Action**
Develop a “stretch assignment” policy to support ongoing employee growth and succession planning.
Metrics
*Identify clear expectations of the manager and employee during a stretch assignment, including classification and pay issues.
Pulse survey indicates that employees identify “stretch assignments” as a valuable career growth tool.*





FOCUS AREA 4

STRENGTHEN EFFECTIVE COMMUNICATION AND INCREASE ENGAGEMENT- INFORMATION SHARING CREATES A STRONGER COUNTY AND BETTER SERVICE TO OUR COMMUNITY

COMMUNICATION

STRATEGY 1: IMPROVE THE COUNTY'S INTERNAL AND EXTERNAL COMMUNICATION

- Action**
Redesign and redeploy the County intranet (MINE).
Metric
80% of employees report that County information is much easier to access, which is confirmed by survey within one year of implementation.

- Action**
Hire a full-time Media Manager to coordinate countywide communications and an additional media-focused employee to supplement and coordinate countywide social media efforts.
Metric
20% increase in Marin County presence on social media forums within the next 2 years.

- Action**
Develop an accessible, annual County of Marin video report for residents.
Metrics
At least 1000 people, including employees, view the annual video.
75% of residents who watch the annual video report knowing more about the County.

- Action**
Deliver an annual "State of the County" address for employees which includes the strategic focus for the year, County values, and important status updates on County programs and services.
Metric
After the "State of the County" video or brown-bag series, employees surveyed indicate that they are more aware of County projects and initiatives.



STRATEGY 2: INCREASE EMPLOYEE ENGAGEMENT

- Action**
"Reboot" the Managing for Results (MFR) Program to focus on high-level, more meaningful indicators; incorporates resident feedback with a community survey in 2016; and ensures that departments engage their employees in development of their two-year work plans and key metrics.
Metrics
County employees report being aware of Departmental Performance Plan in the pulse surveys.
Increase ratings on CAO annual survey on MFR so that 80% of departments report being satisfied or highly satisfied with the MFR program.

- Action**
Inclusive decision making is utilized in County departments.
Metrics
Inclusive decision making training is developed during year 1 of the plan.
At least 50% of departments have participated in this training within years 2 and 3 of the plan.
Surveyed employees report that inclusive decision making tools are being utilized in their departments.
Collaboration is a competency evaluated during the recruiting process.

- Action**
Develop and support three additional, regular, departmental labor management meeting groups.
Metrics
Employees in these three departments report knowing about the labor management meetings.
Employees in these departments report higher engagement.
Departments initiating labor management meetings report receiving support to establish labor management meetings.



IMPLEMENTATION

Implementation of the 5 Year Business Plan will be an organization-wide effort with roles for staff at all levels. It will call on all of us to be nimble, measure success regularly, and make modifications along the way.

The County Administrator's Office will convene a 10-12 person County-Wide 5 Year Business Plan Implementation Steering Group whose role will be to develop an implementation guide, monitor Plan progress, develop a strategy for surveying the County to evaluate success, and guide the County-wide communication about the Plan. Members of this group will include employees at different levels of the organization who bring different skills, knowledge and abilities to the Group.

We will continue to rely on the support and guidance from the 5 Year Business Plan Steering Committee and the Employee Working Groups who provided so much guidance during the development of this Plan.

Every employee has a role in the implementation of this plan. For example, employees in Administrative Departments will be responsible for establishing many new practices, programs, and tools to achieve the actions in the Plan. Department Heads and Assistant Department Heads will be responsible for implementing the Plan priorities within the Department, including ensuring that employees are involved in department and County-wide initiatives and goals for the year. Employees at every level will be responsible for his/her career growth and development and responsible to stay engaged with this important work. Engagement will make this plan a measured success.

A plan is only as good as its implementation. All of us will benefit if the Plan is successful and we are all responsible for its success. We don't want to be victims of change. Instead we want to embrace opportunities, enjoy the journey, and make a difference for our community.

CULTURAL COMPETENCY ADVISORY BOARD (CCAB) MEMBERSHIP ROSTER – APPENDIX A

Mental Health and Substance Use Services Staff		
Name	Position/Representation	Ethnicity
Darby Jaragosky djaragosky@marincounty.org	HHS Senior Program Coordinator	Caucasian
Marisol Munoz-Kiehne Mmunoz- kiehne@marincounty.org	Promotores Coordinator, (Adult Team)	Latina
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Cesar Lagleva clagleva@marincounty.org	Ethnic Services Manager/ Mental Health Practitioner (Child Team)	API
Alana Rahab arahab@marincounty.org	Program Manager	African American
Kristen Gardner kgardner@marincounty.org	MHSA/PEI Coordinator	Caucasian
Jessica Diaz jdiaz@marincounty.org	Mental Health Practitioner, Adult Case Management, (Adult Team)	Mixed Heritage
Cecilia Guillermo cguillermo@marincounty.org	Bilingual Mental Health Practitioner, Adult Case Management (Adult Team)	Latina
Robert Harris rharris@marincounty.org	Mental Health Practitioner, Adult Case Management (Adult Team)	African American
Maria Abaci mabaci@marincounty.org	Mental Health Practitioner, Adult Case Management (Adult Team)	African American
Ngoc Loi nloi@marincounty.org	Mental Health Practitioner, (Adult Team)	API
Kristine Kwok kkwok@marincounty.org	Supervisor (Adult Team)	API
Cammie Duvall cduvall@marincounty.org	Mental Health Practitioner	Caucasian, LGBTQ
Sadegh Nobari snobari@marincounty.org	Licensed Mental Health Practitioner	Middle Eastern
Marta Flores mflores@marincounty.org	Licensed Mental Health Practitioner	Latina
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Agency Partners		
Leticia McCoy lmccoy@marincounty.org	Family Partner, Community Action Marin	African American, Former Consumer
Vinh Luu vluu@marinaap.org	Coordinator, Asian Advocacy Project, Community Action Marin	API

Douglas Mundo dmundo@cwcenter.org	Executive Director, Canal Welcome Center	Latino
Julie Madjoubi-Lehman jmajdoubi@thespahrcenter.org	Spahr Center	Palestinian, Former Consumer, LGBTQ
Sandy Ponck sandy@canalalliance.org	Program Director, Canal Alliance	Caucasian
David Escobar descobar@marincounty.org	District 5 – Aide to Supervisor Steve Kinsey	Central American Indian,

Community Volunteers		
Name	Position/Representation	Ethnicity
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Cat Wilson Execprod.mpi@gmail.com	San Rafael	Jewish, Consumer
Cheryl August journeyom@yahoo.com	San Rafael	Jewish, Former Consumer
Kerry Peirson Ican77@hotmail.com	Mill Valley	African American, Family Member, Older Adult
Amanda Araki aaraki@marincounty.org	San Rafael	API, TAY

MHSUS QIC MEMBERSHIP

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Davis, Susan 250 Bon Air Rd. San Rafael, CA 94901 sdavis@marincounty.org 473-3096	MHSUS Supervising Mental Health Nurse
Fagundes, Leah lfagundes@camarin.org 457-4554	Consumer Advocate
Garcia, Esmeralda Community Action Marin 29 Mary Street San Rafael, CA 94901 egarcia@camarin.org 526-7525	CAM Patients' Rights Advocate
Hensley, Dawn Family Partnership Program - CAM 3230 Kerner Blvd. San Rafael, CA 94901 dhensley@marincounty.org 473-7814	Family Advocate
Kaiser, Dawn 20 N. San Pedro Rd., Suite 2022 San Rafael, CA 94903 dkaiser@marincounty.org 473-5053	MHSUS Division Director Quality Management
Kughn, Chris 250 Bon Air Rd. Greenbrae, CA 94904 ckughn@marincounty.org 473-3441	MHSUS Division Director
Labov-Dunne, Wendy 18 Wood Lane Fairfax, CA 94930 wlabovdunne@gmail.com 246-0154	Family Member Representative

MHSUS QIC MEMBERSHIP

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Schweitzer, Dee Buckelew Programs 900 Fifth Avenue, Suite 150 San Rafael, CA 94901 dees@buckelew.org 457-6964 ext. 403	Buckelew Programs Director of Quality and Compliance

MHSUS QIC MEMBERSHIP

NAME	POSITION
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Zane, Catharine 3230 Kerner Blvd. San Rafael, CA 94903 czane@marincounty.org 473-2814	MHSUS Mental Health Unit Supervisor

Mental Health Board

Last Name	First Name	Community Representation	Role	Contact Information
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Fawn	Sandra	Consumer	Chair	sandrafawn@gmail.com
Gladstern	Maya	Consumer		mgladstern@hotmail.com
Holbrook	Chris	Secretary / Liaison	Secretary	flowbrook1@gmail.com
Pierson	Rocky			rockypierson@yahoo.com
Powelson	Robbie	Consumer		Robbiepowelson@gmail.com
Rice	Katie			krice@marincounty.org

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First Name	Last Name	Role	Contact Info
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Brian	Slattery	Co-Occuring MHSUS LGBTQ	brian@mtcinc.org
Brian	Hyun Cho	Student/College of Marin	Bh_cho25@yahoo.com bhyncho@gmail.com
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Jasmine	Stevenson	Youth Education	jstevenson@huckleberryyouth.org
Karin	Jinbo	Education	kjinbo@nUSD.org
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Laura	Kantorowski	MHSUS Provider	lkantorowski@bacr.org
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Lynn	Murphy	Law Enforcement LGBTQ	581@srpd.org
Marisa	Smith	Consumer	msmith@camarin.org
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Sandra	Ponek	Low Income Latino Community MHSUS Provider	sandyp@canalalliance.org
Sandra	Ramirez Griggs	Early Childhood Youth	sramirez-griggs@marincounty.org
Sandra	Fawn	Consumer/Family Member MH Board	sandrafawn@gmail.com
Victoria A.	Sanders	Veterans / Trama Victims Northern Marin	sandersvictoria55@gmail.com
Vihn Q.	Luu	Asian Community Social Services	vluu@camarin.org
Former Members			-
Alison	Buck	Homeless Northern Marin	abuck@hbofm.org
Brook	Hart	Consumer/Family Member	bhart788@gmail.com
Heather	Damato	Law Enforcement /Probation	hdamato@marincounty.org
Janice	Mapes	Social Service Family Resource Center Southern Marin	jmapes55@gmail.com
Maria Patricia	Niggle	West Marin Latino/Hispanics	nigglehollis@gmail.com
Robbie	Powelson	TAY / Youth MH Board	robbiepowelson@gmail.com
Maritza	Saucedo	FQHC Latino Community	msaucedo@marinclinic.org

Kerry	Peirson	Family Member Client Advocate Southern Marin	ican77@hotmail.com
Suzanne	Sadowsky	Family Member West Marin	valleyresourcecenter@sgvcc.org

Marin County Behavioral Health and Recovery Services
Mental Health Services Act – Innovation
Growing Roots: The Young Adult Services Project
Transition Age Youth Advisory Council

Alyssa	Martinez
Carolina	Zaragoza
Emilio	Castro-Pumpetch
Kaelen	Ware
Kevin	Garcia
Louise	Gainer
Noah	Marty
Rashi	Abramson
Raleigh	Malloy
Shannon	Bynum
Sylvie	Knepler
Vincent	Chew

TAY Advisory Council members range in age from 16-25. Five identify as Latino, three as African American, two as Asian, and four as white. This represents more than 12, as some identify as more than one race/ethnicity. Two speak Spanish and two speak other languages. Two identify as LGBTQ. They have a range of experiences including mild, moderate and serious mental health concerns, justice system involvement, homelessness, and other risk factors. The Advisory Council has engaged seriously and enthusiastically in making an impact on the services available for TAY in Marin.

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports (CSS) was the first component of MHSA to be funded by the State. Marin County's public planning process began in the fall of 2004 and engaged over 1,000 people through surveys, focus groups, public meetings, work groups and participation in the Steering Committee. The CSS Plan was approved and programs began in 2007.

CSS funds are intended to expand and transform services provided for children, youth, adults, and older adults living with serious mental illness towards evidence-based, recovery-oriented service models. Types of funding include:

Full Service Partnerships (FSPs)

Designed to provide all necessary services and supports – a “whatever it takes” approach - for designated populations. 51% of funding is required to be devoted to FSPs.

System Development (SD)

Dedicated to improving services and infrastructure for the identified Full Service populations and for other clients, such as adding Spanish-speaking staff and expanding effective practices.

Outreach and Engagement (OE)

Enhanced outreach and engagement efforts for those populations that are un/underserved.

MHSA Community Supports and Services Program Outcomes

A primary goal of MHSA is to better serve un/underserved populations. MHSA has enabled an increase in services targeted at Latinos, older adults, and specific geographic parts of the County, as well as other expansions and improvements.

Since CSS has been implemented we have seen an increase in services to Latino adults and continued our relatively high level of service to Latino youth. In FY2006-07 Latinos comprised 15.7% of County mental health clients and in FY2013-14 it is 23.7%. There was not a significant change in rates for other ethnic populations. MHSA has allowed for an increase in bilingual staff across CSS and PEI programs.

The County recognizes the need to better engage and serve diverse populations, especially those identified as un/underserved. In addition to PEI-funded efforts that increase engagement of underserved populations, CSS continues efforts to hire bilingual and bicultural staff and other strategies to better serve diverse populations. In addition, the Southern Marin Services Site (SMSS) Program is being closed at the end of FY2015-16 in order to work with the community on designing a service that will better meet their needs.

The key outcome data for each program is included in each program section of this FY2015-16 Annual Update.

YOUTH EMPOWERMENT SERVICES (YES) FULL SERVICE PARTNERSHIP

Program Overview

Marin County's Youth Empowerment Services (YES), formerly known as the Children's System of Care (CSOC), is a Full Service Partnership program serving 40+ seriously high risk youth through age 21 who are involved with Juvenile Probation and/or attend Marin Community School, an alternative high school for students at risk educationally.

This program was originally implemented as a Children's System of Care grant in the late nineties. In FY2005-06 the Mental Health Services Act began supporting a major portion of the program, enabling the program to expand and hire Family Partners with lived experience with children who had been in the mental health system and/or juvenile justice system.

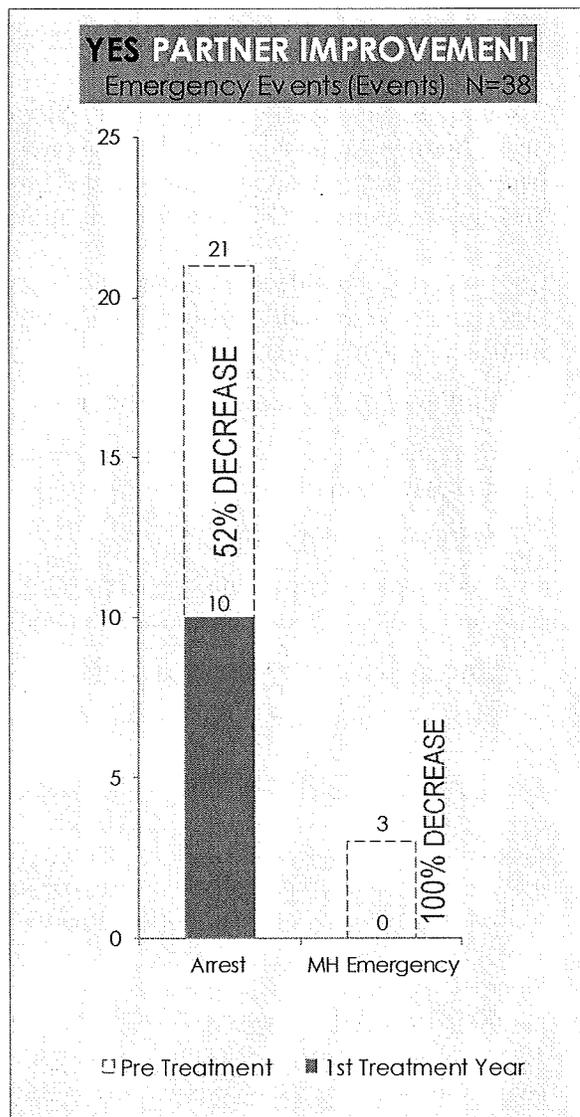
The YES program aims to serve youth who do not have ready access to other mental health resources and are not typically motivated to seek services at more traditional mental health clinics. The YES model is a supportive, strengths based model with the goal of meeting youth and families in their homes and in the community to provide culturally appropriate mental health services with a 'whatever it takes' model.

Target Population

YES serves seriously high-risk youth through age 21 who are involved with Probation and/or attend Marin Community School, an alternative high school. The majority of clients in this program are between ages 13-18 (N=38, 79% < 17 years old) and male (74%). Latino youth in particular make up the majority of the YES clients (81%).

Program Description

The YES model is a supportive, strengths based model with the goal of meeting youth and families in their homes and in the community. The YES program provides culturally appropriate mental health services, intensive case management, and psychiatric care, as well as collaboration with



FSP-01**Community Services and Supports (CSS)
Youth Empowerment Services (YES) FSP**

partner agencies (i.e., education, probation, drug court, etc.) to facilitate integrated care and ongoing family support. The Full Service Partnership (FSP) model includes a 'whatever it takes' philosophy which includes creative strategizing to maintain stability for clients and their families which is supported by flex funding which can be used to support the family in addressing important needs. Flex fund decisions are made by the wraparound team and must be in support of the mental health goals of the child and family as described in the client's treatment plan.

Young Latino males continue to be the largest group served by the YES program. YES staffing consists of three (3) bilingual clinicians, one of whom is a Latino male working with students at Marin Community School.

The YES program utilizes family partners, parents who have had a child in the mental health or juvenile justice system, who are able to engage and support the parent in a unique manner because of their life experience. Family partners provide support and guidance to parents in navigating the various systems and with parenting youth engaged in high-risk behaviors.

This combination of YES staff provides both linguistic and cultural capability to address the diverse needs of the client population who face many challenges including trauma and environmental stressors.

Expected Outcomes

YES program objectives include serving 40+ youth per fiscal year, decreasing arrests and days in juvenile hall, decreasing school suspensions and increasing school attendance and performance. YES services also aim to assist youth in decreasing substance use, develop better coping skills to manage daily stresses and increase pro-social activities in the community.

In the MHSA Three-Year MHSA Program and Expenditure Plan, there were three outcomes identified. During FY2014-15 it became clear that there is not sufficient school related data, and therefore the outcomes were revised. In FY2015-16 the YES Program will better capture individual outcomes along these dimensions by collecting all "actionable items" on the Child Adolescent Needs and Strength (CANS) instrument administered on admission and then every six (6) months, tracking any changes. Items in the CANS cover legal issues, school attendance and many other salient aspects of a child's functioning. By analyzing actionable items we will be able to focus on those that are most challenging and track effectiveness of our program in specific domains.

Outcome	Goal FY2014-15	Revised Goal
Decrease in School Suspensions	75%	75%
Increase in School Attendance	50%	50%
Decrease in Arrests	25%	25%
Decrease days in juvenile hall		20%

Actual Outcomes

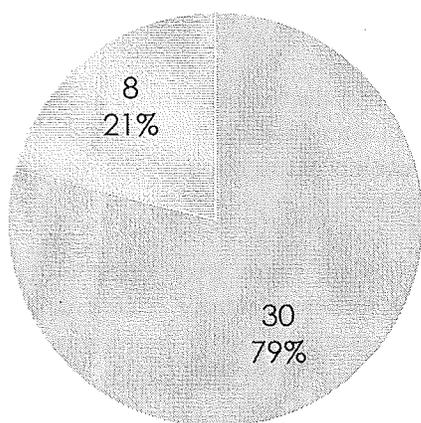
FSP-01

Community Services and Supports (CSS)
Youth Empowerment Services (YES) FSP

In FY2014-15, the YES program served 38 clients, but with the loss of 2 staff mid-year it was unable meet its goal of serving 40 youth. Services provided to the 38 youth (total # of services = 1124) included assessment, case management and individual/family therapy, as well as family partner support and medication services. In response to the fact that a high proportion of YES clients present with substance use issues, staff has been trained to utilize harm reduction and motivational interviewing techniques to assist clients with substance use issues.

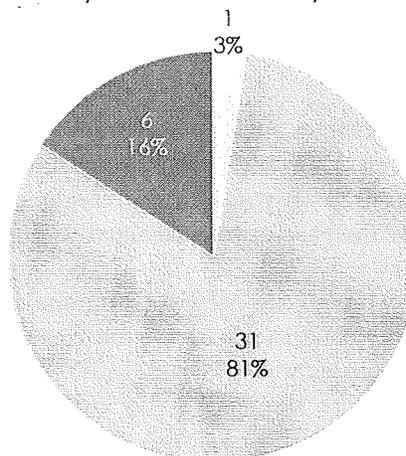
Outcome	Goal	Actual FY2014-15
Decrease in Arrests	25%	52%
Decrease days in juvenile hall	20%	increase

By Age Group



- Child (<17)
- Adult (18 to 22)

By Race/ Ethnicity

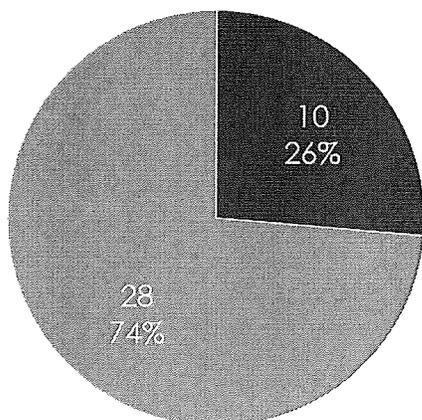


- Caucasian or White
- Hispanic
- Black or African American
- Other/ Unknown

FSP-01

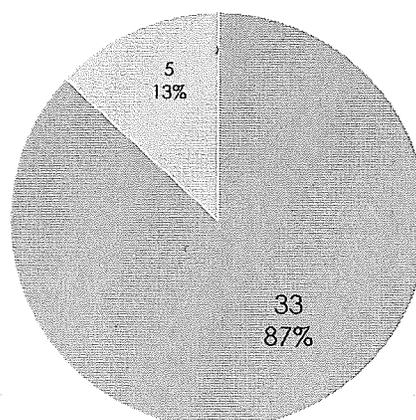
Community Services and Supports (CSS)
Youth Empowerment Services (YES) FSP

By Gender



■ Female ■ Male

By Preferred Language



■ English ■ Spanish

YES services resulted in 87% decrease in arrests, so the program exceeded its goal of 25% noted above. The YES program also maintained 100% prevention of emergency events from the year prior to entry into YES compared with the first year of services.

Services in the YES program did not result in decreased days in juvenile hall when compared to pre-FSP data. For FY14-15, FSP clients in the YES program spent 10% fewer days with parents and more days in juvenile hall during the first year of service. One explanation for this is that clients often begin YES services at the onset of probation, and emotional/behavioral improvements do not always occur immediately. Thus, the number of days the youth spends in juvenile hall may initially increase as the youth struggles to cope differently.

Challenges and Upcoming Changes

In FY2015-16, MHSUS' Children's Mental Health is conducting a strategic planning process to address changes occurring, including a reduction in referrals to YES due to a decrease in number of youth on probation. In addition, YES will recruit to fill two (2) vacant bilingual clinician positions.

In FY2016-17, in accordance with the new Children's Mental Health strategic plan, YES will be restructured to serve a wider range of clients with high risk needs and behaviors.

FSP-01

Community Services and Supports (CSS)
*Youth Empowerment Services (YES) FSP***YOUTH EMPOWERMENT SERVICES – CLIENT STORY**

John is a 16 year old Latino male who was referred by juvenile probation to receive services as part of his probation mandates. He was placed on probation after assaulting his mother and pushing her to the ground.

John developed severe behavioral problems from age 5 after his parents' divorce and, through time, his anger turned into uncontrollable rage as he felt displaced and rejected. He began to smoke marijuana by age 13 and started getting into trouble with the law due to his aggression and defiance towards authority.

Through YES services, John learned to take responsibility for his displaced anger, his disrespect and defiance towards authority, and to apologize for his actions. He also learned to differentiate between people who are on his side and people who do not care about him. He still gets into power struggles with authority figures, but his overall adjustment improved significantly.

TRANSITION AGE YOUTH (TAY) FULL SERVICE PARTNERSHIP

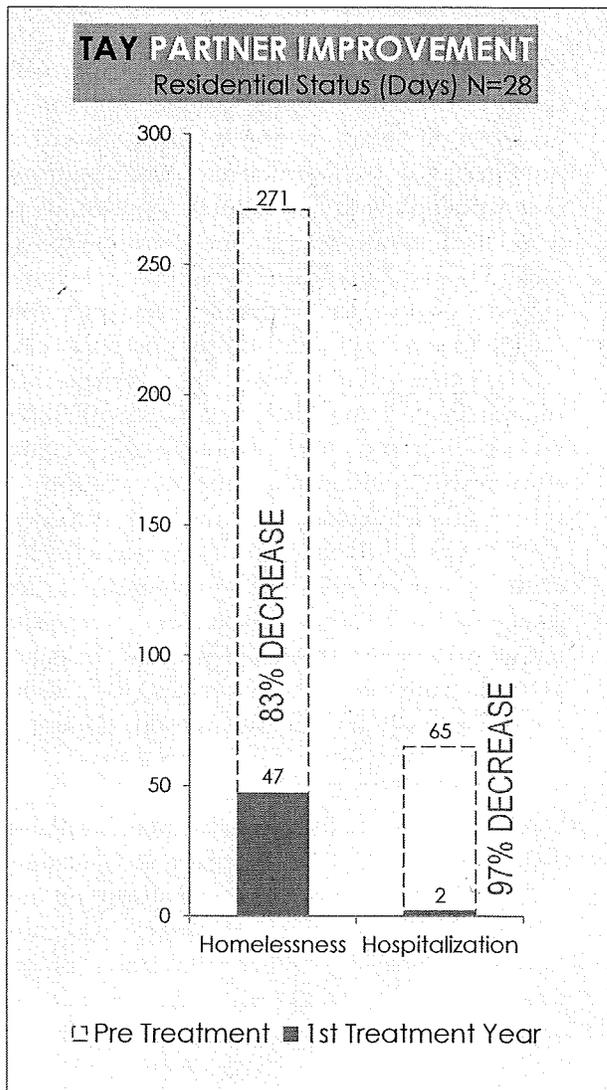
Program Overview

Marin County's Transition Age Youth (TAY) Program is a Full Service Partnership (FSP) providing young people (16-25) with serious emotional disturbance or emerging mental illness with independent living skills, employment services, housing supports, and comprehensive, culturally appropriate, integrated mental health and substance use services. These services are strengths based, evidence based and client centered. A multi-disciplinary team provides assessment, individualized treatment plans and linkages to needed supports and services, as well as coordinated individual and group therapy and psychiatric services for TAY participants. There is also a well-attended partial program for youth who can take advantage of the group activities and ongoing social support. This program was started by Buckelew in partnership with Family Service Agency (FSA) in FY2006-07. In January 2015 the TAY Program transitioned to a new agency when Sunny Hills Services was awarded the contract through an competitive process.

Target Population

The priority population is transitional age youth, 16-25 years of age, with serious emotional disturbances/serious mental illness. These youth may be aging out of the children's system, child welfare and/or juvenile justice system or may be experiencing new mental health challenges that are seriously impacting their ability to function appropriately in their home and community. Priority is also given to TAY who are experiencing first-episode psychosis and need access to developmentally appropriate mental health services.

In the past years, Latino youth, 18 years of age and over, were underrepresented in the TAY Program, but this last year there were eight youth self-identified as Hispanic which is 29% of the TAY clients. The TAY Program has three bilingual Spanish speaking staff out of five, so they have the needed capacity to work with Latino families. Parent support groups are offered in Spanish and English at the TAY offices.



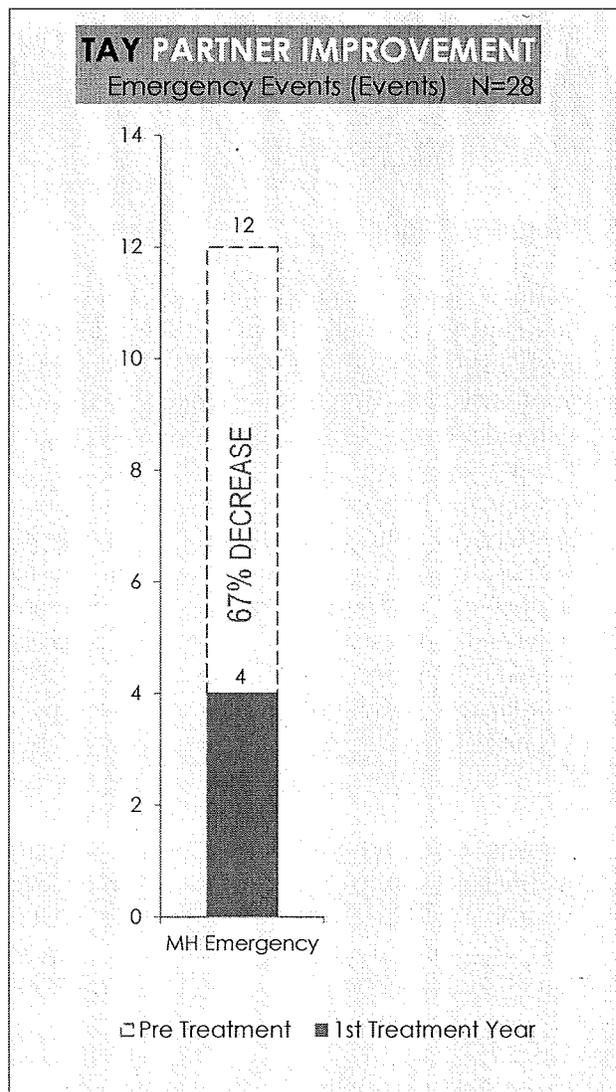
Program Description

The TAY Program is a full service partnership (FSP) providing young people (16-25) with ‘whatever it takes’ to move them toward their potential for self-sufficiency and appropriate independence with the natural supports in place from their family, friends and community. Initial outreach and engagement is essential for these age cohorts who are naturally striving toward independence and face more obstacles due to their mental illness than the average youth. Independent living skills, employment services, housing supports, and comprehensive, culturally appropriate, integrated mental health and substance use services are available through the TAY Program which strives to be strengths based, evidence based and client centered. A multi-disciplinary team provides assessment, individualized treatment plans and linkages to needed supports and services, as well as coordinated individual and group therapy and psychiatric services for TAY participants.

There is a two-bedroom apartment available to FSP clients in the TAY Program, recognizing that stable housing is important in maintaining mental health. Due to the TAY Program’s very limited housing capacity, other housing programs available for those 18 years and over are also utilized by TAY participants as appropriate, and many still live with their family which will continue to be their main source of support.

This program provides ‘whatever it takes’ with the goal of providing treatment, skills and the level of self-sufficiency necessary to TAY to manage their illness and accomplish their goals, avoiding deep end services, incarceration and homelessness. In addition, partial services, such as drop-in hours and activities, are available to all TAY clients as well as those who are not in the full service partnership. Often this welcoming approach is effective in engaging youth experiencing serious mental health challenges that are open to dropping by and engaging in social activities before committing to joining the program.

Partial and drop in services offer a range of activities from art activities and movies to mindfulness. There are frequent outings to local recreational areas that are very accessible in Marin. These activities provide a forum for healthy self-expression, an opportunity for participants to expand their cultural horizons, and a place to for them to practice their social skills. Specific groups on gardening, employment, budgeting and nutrition round out the offerings. The monthly TAY



FSP-02**Community Services and Supports (CSS)**
Transition Age Youth (TAY) FSP

calendar of activities is available in English and Spanish. A bi-monthly Family Support Group for families of TAY with mental health illness and substance use, whether or not their child is enrolled in the TAY program, is provided by a TAY staff.

Expected Outcomes

The broad goals of the TAY Program, including decreasing hospitalization and homelessness and increasing attendance at school or work, have not changed and are evident in the chart on the previous page. Additionally, specific goals targeting vocational support and independent living skills that support such outcomes were monitored closely with the new agency, Sunny Hills Services, starting January 2015. Specific objectives were set for Sunny Hills for the six months remaining in FY2014-15 as they began with building up the program under new leadership.

Actual Outcomes

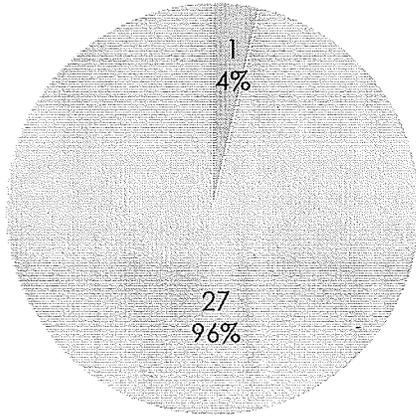
In FY2014-15, sixteen (16) TAY FSP clients were transferred from the Buckelew Program to the Sunny Hills Program and four (4) new clients were admitted to the program, exceeding their goal for number of clients served. The TAY Program reported that four of twenty FSP clients participated in one or more of activities designed to improve independent living skills. The plan is to assess how these activities address the needs of the FSP clients and work on engagement and outreach to reach at least 50% participation. A Sunny Hills staff member completed the CAADAC substance use counselor training, allowing for those services to start in FY2015-16.*

Outcomes (6 months)	Goal	Actual FY2014-15
Number of clients served:		
• FSP	12	20
• Partial/drop-in	25	27
FSP clients engaged in work, vocational training or school.	50%	50%
FSP clients engaged in activities designed to improve independent living skills.	50%	20%
FSP clients screened for substance use.	100%	*
Clients identified as having substance use issues that receive substance use services.	50%	*

FSP-02

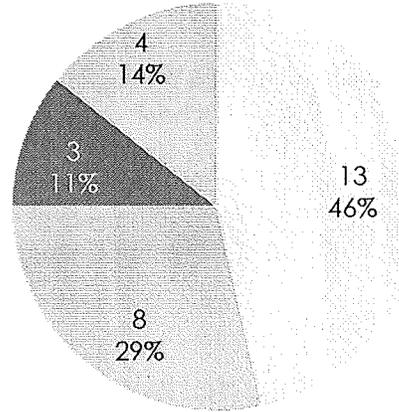
Community Services and Supports (CSS)
Transition Age Youth (TAY) FSP

By Age Group



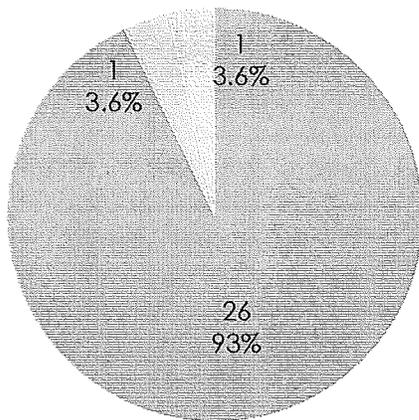
- Child (<17)
- Adult (18 to 26)

By Race/ Ethnicity



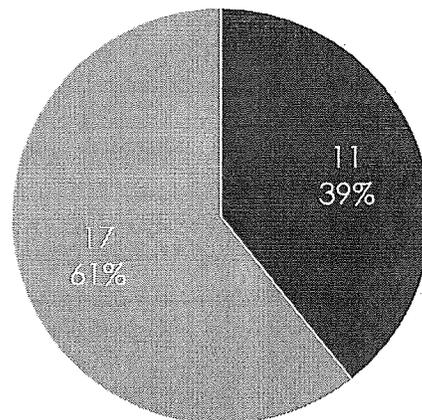
- Caucasian or White
- Hispanic
- Black or African American
- Other/ Unknown

By Preferred Language



- English
- Spanish
- Vietnamese

By Gender



- Female
- Male

Challenges and Upcoming Changes

In FY2015-16, substance use screening and services for TAY FSP clients were initiated. The challenge in finding a qualified and certified substance use counselor was addressed by having an existing TAY staff become a certified CAADAC counselor during the first six (6) months of the Sunny Hills Services contract (January-June 2015). In FY2015-16, 100% of clients will be screened by the substance abuse counselor and appropriate interventions such as groups for youth and families will be provided in a manner that engages the youth and addresses where they are in terms of stages of change. This substance abuse counselor will provide needed services for youth with co-occurring disorders who need support in recognizing the impact of substance abuse on their mental health as well as support comprehensive services that promote recovery and self-sufficiency.

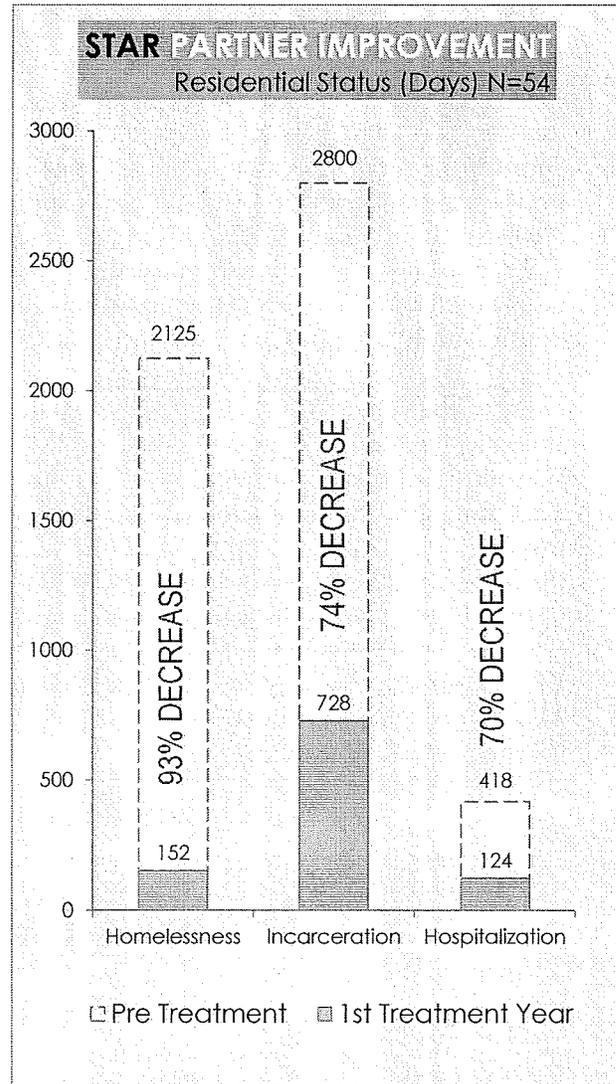
Many of the clients seen in the TAY Program suffer with serious mental illness which impacts their ability to function in their daily lives. In FY2015-16 a post doc intern interested in work with First Episode Psychosis has been providing groups and individual therapy to a few of those clients in the TAY Program. The plan is to explore developing a track or program for these clients based on the research data collected through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant currently being researched by a MHSUS staff in collaboration with the county Quality Improvement management and Sunny Hills management.

In FY2016-17, we expect to continue implementing the TAY program as described in the MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17, working closely with the new TAY provider.

SUPPORT AND TREATMENT AFTER RELEASE (STAR) FULL SERVICE PARTNERSHIP

Program Overview

The Marin County Support and Treatment After Release (STAR) Program has been an MHSA-funded Full Service Partnership (FSP) serving adults with serious mental illness who are at risk of incarceration or re-incarceration since 2006. The STAR Program was originally implemented in 2002 through a competitive Mentally Ill Offender Crime Reduction Grant (MIOCRG) awarded by the California Board of Corrections. Upon the conclusion of that grant, the STAR Program was approved as a new Full Service Partnership, providing culturally competent, intensive, integrated services to 40 mentally ill offenders. Operating in conjunction with Marin’s mental health court – the STAR Court – the program was designed to provide comprehensive assessment, individualized client-centered service planning, and provision of or linkages to all needed services and supports. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce incarceration, and reduce hospitalization.



Target Population

The target population of the STAR Program is adults, transition age young adults, and older adults with serious mental illness, ages 18 and older, who are currently involved with the criminal justice system and are at risk of re-offending and re-incarceration. Priority is given to individuals who are currently unserved by the mental health system or are so inappropriately served that they end up being incarcerated, often for committing “survival crimes” or other nonviolent offenses related to their mental illness. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.

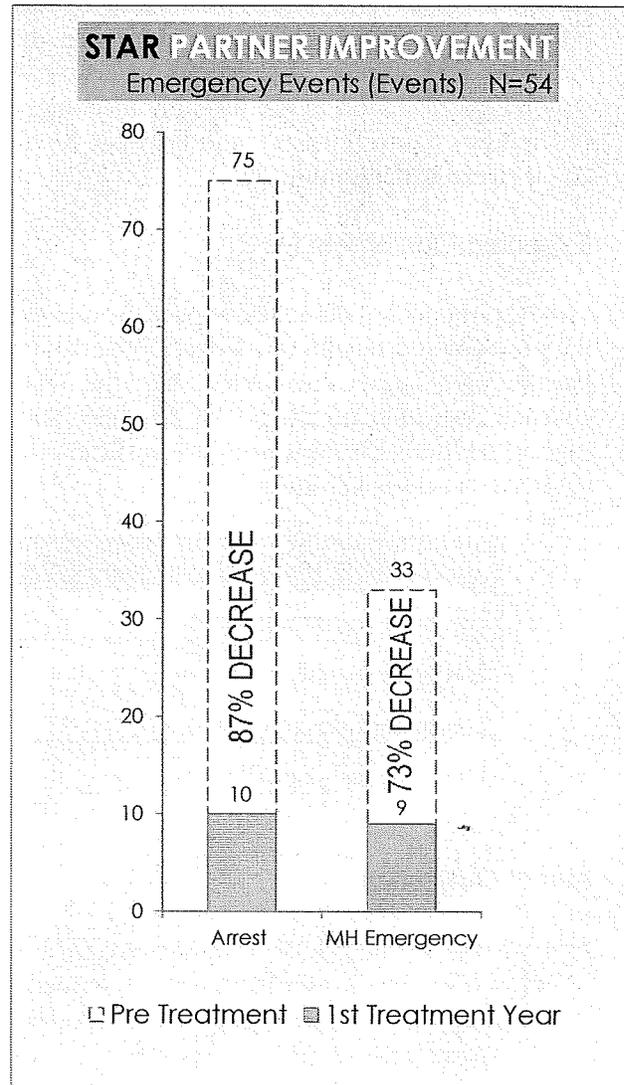
Program Description

Operating in conjunction with Marin’s Jail Mental Health Team and the STAR Court (mental health court), the FSP is a multi-disciplinary, multi-agency assertive community treatment team comprised of professional and peer specialist staff. The Team provides comprehensive assessment, individualized client-centered service planning, crisis management, therapy services, peer counseling and support, psycho-education, employment services and provision of or linkages to all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and is provided on a case-by-case basis. The team has a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained. The program also has a volunteer family member who brings the voice and perspective of families to the program and is available to provide outreach to family members of STAR Program participants.

The team consists of two (2) mental health practitioners, one of whom is bilingual/bicultural Spanish speaking, two (2) peer specialists, a mental health nurse practitioner and a psychiatrist, an independent living skills specialist, an employment specialist and a substance use specialist. Support is available to participants and their families 7 days a week, 24 hours a day.

Integral to the team, the nurse practitioner provides medical case management, health screening/promotion and disease prevention services, coordinates linkage to community-based physical health care services, and is able to furnish psychiatric medications under the supervision of the team psychiatrist. The employment specialist provides situational assessments, job development and job placement services, and coordinates services with other vocational rehabilitation providers in the county. Where appropriate, participants are assisted to enroll in the Department of Rehabilitation to leverage funding for additional vocational services, including job coaching. The independent living skills counselor is available to support participants with development of skills needed to obtain and maintain independence in the community. The substance abuse counselor provides appropriate group and individual counselling to participants as needed.

CSS one-time expansion funds were approved beginning in FY2011-12 through FY2013-14 to provide Crisis Intervention Training, a 32-hour training program for police officers to enable them to more effectively and safely identify and respond to crisis situations and mental health



FSP-03**Community Services and Supports (CSS)**
Support and Treatment After Release (STAR) FSP

emergencies. Because earlier trainings were successful and popular, the program was extended into FY2014-2015, and we anticipate continuing through FY2016-17. Funds are used for stipends to local law enforcement jurisdictions to enable them to send officers to the training, support their ongoing participation in the monthly meetings of the county-wide problem-solving Forensic Multi-Disciplinary Team (FMDT), and help pay for the cost of the training. This training is provided to 25-30 sworn officers annually.

Expected Outcomes

Listed in the table below, the expected outcomes for the STAR Program are based on the goals of the program and remain unchanged. The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the STAR Program staff on a daily basis. Program staff will continue to explore methods for measuring self-sufficiency and recovery that will permit the program to evaluate its success in these key areas.

	GOAL
Decrease in homelessness	75%
Decrease in arrests	75%
Decrease in incarceration	80%
Decrease in hospitalization	40%

Actual Outcomes

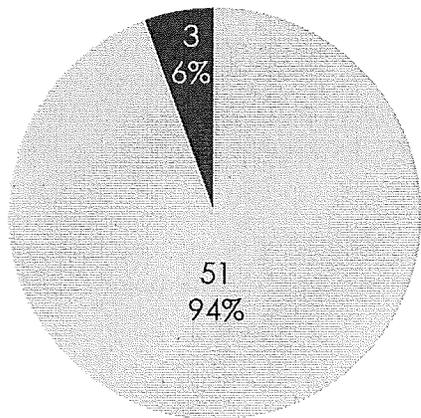
In FY2014-15, the STAR Program engaged 54 individuals who had serious mental illness and significant criminal justice involvement, exceeding the program's target enrollment of 40. Of those served, homeless days were reduced by 93%, arrests decreased 87%, and hospitalizations by 70%, all far exceeding program goals. Participant incarceration decreased by 74% and the program saw a 73% reduction in mental health emergencies. The team nurse practitioner saw 43 of the enrolled participants, for a total of 1153 medication-related services.

Of the 16 program participants referred for employment services, 10 (63%) were successfully engaged in job development. Eight (50%) were placed in jobs, and an additional 5 (31%) were engaged in volunteer work. Independent Living Skills (ILS) Services were provided to 7 participants, exceeding the annual goal of 4-5, and 5 (71%) remained engaged in ILS services at the end of this reporting period.

FSP-03

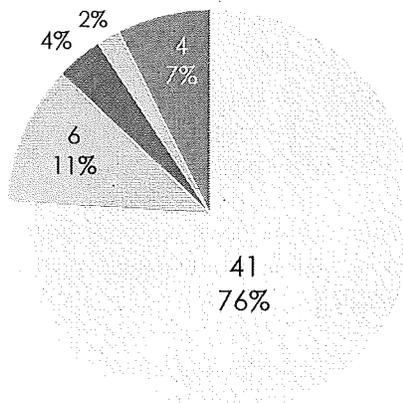
Community Services and Supports (CSS)
Support and Treatment After Release (STAR) FSP

By Age Group



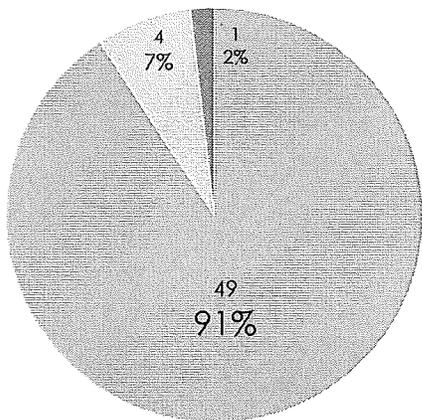
- Child (<18)
- Adult (18 - 64)
- Older Adult (65 and Over)

By Race/ Ethnicity



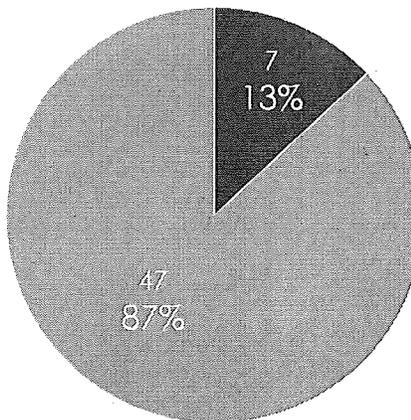
- Caucasian or White
- Hispanic
- Black or African American
- American Indian
- Other/ Unknown

By Preferred Language



- English
- Spanish
- French

By Gender



- Female
- Male

FSP-03

Community Services and Supports (CSS)
Support and Treatment After Release (STAR) FSP

Challenges and Upcoming Changes

In FY2015-16, the program began recruiting for an additional bilingual Spanish speaking mental health practitioner. Recruitment for this position has been challenging, and the position is expected to be filled in the near future. The addition of this position will allow the program to expand capacity by an additional 15 participants without the requirement of participation in STAR Court, and will allow the program to engage and enroll a more diverse participant population. This will bring the program total to 60 participants.

A significant challenge in this fiscal year has been the retirement of the two core, long-term mental health practitioners, as well as the resignation of the program supervisor. At this point all of these positions have been filled.

In FY2016-17, we anticipate having all of the current positions filled, and the services up to the anticipated levels. Once the program has stabilized we will begin to explore enhanced services for families of program participants, understanding that natural supports are an integral part of the recovery process.

STAR FULL SERVICE PARTNERSHIP – CLIENT STORY

Joseph has been diagnosed with schizoaffective disorder, panic disorder and poly substance use disorder. Joseph has a long history of legal entanglements, psychiatric hospitalizations, and chronic substance use. Joseph is a participant in STAR court for the second time. During his first attempt he was derailed in his efforts to succeed by relapse and new drug charges. In this attempt to complete STAR court he has really been engaged with the treatment and services that the STAR team provides and has been extraordinarily successful at meeting his own goals and fulfilling the mandates of the court. Using the therapeutic tools and psycho-education he works to master with STAR providers, Joseph has a better understanding of his diagnosis and how to overcome the barriers it can create, and has had huge success in reducing the frequency and severity of his symptoms. Joseph is deeply engaged in his recovery, and has maintained sobriety for over 9 months! Joseph has worked with STAR providers to secure permanent affordable housing and to enroll in classes at College of Marin, where he just scored a 96% (highest in the class) on his most recent intermediate algebra exam. Joseph attributes his success in taking on and managing these new challenges in his treatment, housing, sobriety, and education in part to the support and skills he gets from the STAR, and says that STAR has helped him understand that he is deserving of the success he is working hard for.

HELPING OLDER PEOPLE EXCEL (HOPE) PROGRAM

Program Overview

The HOPE Program has been an MHSA-funded Full Service Partnership (FSP) serving older adults with serious mental illness who are at risk of homelessness, hospitalization or institutionalization since 2007.

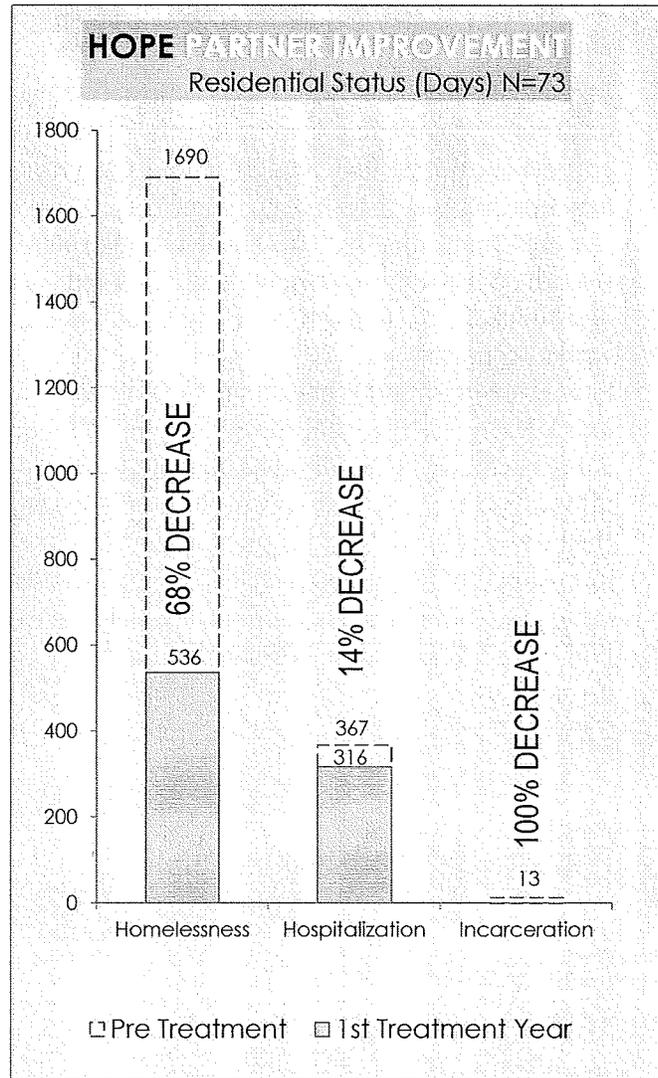
Prior to implementation of MHSA, Marin County did not operate a comprehensive integrated system of care for older adults with serious mental illness. Of all the age groups served by Marin’s public mental health services, older adults had received the least services and had the lowest penetration rates, despite the fact that they constituted the fastest growing age cohort in Marin. Key stakeholders and community partners consistently agreed that Marin needed to comprehensively address the needs of older adults who have serious mental illness, and they strongly supported the creation of a new full service partnership as a critical step toward an integrated system of care for this population.

In 2006, Marin’s HOPE Program was approved as a new MHSA-funded full service partnership providing culturally competent, intensive, integrated services to 40 priority population at-risk older adults. The HOPE Program was designed to provide community-based outreach, comprehensive gero-psychiatric assessment, individualized client-centered service planning, and provision of or linkages to all needed services and supports by a multi-disciplinary, multi-agency team.

The goals of the program are to promote recovery and self-sufficiency, maintain independent functioning, reduce isolation and avoid institutionalization.

Target Population

The target population of the HOPE Program is older adults with serious mental illness, ages 60 and older, who are currently unserved by the mental health system, who have experienced or are experiencing a reduction in their personal or community functioning and, as a result, are at risk of hospitalization, institutionalization or homelessness. These older adults may or may not have a co-



FSP-04

Community Services and Supports (CSS)
Helping Older People Excel (HOPE) FSP

occurring substance abuse disorder and/or other serious health condition. Transition age older adults, ages 55-59, may be included when appropriate.

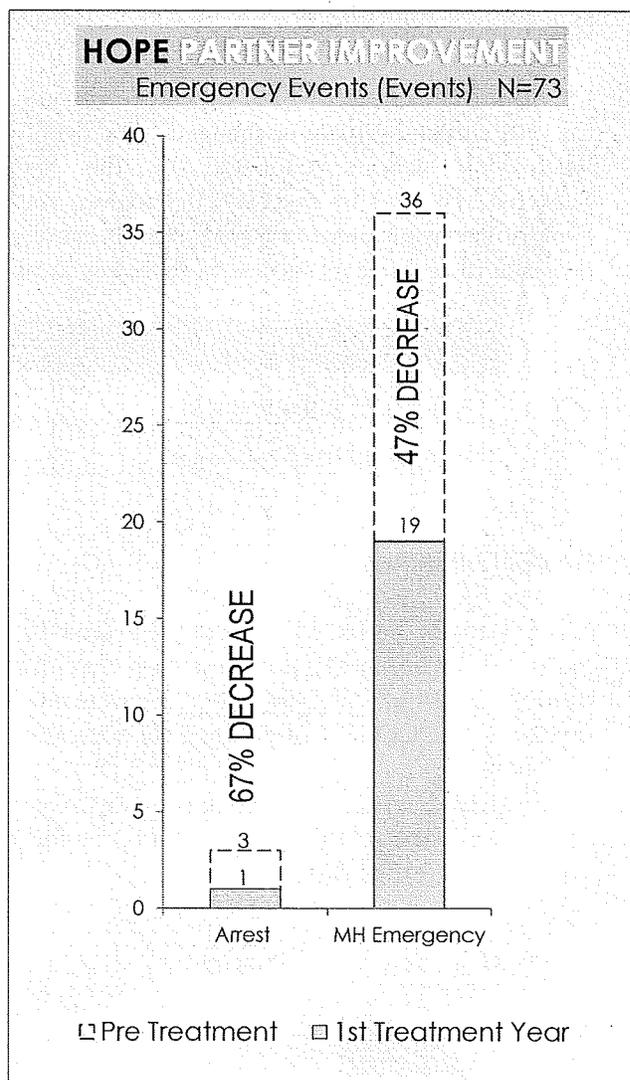
Program Description

The HOPE Program is a Full Service Partnership that provides culturally competent intensive, integrated services to 40 priority population at-risk older adults. The program is strengths-based and focused on recovery and relapse prevention, seeking out participants and serving them wherever they may be. As stated above, the goals of the program are to promote recovery and self-sufficiency, maintain independent functioning, reduce isolation and avoid institutionalization.

The HOPE Program's multi-disciplinary assertive community treatment team provides comprehensive assessment, individualized client-centered service planning, crisis management, therapy services, peer counseling and support, psycho-education, assistance with money management, and provision of or linkages to all needed services and supports. Treatment for co-occurring substance abuse disorders is essential to successful recovery and is provided on a case-by-case basis. The team has a pool of flexible funding to purchase needed goods and services (including emergency and transitional housing, medications, and transportation) that cannot be otherwise obtained.

Integral to the team, the mental health nurse practitioner provides medical case management, health screening/promotion and disease prevention services, coordinates linkage to community-based physical health care services, and is able to furnish medications under the supervision of the psychiatrist. The independent living skills counselor is available to support participants with development of skills needed to maintain independence in the community. The substance abuse counselor provides appropriate group and individual counseling to participants as needed.

Because of the stigma associated with mental health issues for older adults in general, mental health issues often reach crisis proportions and require emergency medical and psychiatric care before individuals seek help. Outreach services are critical for engaging these individuals before they experience such crises. Marin's highly successful Senior Peer Counseling Program, staffed by older adult volunteers and the County mental health staff who provide supervision and support, has been integrated into the team and provides outreach, engagement, and support services.



FSP-04

Community Services and Supports (CSS)
 Helping Older People Excel (HOPE) FSP

Expected Outcomes

Listed in the table below, the expected outcomes for the HOPE Program are based on the goals of the program and remain unchanged. The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the HOPE Program staff on a daily basis. Program staff will continue to explore age-appropriate methods for measuring self-sufficiency and isolation that will permit the program to evaluate its success in these key areas.

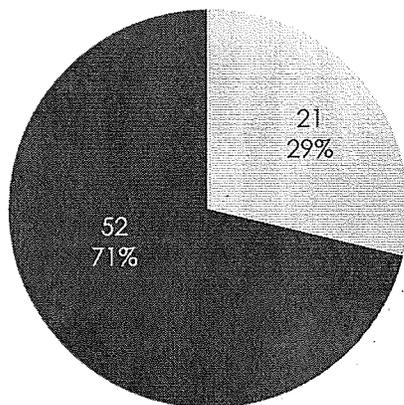
Outcome	GOAL
Decrease in homelessness	75%
Decrease in hospitalization	50%

Actual Outcomes

In FY2014-15 the HOPE Program engaged 54 individual older adults, exceeding the program goal of 40. Of those served, homeless days were decreased by 68%, and hospitalization by 14%, but shy of their goals of 75% and 50% respectively. Alternately, mental health emergencies requiring services at the Crisis Stabilization Unit decreased by 47%.

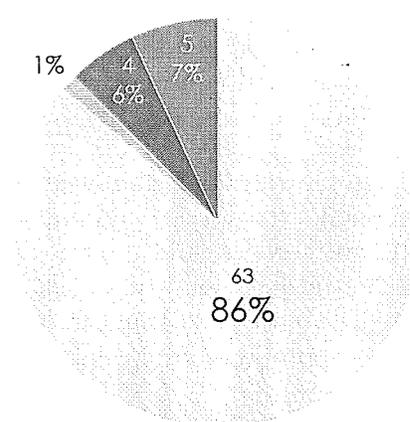
Outreach and engagement services by the Senior Peer Counseling program staff conducted 31 face-to-face assessments that either resulted in the client receiving a Senior Peer Counselor, declining services or referring out.

By Age Group



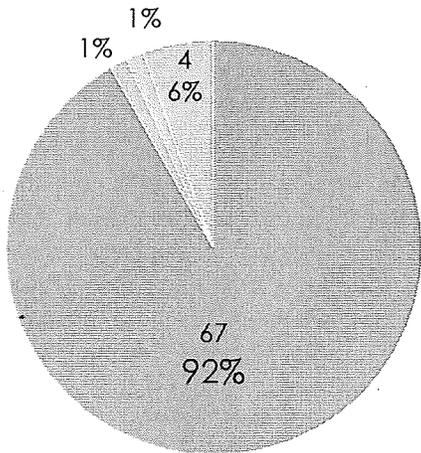
- Adult (54 to 64)
- Older Adult (65 and Over)

By Race/ Ethnicity



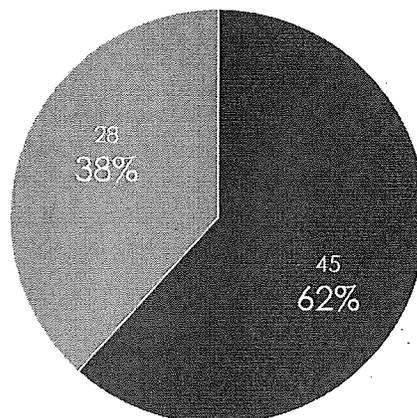
- Caucasian or White
- Hispanic
- Black or African American
- American Indian
- Other/ Unknown

By Preferred Language



- English
- Spanish
- Vietnamese
- Other/ Unknown

By Gender



- Female
- Male

Challenges and Upcoming Changes

In FY2015-16, a prominent challenge was the lack of available housing and placement options for older adults who suffer from chronic and persistent mental illness. As the population of Marin ages, so does the population of older adults who have mental illness, medical comorbidities and cognitive decline. This profile makes psychiatric hospitalizations and medical hospitalizations very challenging. The larger health care system is in the process of becoming more integrated, and when psychiatric illness intertwines with complex medical issues, longer term care options are limited.

In FY2016-17, the HOPE Program and Senior Peer Counseling will explore options for better integrating primary care, mental health and substance use treatment services, as well as, additional options for older adult housing and appropriate placements.

HOPE FULL SERVICE PARTNERSHIP – CLIENT STORY

“If there’s one significant thing you take away from this conversation, I want you to know that the HOPE Program saved my life” she exclaimed vehemently over the phone. This opening statement captured the vivid theme of one woman’s life journey; a snapshot of despair, grace and humility. These emotions are captured through the lived experience of the HOPE Program and Senior Peer Counseling Program client ‘Nancy’.

Nancy, in her mid-60’s, spent her childhood years as the only child of a single mother. She lived on the east coast for 8 years until moving to LA with her single mother. As a child she was rambunctious and loved life. As an adult, Nancy suffered her first mental health crisis in her 30’s and as a result spent years homeless. In Los Angeles, to support herself between jobs as a “cosmetologist for the stars”, she lived on meager Social Security and Disability; regularly turning tricks to fund her drug habit that developed to help manage her symptoms. Nancy’s struggle with housing and maintaining employment was symptomatic of and exacerbated by an untreated mental illness: bipolar disorder. Abusing substances was Nancy’s coping mechanism to combat feelings of loneliness, inadequacy and invisibility. Eventually, Nancy lost her sparkle. “I’m a very competent person. Homelessness is right up there with rape. It’s degrading and demeaning, and when you’re homeless, you learn how to survive.”

After her first hospitalization, Nancy experienced the rag-doll effect of being homeless, then securing a safe place to live, only to become homeless again. Never really finding terra firma, Nancy slowly became isolated; without a sense of community or village, lost was the supportive loving environment she blossomed in while she was a child and living with her mother. Luckily, her best friend Leslie has been her security and constant emotional support. “We talk almost every day”.

After relocating from Oregon in 2014, Nancy was living on the streets in San Rafael, California, eventually being swept up by the HOPE Program, in an attempt to save one more person. After another hospitalization, and reluctantly agreeing to take medication, Nancy became more willing to consider medication and support from the HOPE Program. Nancy began to find that stabilization and sense of trust she had as a child. On January 22nd, 2015, Nancy was supported to move into her own apartment at the Fireside Apartment in beautiful Mill Valley, California; thus beginning the end of a full-circle roller coaster ride. The Fireside Apartments are funded by the Mental Health Services Act and this housing has afforded the dignity and independence to several older adults who suffer from mental illness.

Riding on the secure and stable high, Nancy has now settled in the safe environment provided through collaboration of HOPE Program providers, including but not limited to her psychiatrist, nurse practitioner, and case manager, and support from In Home Supportive Services (IHSS). Nancy is finally able to find peace of mind and be of service to others. “I am very blessed and thankful, because I have not had personal control taken away; I have power over my life now.”

This personal power is evidenced by Nancy’s being of service to others. Just the other day she was able to provide a donation of food to someone she cares about. “I know what it’s like to be hungry.” Now with a sense of independence, and growing social competency, Nancy is considering dating, but with humility and grace, also states “I am very blessed and grateful, and I don’t need any more than this.”

ODYSSEY PROGRAM (HOMELESS) FULL SERVICE PARTNERSHIP

Program Overview

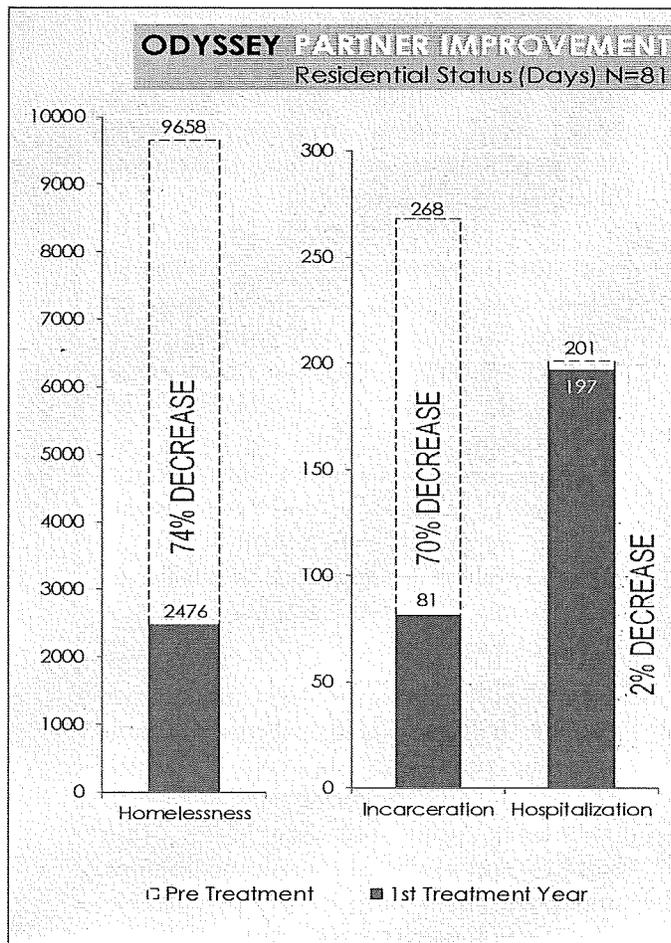
The Odyssey Program is a Full Service Partnership (FSP) that provides culturally competent intensive, integrated services to adults with serious mental illness who are either homeless or at risk for homelessness. The program is strengths-based and focused on recovery and relapse prevention, seeking out participants and serving them wherever they may be. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function independently in the community, and to reduce rates of homelessness, hospitalization and incarceration.

Target Population

The target population of the Odyssey Program is adults, age 18 and over, with serious mental illness, who are homeless or at-risk of becoming homeless. Priority is given to individuals who are unserved or underserved by the mental health system. Participants may or may not have a co-occurring substance abuse disorder and/or serious health conditions.

Program Description

A multi-disciplinary, multi-agency assertive community treatment team comprised of mental health practitioners and peer specialists provides comprehensive assessment, individualized client-centered service planning, crisis management, and other supportive services as indicated, including support to obtain/maintain housing, crisis planning, peer counselling and support, employment services, money management, support for development of independent living skills, psycho-education, access to medication services and management support, substance abuse services as indicated, and medical case management when needed. The program has a pool of flexible funding to purchase needed goods and services that cannot be otherwise obtained, including time-limited emergency housing, medications and transportation. A limited amount of supportive housing is provided through partnerships with the Marin Housing Authority's Shelter Plus Care Program, and other community partners. Recognizing the critical role natural support systems play in participant's recovery, friends and family members have access to an array of support services to assist them to develop alternative strategies and skills for coping with and addressing the effects of serious mental illness on



FSP-05

Community Services and Supports (CSS)
Odyssey Program (Homeless) FSP

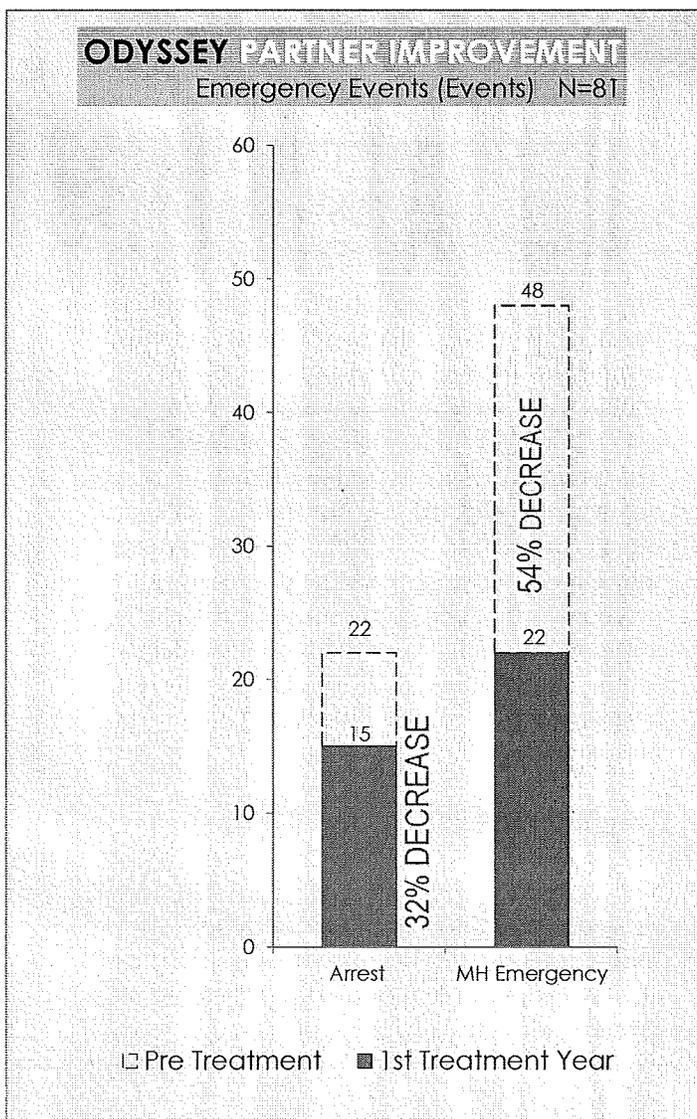
themselves and their family member. Program participants and their families are provided education regarding the management of health and mental health issues, with a focus on reducing stigma, restoring hope and promoting recovery of health and functioning.

The team consists of three (3) mental health practitioners, one of whom is bilingual/bicultural Spanish speaking, four (4) peer specialists, a mental health nurse practitioner and a psychiatrist, an independent living skills specialist, an employment specialist and a substance use specialist. Outreach and engagement services are provided by a team of two (2) peer specialists. Support is available to participants and their families 7 days a week, 24 hours a day.

Integral to the team, the nurse practitioner provides medical case management, health screening/promotion and disease prevention services, coordinates linkage to community-based physical health care services, and is able to furnish medications under the supervision of the psychiatrist. The employment specialist provides situational assessments, job development and job placement services, and coordinates services with other vocational rehabilitation providers in the county. Where appropriate, participants are assisted

to enroll in the Department of Rehabilitation to leverage funding for additional vocational services, including job coaching. The independent living skills counselor is available to support participants with development of skills needed to maintain independence in the community. The substance abuse counselor provides appropriate group and individual counselling to participants as needed.

Implemented in 2015, the program also now includes a “step-down” component, for program participants who are no longer in need of assertive community treatment, but who continue to struggle with independent community living and are not yet able to rely on natural supports to maintain health and well-being. Program services are provided by a para-professional with lived experience and a peer specialist.



Expected Outcomes

Listed in the table below, the expected outcomes for the Odyssey Program are based on the goals of the program and remain unchanged. The data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the Odyssey Program staff on a daily basis. Program staff will continue to explore methods for measuring self-sufficiency and recovery that will permit the program to evaluate its success in these key areas.

Outcomes	GOAL
Decrease in homelessness	80%
Decrease in arrests	50%
Decrease in incarceration	60%
Decrease in hospitalization	40%

Actual Outcomes

The Odyssey Program targets individuals who, by virtue of being unserved or underserved, are either homeless or at-risk of homelessness. In FY2014-15, the program engaged 80 individual participants, exceeding the program goal of 60. Of those served, homeless days were decreased 74%, falling short of the goal of 80%. This will be discussed further in the Challenges section of this report. While days spent incarcerated decreased by 70% exceeding the 60% goal, frequency of arrests was decreased by 32% vs. the goal of 50%. Hospitalization rates were minimally effected this year, with only a 2% decrease. This may be attributable to a notable increase in the acuity of clients, but also may be a factor of some significant staffing changes. Crises requiring evaluation by the Crises Stabilization Unit decreased by 54%.

Outreach and engagement services to homeless individuals are provided by the CARE Team and supported by the Enterprise Resource Center, a peer operated drop-in center. The CARE Team works closely with Odyssey and is the primary source of referrals for the program. In FY2014-15 the CARE Team provided 1397 service contacts in the field, exceeding their annual goal of 1200 visits by 16%.

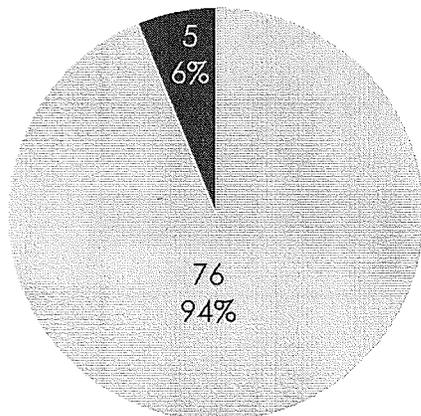
Independent Living Skills services were provided to 11 participants, exceeding the goal of 4-5. Of those 11, 100% remained engaged following assessment. Vocational Rehabilitation Services were offered to 21 Participants: 9 (43%) engaged in job development, 5 (24%) were placed in employment and 6 (28%) were placed in volunteer positions.

On average, 58% of Odyssey program participants present with a co-occurring substance use disorder, putting them at even greater risk. Odyssey's low-barrier harm-reduction based substance group provided services to 18, demonstrating a significant increase from the previous year's 11 participants. A total of 43 groups were provided throughout the year. The program will continue to explore strategies for engaging participants in this aspect of their recovery.

FSP-05

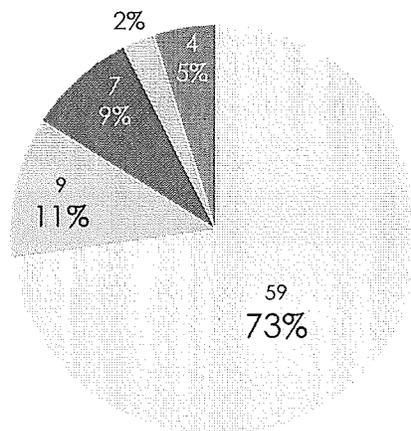
Community Services and Supports (CSS)
Odyssey Program (Homeless) FSP

By Age Group



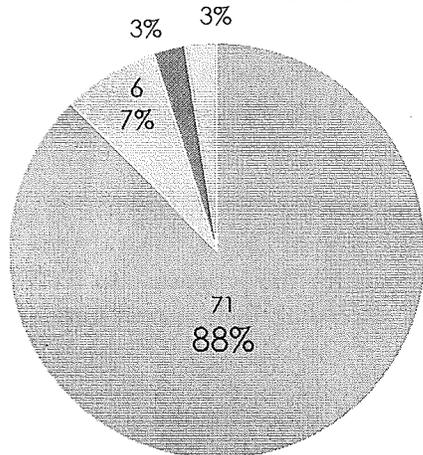
- Child (<18)
- Adult (18 - 64)

By Race/ Ethnicity



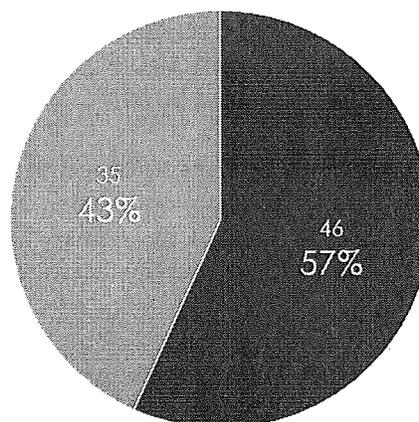
- Caucasian or White
- Hispanic
- Black or African American
- American Indian
- Other/ Unknown

By Preferred Language



- English
- Spanish
- Farsi
- Other/ Unknown

By Gender



- Female
- Male

Challenges and Upcoming Changes

As our primary provider of services to homeless individuals, the Odyssey Program has been particularly struggling with the nation-wide housing crisis. In Marin County, affordable housing has become exceptionally challenging. While Odyssey has a well-established partnership with the Marin Housing Authority, it is becoming more and more common for individuals in possession of Section 8 vouchers through the Shelter Plus Care Program to remain homeless due to lack of availability of units where vouchers are accepted. MHSUS will continue to collaborate with other county divisions as well as community partners to find housing solutions for Marin's homeless who suffer from mental illness.

Challenges and Upcoming Changes

In FY2015-16, the Odyssey Program is being implemented as described in the MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17, which includes the addition of a Step-Down component. This component will be staffed by a support service worker with lived experience and a peer specialist, who will provide services to 40 participants who continue to struggle with independent community living but no longer require the support of the assertive community treatment component of the program. This will increase the availability of assertive community treatment services, in addition to supporting smooth transitions from intensive services to independence.

In FY2016-17, we anticipate further expansion of the Odyssey Program by adding two (2) additional mental health practitioners. With this added capacity, the Program will be able to provide services for an additional 30 individuals. Including the Step-Down component, this program will be providing services to a total of 120 participants. Vocational Rehabilitation and Independent Living Skills Supports will be expanded to meet the needs of this enhanced service as well. We will also increase collaborative efforts with Marin Housing Authority to provide additional services and supports to assist program participants to obtain and maintain housing.

ODYSSEY FULL SERVICE PARTNERSHIP – CLIENT STORY

"I have been waiting for you," says Peter. I follow him inside as he shows me his clean apartment. Peter is in his mid-fifties and lives near downtown San Rafael. Every weekday Peter wakes up at 4:30 a.m. to take a bus to work. Peter is a crossing guard, and commutes back and forth on the city bus to attend sobriety meetings between his shifts. Earlier in Peter's life he owned his own ceramic tiling business in Novato and worked hard to provide for his family.

Over a decade ago Peter experienced the traumatic death of his family. Peter explains that he became depressed and was self-medicating with alcohol and drugs to such an extent that he lost his business and home. "I was homeless and living on a dock. I would dig through the dumpsters of restaurants for food." Peter met a county employee that recruited him for a group and connected him to the Odyssey Team. "People don't realize it, but once you are on the streets it is almost impossible to get off alone."

Peter has spent the last 13 years working with the Odyssey Team. "They have helped me with everything: getting me off the street, budgeting, keeping my social security, and getting a job," he says. Peter has lived in a variety of county placements over the past decade and has been working with the same case manager for the past nine years. The structure and consistency in Peter's day remain an important aspect of his recovery. He regularly attends church, sobriety meetings, and case management appointments. He reliably contacts his Odyssey Team Case Manager and maintains his employment. Over the past thirteen years, the continuity of services provided by the Odyssey Team has been invaluable for Peter.

A demonstration of this value can be seen in Peter's abstinence from substances over the past decade. He attributes this sobriety to his community, church, and case manager. He is currently reworking his sobriety program and making amends with some of his extended family. He tells me of a niece he has in Vallejo and how they "talk sometimes." Peter is an active member in his local community: he attends two churches, serves food to the homeless, and assists in other charitable activities.

Peter's gratitude can be felt in each story he shares, especially when describing the Odyssey Team, "They have seen me through some hard times and I am a different person now," he says. They are one of the few things in Peter's life that has remained consistently supportive.

ENTERPRISE RESOURCE CENTER (ERC) EXPANSION

Program Overview

Since 2006, the ERC Expansion Program has been an MHSA-funded Outreach and Engagement project serving adults with serious mental illness who are reluctant to become involved in the public mental health system.

Prior to implementation of the MHSA, Marin's consumer-staffed Enterprise Resource Center averaged approximately 600 client visits per month in its small multi-purpose drop-in center and had outgrown its space and management infrastructure. In 2006, MHSA funding for the ERC Expansion Program was approved, adding new consumer management positions and establishing a Wellness/Recovery Center in central Marin through enlarging and co-locating the ERC with other services at the new Health & Human Services Health and Wellness Campus. In late FY2007-08, ERC moved into its new facility at the Health and Wellness Campus, and increased staffing that enables the program to provide services 7 days a week.

An expanded consumer-operated ERC co-located with other adult system of care services optimizes outreach and engagement possibilities, promotes consumer empowerment and, most importantly, embodies the concepts of wellness and recovery. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function in the community, increase social supports and reduce isolation.

Target Population

The target population of the ERC Expansion Program is transition-age youth (18+), adults and older adults who have serious mental illness and their families, many of whom are currently disenfranchised or reluctant to become involved in the mental health system. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.

Program Description

Known for its low-barrier access and welcoming environment, the Enterprise Resource Center plays a key role in Marin's efforts to outreach to and engage with adults with serious mental illness in the county who are disenfranchised and reluctant to seek help and services. In addition to optimizing outreach and engagement possibilities, an expanded client-operated Enterprise Resource Center co-located with other services that promote and support recovery builds trust, maximizes opportunities for collaboration and increasingly engages clients in their own recovery process. Managed and staffed entirely by mental health consumers, the center promotes a strengths-based, harm-reduction approach and offers clients a one-stop central location to access and receive services such as socialization activities, peer counseling, mentoring, psycho-educational activities, and support groups. Consumers working to assist other consumers serve as role models and a message of hope that further promotes wellness and recovery.

ERC offers a full schedule of activities, classes and groups 7 days per week, as well as serving as host to meetings such as Dual Recovery Anonymous, Smokebusters, and NAMI Family Support Groups. Programming and services are designed to provide personal support and foster growth and recovery,

SDOE-01

**Community Services and Supports (CSS)
Enterprise Resource Center (ERC) Expansion**

and include the Warm Line, available 7 days/week, Linda Reed Activities Club, specialty groups and classes, supportive counseling with trained Peer Counselors, and a Peer Companion Program that outreaches to individuals who tend to isolate. The ERC also provides Peer Specialist training programs and on-the-job internships for consumers seeking to work as service providers in the public mental health system. Overseen by the ERC, outreach and engagement services for the County's homeless individuals with mental illness are provided by the CARE team (homeless mobile outreach) which works closely with Marin's Odyssey Program for adults with serious mental illness who are also homeless. The CARE team has been expanded with ongoing funding to provide a second full-time Peer Specialist, plus a small flexible fund to support outreach and engagement efforts.

Expected Outcomes

Listed in the table below, the expected outcomes for the ERC Expansion Program are based on the goals of the program and currently remain unchanged, with the exception of goals added for the proposed new ERC Step Up Recovery Program component. There may be a need to adjust some of the program goals in response to the more accurate data being collected and reported. The data for these measures are obtained from CSS logs that program staff is required to fill out and keep up-to-date.

	Goal	FY2014-15
# served - ERC	200	228
Average daily attendance	35	37
# Warm Line contacts	6800	6797
Average monthly contacts - CARE	100	116

Actual Outcomes

As in previous years, the ERC continues to exceed the goals of the program. In FY2014-15, there were a total of 13,400 consumer visits to the ERC, with an average daily attendance of 37. A total of 228 unique individuals were registered, exceeding the program goal by 14%. This year the program also established a membership option that provides members with additional privileges such as computer use. At the close of the year 287 consumers had elected to become members. The Linda Reed Activities Club continues to be popular and had a cumulative attendance of 1,234 throughout the year. The Warmline was able to assist callers with 6,797 contacts, just short of the goal of 6800. Additionally, the ERC launched the 1108 Gallery, and Art Gallery showcasing consumer Artwork. Two modules of Peer Specialist courses were held, for a total of 3 courses. Of 39 total enrollees, 31 were able to successfully complete the course.

SDOE-01

Community Services and Supports (CSS)
*Enterprise Resource Center (ERC) Expansion***Challenges and Upcoming Changes**

In FY2015-16, with the retirement of staff from key management and administrative positions, the ERC has begun to explore opportunities for internal development, particularly as the new leadership begins to shape the future of the programs. Additionally, the implementation of the ERC Step-Up Recovery Program continued to be delayed. This program is intended to serve as the next step for individuals who no longer require intensive case management services provided by the Adult System of Care (ASOC), and others actively engaged in recovery. In order to ensure coordination of services, it was decided to combine existing and new MHSA funded consumer operated wellness and recovery services. During the past year, the existing provider of these services went through major changes. In addition, it has become increasingly difficult to locate services in centralized areas that are easily accessible to consumers. Due to these factors, MHSUS is waiting for a more strategic time to implement this expansion.

In FY2016-17 the program will continue self-evaluation and explore opportunities for organizational development. We will also continue to explore opportunities to implement the Step-Up Recovery Program.

SOUTHERN MARIN SERVICES SITE (SMSS) PROGRAM

Program Overview

In the original and recent MHSA planning processes, community members identified reaching unserved and underserved populations as a high priority, in line with the MHSA principles. In 2007, the Southern Marin Services Site Program (SMSS) was developed as an outreach and engagement program that targets unserved and underserved children with serious emotional disturbance and adults with serious mental illness living in the Southern Marin area.

Target Population

Children, adults and older adults with serious emotional disturbance or serious mental illness, with special attention paid to providing services to ethnic minorities in Southern Marin. Approximately one third of Marin's Medi-Cal beneficiaries live in Southern Marin. The program specifically outreaches to Marin City, the most diverse region in Marin County and home to a significant portion of public housing residents. Total population of Marin City is 2,666 (2010 Census). The racial makeup of Marin City in 2010 was 39% White, 38% African American, 0.5% Native American, 11% Asian, 1% Pacific Islander, 4.5% other races, and 6% two or more races. Hispanic or Latino of any race was 13.7%.

Program Description

The Southern Marin Services Site Program (SMSS), initially implemented by Family Service Agency, which is now part of Buckelew Programs, has with an outreach and engagement component that targets unserved and underserved children with serious emotional disturbance and adults with serious mental illness living in the Southern Marin area. The program provides an array of culturally competent, recovery-oriented mental health services, with special attention paid to providing services to ethnic minorities in that area of the County. In-house services include individual psychotherapy for adults and children, Parent Child Interaction Therapy (PCIT), couple's therapy, family therapy, medication evaluation, substance use services, and case-management services. In addition, home visits are conducted by a parent aide/family advocate trained in Triple P (Positive Parenting Program). Clinical staff members stationed at Willow Creek school provide facilitated groups, classroom guidance, and individual counseling. In late 2011, SMSS stationed a clinician at the Phoenix Project, which focuses on young men in Marin City. They provide psycho-education, clinical counseling and case management services, parenting support, assistance with re-entry, and goal setting.

Expected Outcomes

The Southern Marin Services Site (SMSS) is expected to:

- Provide culturally competent outreach and engagement services that increase access to mental health services.

SDOE-04

Community Services and Supports (CSS)
Southern Marin Services Site (SMSS) Program

The number of clients receiving outreach and engagement services will be tracked. In addition, an annual narrative includes a report on barriers to access and how SMSS addresses them.

- Reduce prolonged suffering by reducing symptoms of mental illness and increasing functioning.

Clients receiving individual or family therapy, or Parent Child Interaction Therapy, will be assessed upon entry and exit using the Child Outcome Survey or Adult Outcome Survey. Students receiving group or individual services will be assessed for emotional functioning, coping skills, peer/family relationships, and high-risk behavior using pre and post evaluations completed by the counselor. Changes by individuals will be tracked and then reported in aggregate.

This data, and client/family demographics, are collected annually so as to analyze whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis as part of the quality improvement process by the program leadership. The program achieves the intended results due to implementing program practices that have been shown to achieve positive impacts over the course of this program and the use of evidence based practices including Parent Child Interaction Therapy and Triple P. In addition, the program has built a diverse and culturally competent staff, as well as strong relationships with trusted agencies within the community.

Actual Outcomes

In FY2014-15, SMSS conducted extensive outreach and engagement services, including community trainings, Teen Screen, and psycho-education about domestic violence in collaboration with a representative from Center for Domestic Peace. In addition, SMSS reached a total of 617 residents and service providers as follows:

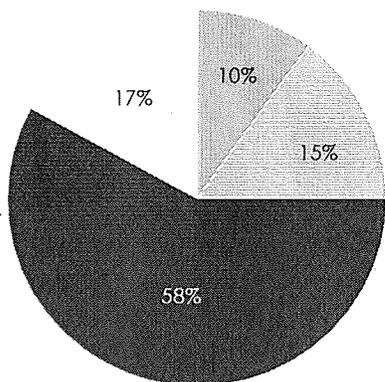
- Outpatient Services: 84 children and adults
- Home Visiting by Family Advocate/Parent Aide: 42 children and parents
- School-based Services by BACR: 53 youth
- Community Education: 254 youth and adults
- Psycho-Education and Outreach: 120 adults
- Center for Domestic Peace: 64 individuals

Outpatient Services	Actual FY2014-15
Clients that received outpatient behavioral health services	84
Clients from un-served and under-served populations	100%
Percent of clients on MediCal	79%
Percent of clients that are uninsured	19%
Percent of clients experiencing serious emotional disturbance/mental illness	100%
Percent of clients that are residents of Southern Marin	100%

SDOE-04

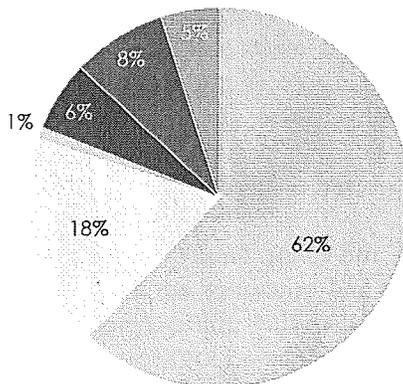
**Community Services and Supports (CSS)
Southern Marin Services Site (SMSS) Program**

SMSS 14/15: Age Group



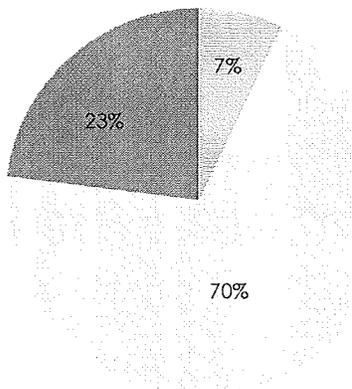
- Child and Youth, 0-15 yrs.
- Transitional Age Youth, 16-25 yrs.
- Adults, 26-59 yrs.
- Older Adults, 60+ yrs.

SMSS 14/15: Race/ Ethnicity



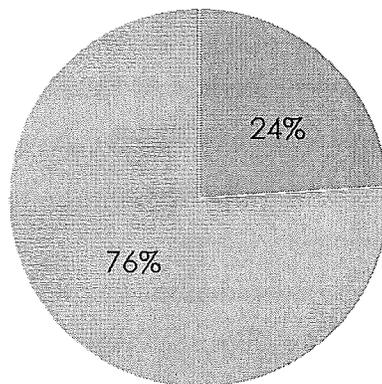
- Caucasian
- African American
- American Indian
- Native Hawaiian
- Asian
- Other or Two or More Races

SMSS 14/15: Hispanic/ Non Hispanic



- Identified as Hispanic
- Identified as Non-Hispanic
- Not reported

SMSS 14/15: Gender

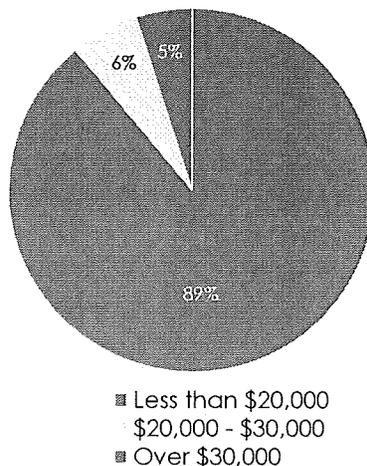


- Male
- Female

SDOE-04

Community Services and Supports (CSS)
Southern Marin Services Site (SMSS) Program

SMSS 14/15: Income Level



SMSS Program Outcomes	Goal	Actual FY2014-15
Percent of children experiencing improvement or stabilized in one or more dimension on the Child Outcome Survey.	70%	100%
Percent of adults experiencing improvement or stabilized in one or more dimension on the Adult Outcome Survey.	70%	72%
Percent of families receiving home visiting services experiencing improvement or stabilized in one or more parenting/caregiving dimension on the Adult Outcome Survey.	70%	100% N=15
Percent of participants in community education programs that show an increase in knowledge of behavioral health information and resources.	75%	NA*

* Southern Marin Services provided community education in these areas: Suicide Prevention, Teen Resilience and Teen Screen. There is no measured outcome for TeenScreen at this time, other than the number of students referred for further treatment.

Challenges and Upcoming Changes

In FY2015-16, Marin City leaders and residents requested to receive more culturally appropriate, responsive and appropriate services. SMSS and MHSUS met to discuss a more effective outreach and engagement strategy that would improve the penetration rate of, and access to services by, community residents. Some changes were made to the existing program. In February 2016, MHSUS decided to close the existing program at the end of FY2015-16. Drawing from a strength-based approach, MHSUS recognizes the importance of establishing and maintaining positive relationships with historically un/underserved communities in the county, particularly African Americans and the Latino communities. MHSUS plans to involve all Southern Marin leaders and residents to inform MHSUS of their current needs and to work towards developing and implementing a more culturally responsive program.

In FY2016-17, the existing program will be closed as of end of FY2015-16. A planning process will be conducted to determine the needs of the community, bridge services for FY2016-17, and services to be included in the MHSA Three-Year Program and Expenditure Plan for FY2017-18 through FY2019-20.

ADULT SYSTEM OF CARE (ASOC) EXPANSION

Program Overview

The ASOC Expansion Program has been an MHSA-funded General System Development/Outreach and Engagement program serving adults with serious mental illness who are unserved or underserved by the adult system of care since 2008.

The overarching vision of Marin's system of care for adults who have serious mental illness is "*A Home, Family & Friends, A Job, Safe & Healthy.*" Prior to MHSA, Marin's Adult System of Care (ASOC) consisted of three (3) intensive community treatment teams which were responsible for providing and connecting clients to a broad continuum of services including supported housing, employment services, peer-operated services, medication support services, residential care services, integrated physical-mental health care, jail mental health services, and psychiatric emergency services, in addition to traditional outpatient mental health treatment interventions. Expansion and enhancement of Marin's existing ASOC was identified as a priority in the initial county MHSA stakeholder process, especially in terms of engaging and serving Hispanic/Latino, Vietnamese, and other adults who tended to be un/underserved within the ASOC. Unfortunately, there were not sufficient MHSA funds available at that time to permit Marin County to address all of the needs and priorities identified in the planning process. In FY2007-08, additional MHSA funds became available and the ASOC Expansion general system development project was created to make additions/enhancements to the ASOC that would further its existing efforts at system transformation.

The ASOC Expansion Program was approved as a General System Development/Outreach and Engagement project designed to expand and enhance supports and services available in Marin's system of care for priority population adults and their families through the implementation of 5 components: peer specialist services; outreach to Hispanics/Latinos; outreach and support to Vietnamese; family outreach, engagement and support services; and short-term housing assistance. The goals of the program are to promote recovery and self-sufficiency, improve the ability to function in the community, reduce isolation, and provide low-barrier access which welcomes unserved clients of Vietnamese and Hispanic/Latino origin.

Target Population

The target population of the ASOC Expansion Program is transition age youth (18+), adults and older adults who have serious mental illness and their families who are at risk of hospitalization, institutionalization, incarceration, homelessness, frequent emergency medical care or other long-term adverse impacts of mental illness. Priority is given to individuals who are currently un/underserved by the mental health system, especially Latino (Spanish-speaking) and Vietnamese (Vietnamese-speaking) individuals. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition.

Program Description

The ASOC Expansion Program is a general system development/outreach and engagement project designed to expand and enhance supports and services available in Marin's system of care for adults with serious mental illness and their families by 1) increasing peer specialist services on the Adult Intensive Case Management team, 2) providing outreach and engagement services to Hispanics/Latinos, 3) increasing Vietnamese outreach and engagement services, and 4) adding family outreach, engagement and support services to the ASOC at large.

Increased Peer Specialist Services

An MHSA-funded full-time peer specialist provides services and supports to clients of the Adult Intensive Case Management team that focus on recovery and illness self-management strategies for individuals whose symptoms have begun to stabilize. This program component promotes the concepts of wellness, recovery and self-help within the county-operated core non-FSP intensive case management team serving adults who have serious mental illness.

Provide Outreach to and Engagement with Hispanic/Latino Individuals

Marin has a well-documented need to increase mental health services for un/underserved Hispanics/Latinos. MHSA funding was used to add a part-time bilingual (Spanish-speaking) psychiatrist to provide medication support services. MHSA funding was also used to fund a part-time bilingual (Spanish-speaking) mental health clinician to provide targeted outreach and engagement to Hispanics/Latinos. In FY2012-13, the ASOC Spanish-speaking staff position was restructured to function as Community Health Advocate (CHA) Liaison to the evidence-based MHSA-funded PEI CHA project designed to increase the capacity of CHAs to address mental health and substance abuse concerns of Hispanics/Latinos in their communities. The CHA Liaison provides training, supervision and support to the Spanish-speaking CHAs, as well as assistance in linking community members to public mental health services.

Increased Outreach and Engagement to Vietnamese-Speaking Individuals

The Vietnamese population in Marin County has also been un/underserved. By using MHSA-funding to increase a part-time bilingual Vietnamese speaking clinician to full-time, Marin expanded capacity to incorporate the language and culture of the underserved Vietnamese population through the provision of linguistically and culturally competent services. This position provides mental health outreach and engagement to Vietnamese-speaking individuals, as well as translation of language and cultural issues to ensure that staff psychiatrists can accurately provide medication support to monolingual Vietnamese clients.

Additionally, MHSA PEI funds were approved to support the development of a CHA model for the Vietnamese community. The MHSA-funded Vietnamese-speaking clinician and MHSA-funded Spanish-speaking CHA Liaison will partner with this CHA project to provide support and assistance, as well as promote opportunities for the two CHA projects to collaborate.

Family Outreach, Engagement and Support Services

This program component expanded the operations of the existing Children's System of Care Family Partnership Program into the ASOC through the addition of a part-time Family Partner with personal experience as a family member of an adult with mental illness. The ASOC Family Partner provides outreach and engagement services to families of adults with serious mental illness, as well as family-to-family case management services, including provision of support and advocacy, assistance with service plan development and implementation, information and referral to NAMI-Marine and other local community resources, and co-facilitation of family support group

SDOE-07

Community Services and Supports (CSS)
Adult System of Care (ASOC) Expansion

Expected Outcomes

Listed in the table below, the expected outcomes for the ASOC Expansion Program are based on the goals of the program and remain unchanged, with the exception of goals added for the proposed new ASOC Outreach and Engagement Team component. The data for these measures are obtained from CSS logs that program staff are required to fill out and keep up-to-date.

	Goal	FY1415
# Served	325	232
% Hispanic	50%	27%
# Primary language-Spanish	100	14
# Asian	15	40
# Primary language-Vietnamese	10	33
# Served – Outreach & Engagement team	20	142

Actual Outcomes

In FY2014-15 ASOC has seen a significant increase in the number of people needing an intensive level of services. It is likely that this is attributable to increased outreach efforts and development of a cohesive Crisis Continuum of Care, which is appropriately identifying and engaging new consumers into planned (non-crisis based) services. Due to demand for intensive services, ASOC was not able to serve the number of people traditionally served by the same staffing levels: 232 unique individuals, compared to the goal of 325. In response, we will be expanding all of our services to accommodate this increased demand. We will also continue to evaluate effectiveness of getting the right consumers into the right programs based on each person's individual needs.

Family Outreach, Engagement and Support Services continue to provide invaluable support to families, particularly in times of crisis. With the addition of a part-time Spanish speaking Family Partner, the team provides support to families with loved ones in PES as well as those engaged in planned services through ASOC. Family Partners facilitate support and psycho-educational groups for family members; organize activities focused on health and wellness, one-to-one support, and crisis planning services. These services will be further outlined in the Crisis Continuum of Care section of this report.

Outreach and Engagement with Hispanic/Latino and Vietnamese Individuals continues to develop and build a strong component of the ASOC. Services are provided in part by the Community Health Advocate (CHA) Liaison, a part-time clinician who works with the Promotores, Vietnamese CHA's and other key partners, utilizing a variety of strategies intended to improve community awareness of mental health issues and resources, improve access and increase mental health related services and resources for Hispanic/Latino and Vietnamese community member, including:

- Training and support for Latina mental health CHA's through meetings 2 times a month
- Training and supervision of bilingual and bicultural interns who support the Latino and Vietnamese Family Health programs by providing culturally appropriate mental health services such as community educational/recreational events and stress management groups.

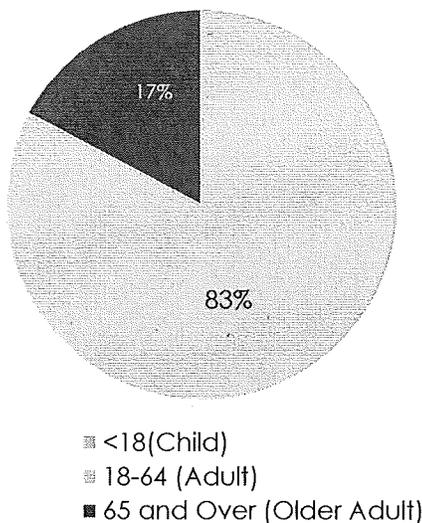
The interns serve more than 150 individuals throughout the year.

- Provision of information, referral, brief interventions and linkage to services for more than 200 Latino adults
- Provision of no-cost classes in Spanish, including parenting classes, psychoeducational groups for women, and behavioral activation groups
- Provision of multiple presentations to the community about a variety of mental health issues, including organized community events and through public media including radio broadcasts, television interviews and newspaper articles.

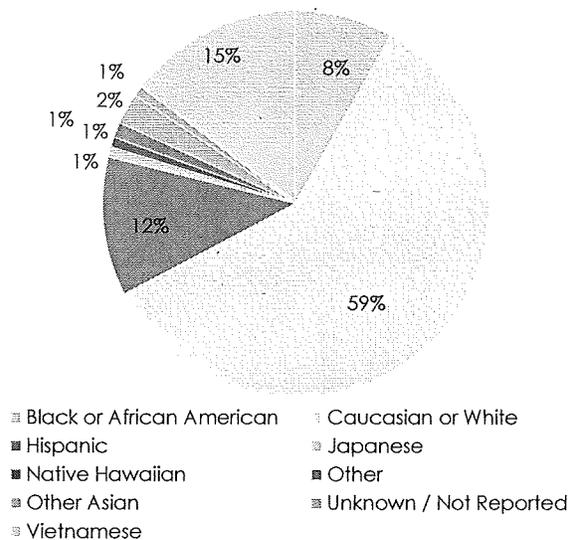
Equity Adjustment for Community Action Marin (CAM) ASOC Peer Specialists – In FY2014-15 Marin was able to use MHSA funds for an equity adjustment to realign the salaries of ASOC Peer Specialists to be comparable with other para-professional positions. This adjustment affected approximately thirty (30) ASOC positions and will ensure that Peer Specialist salaries continue to meet the Marin County Living Wage Ordinance minimum compensation requirements.

ASOC Outreach and Engagement Team newly launched in FY2014-15, this mobile team had contact with 142 individuals in the first year of operations. The team consists of a full-time mental health clinician and a full-time peer specialist. The target population for this program is adults (18+) who have a serious mental illness with symptoms that contribute to serious functional impairments in activities of daily living, social relations, and/or ability to sustain housing, but who are not in crisis; are not current clients of the public mental health system; and are unwilling or unable to engage in treatment. These individuals may or may not have a co-occurring substance abuse disorder and/or other serious health condition. The team responds to calls for assistance and provides outreach services in-home and in the community. This program will also be further outlined in the Crisis Continuum section of this report.

ASOC FY 14/15: Age Group



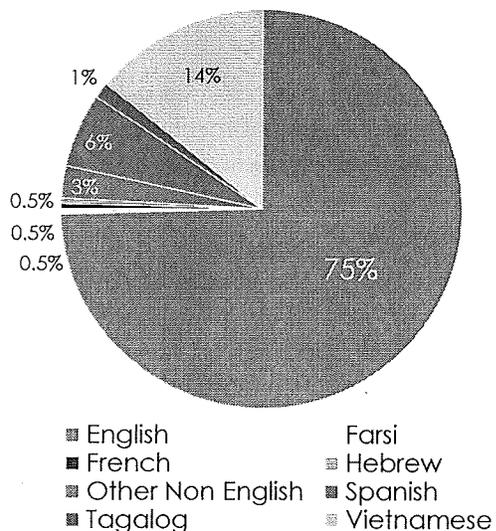
ASOC FY 14/15: Race/ Ethnicity



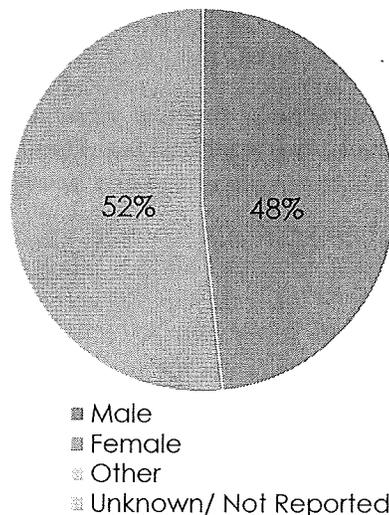
SDOE-07

Community Services and Supports (CSS)
Adult System of Care (ASOC) Expansion

ASOC FY 14/15: Preferred Language



ASOC FY 14/15: Gender



Challenges and Upcoming Changes

In FY2015-16, the ASOC programs will be challenged once again by retirements and reassignments of key leadership staff. The primary focus of the year will be stabilization of staffing, increasing bilingual/bicultural staff to better reach our Spanish and Vietnamese speaking consumers.

In FY2016-17, we will be integrating what is currently known as the Adult Case Management Team and our two Medication Clinics into one, interdisciplinary team serving clients at two locations, the Kerner Campus and at Bon Air. It is our belief that this integrated model will allow for more continuity of care, and allow all consumers to access the services they need when they need them. We will also be exploring tools for evaluating fluctuations in consumer needs, developing a more flexible system, enhancing care, and expanding the amount of services available.

CO-OCCURRING CAPACITY

Program Overview

In both the original and recent MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17 planning processes, effectively identifying, engaging and treating clients with complex co-occurring mental health and substance use disorders continues to be identified as a priority. In the last few years, some of the CSS programs have increased their capacity to address co-occurring disorders, and significant progress has been made in increasing coordination and integration of mental health and substance use services and administration. The MHSA Three-Year plan presents the opportunity to expand and institutionalize these efforts in order to effectively and seamlessly serve clients with co-occurring mental health and substance use disorders, including tobacco dependence.

Target Population

Alliance in Recovery (AIR) Program

The target population of the Alliance in Recovery (AIR) Program is for adults (18+) with co-occurring substance use and mental health disorders—referred from either system of care—who are not being adequately served through the programs currently available in the mental health and/or substance use services system of care.

Co-Location of Substance Use Specialist – Recovery Connections Center

The target populations of the services provided by the licensed consulting substance use specialist are both County and County-contracted mental health staff/providers, and youth, adult and older adult clients and families in the County mental health system of care.

Peer to Peer Tobacco Cessation Services

The target populations of the Peer to Peer Tobacco Cessation Services program are mental health consumers and agency staff working with consumers with serious and persistent mental illness.

Program Description

Alliance in Recovery (AIR) Program

The AIR Program provides intensive outreach and engagement services for adults whose co-occurring mental health and substance use disorders have resulted in unsuccessful treatment outcomes in one or both treatment systems. Staffed by a County mental health clinician, a contracted substance use counselor, and a contracted peer specialist—all who are a co-located team—the goal of the program is to provide flexible outreach and support services that build trust and relationships with these difficult-to-engage individuals, increase their motivation to change, and support them to access and participate in formal treatment services. Services provided will vary on the client's needs, strengths and stage of readiness, and may include services such as outreach, individual counseling, group counseling, case management and linkage to other supportive services. The capacity of the AIR program is 20 clients at any given time, with an estimated 40 individuals served annually.

Co-Location of Substance Use Specialist – Recovery Connections Center

In order to increase co-occurring capacity across the mental health system of care, a licensed substance use specialist (0.60 FTE), from Bay Area Community Resources' Recovery Connections Center, offers staff consultation and training, and services such as screening, assessment, linkage, collaborative treatment planning and care management for seriously mentally ill clients with substance use issues. Services are provided at various locations and across Community Services and Supports (CSS) programs in the mental health system of care.

Peer to Peer Tobacco Cessation Services

This program trains and supervises peer cessation specialists using a *Thinking About Thinking About Quitting* curriculum, developed by BACR and evaluated by an external evaluator, in order to gain community buy-in. This preliminary success will be followed by the larger-scale, evidence-based *Peer-to-Peer Tobacco Dependence Recovery Program*, designed by Chad Morris, Ph.D. In addition to the peers providing ongoing cessation support to consumers in the Marin mental health system of care, project staff will work concurrently with County and contractor agencies and clinics serving mental health consumers to adopt policies and practices that integrate sustainable tobacco cessation support into their programs.

Expected OutcomesAlliance in Recovery (AIR) Program

The goals initially established for the AIR Program are to reduce hospital days, Psychiatric Emergency Services admissions, homelessness and criminal justice involvement. Specific goals are listed in the FY2014-15 Outcomes section. Although this is not a Full Service Partnership, it is intended that the data for these measures are obtained from the Full Service Partnership dataset mandated by the State Department of Health Care Services and collected/reported by the AIR Program staff on a daily basis. Program staff will continue to explore methods for measuring engagement.

Co-Location of Substance Use Specialist – Recovery Connections Center

As this project focuses on staff capacity building and providing an ancillary or short-term service for clients in the mental health system of care, the expected outcomes associated with this project are largely process-oriented, such as number of clients served and change in provider skills. A follow-up survey also collects data on change in substance use for clients. Data is being collected and reported through a combination of Marin WITS—the substance use electronic health record—and service logs.

Peer to Peer Tobacco Cessation Services

As the project focuses on both client services and capacity building, the expected outcomes include both outcome measures, such as reduction in tobacco use, and performance measures, such as integrating tobacco cessation into other substance use programs. Supervised by an independent external evaluator, data is being collected and reported through a combination of training logs, group sign-in sheets, key informant interviews with County and contractor staff, and an analysis of intake, completion and follow-up survey data with consumers to assess their smoking status. Data will also be collected on methods used to assist in smoking cessation efforts, including, but not limited to: participation in peer-led cessation groups and/or peer-led individual motivational interventions; use of a nicotine patch, gum or nasal spray; Bupropion; and/or other supports.

Actual Outcomes

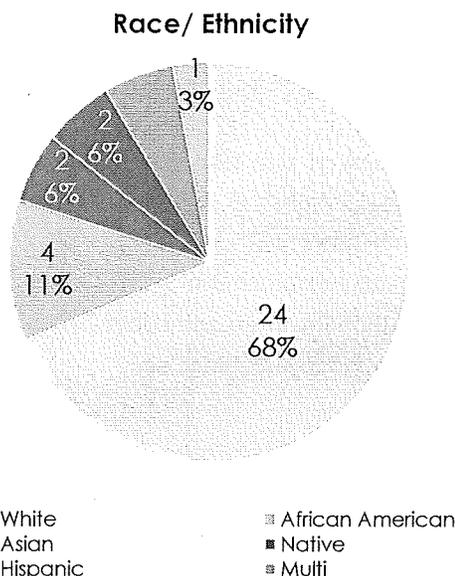
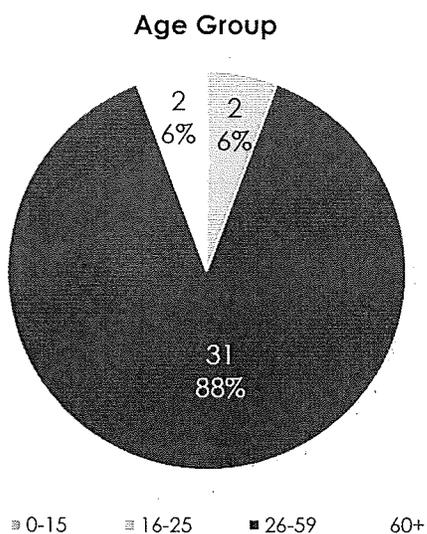
Alliance in Recovery

In addition to hiring a Peer Specialist in FY14-15, AIR provided 36 outreach, information and engagement group sessions at community agencies, including Homeward Bound Voyager, Buckelew Programs Supported Housing, Casa Rene Crisis Residential, and Helen Vine Recovery Center. Of the 35 clients served, 37% were transferred or discharged from AIR. Of the clients transferred or discharged from AIR, 46% successfully achieved AIR goals, including engaging in either the formal treatment system or natural community supports. Given that AIR serves among the most complex clients, all of whom historically have not engaged in the formal treatment system, this represents a significant success.

There is no FY2014-15 data to report for reduced hospital days, homeless days, Psychiatric Emergency admissions and criminal justice involvement as the data was not entered into Clinician's Gateway due to the impact it has on the FSP dataset. The AIR team is exploring whether the measures identified during the three-year planning process sufficiently capture the intended outcomes of the program. As such, the FY2014-15 outcome measures are focused on a key goal of AIR, which is to successfully engage the target population with formal treatment or natural community supports.

	GOAL	Actual FY2014-15
Number of clients with mental health and substance use disorders	40	35
Reduced hospital days	30%	
Reduced Psychiatric Emergency Services admissions	30%	
Reduced homeless days	30%	
Reduced criminal justice involvement	30%	

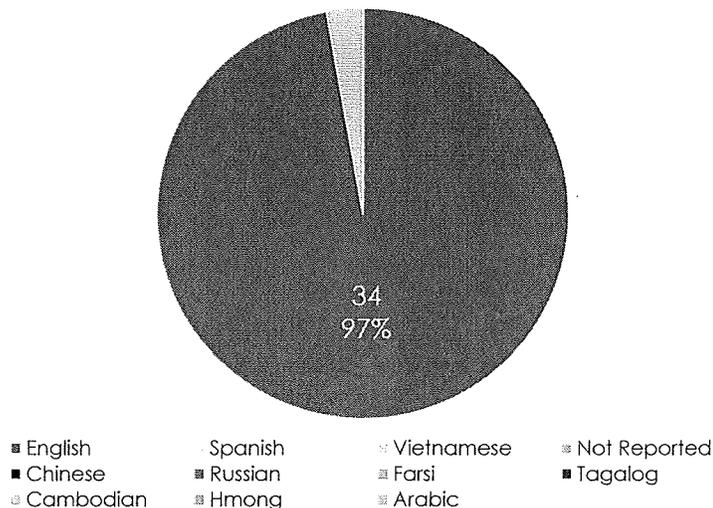
Demographics



SDOE-08

Community Services and Supports (CSS)
Co-Occurring Capacity

Primary Language



Co-Location of Substance Use Specialist – Recovery Connections Center

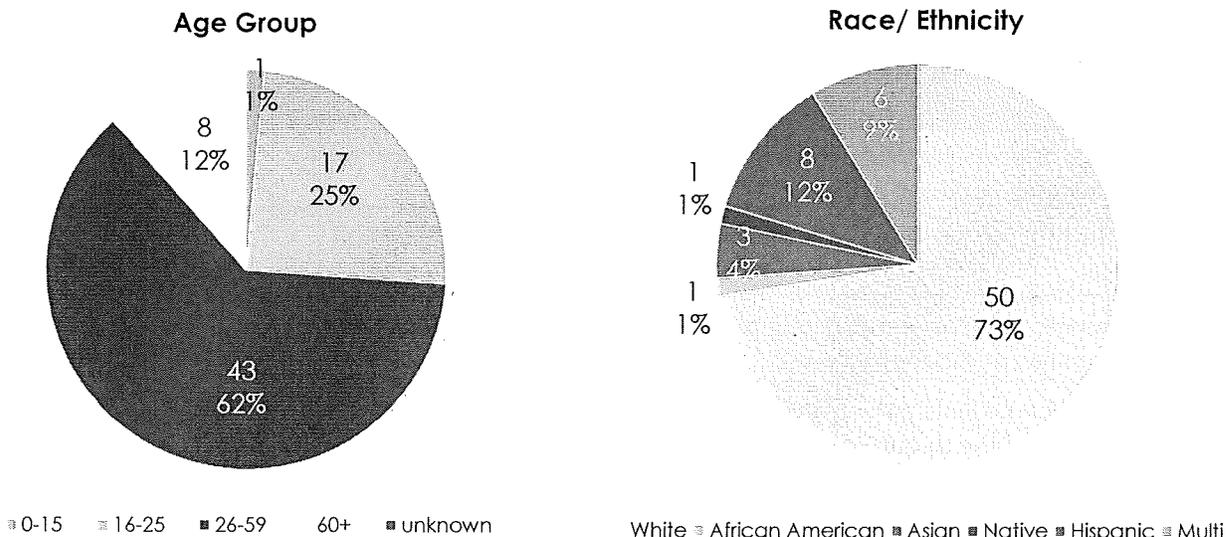
The consulting addiction specialist continued to provide staff consultation and direct client care at mental health sites and programs throughout the County. Through this work, the following outcomes were achieved during the FY14-15 project period:

Outcome	Goal	Actual FY2014-15
Number of mental health County and contractor staff/providers (Psychiatric Emergency Services, MHSUS medical providers, HHS Division of Children and Family Services, Casa Rene Crisis Residential program and others) receiving case consultation and staff training/presentations	50	54
Number of mental health clients receiving substance use assessment, care management and other support services	75	69
Staff receiving consultation report increase in ability to address substance use issues	80%	96% N=25
Clients served will take recommended action in relationship to reducing substance use and/or related problems. Upon follow-up clients reported: <ul style="list-style-type: none"> • No substance use • Reduced substance use • Institutionally clean and sober • No change in substance use 	50%	63% 28% 6% 3% N=35

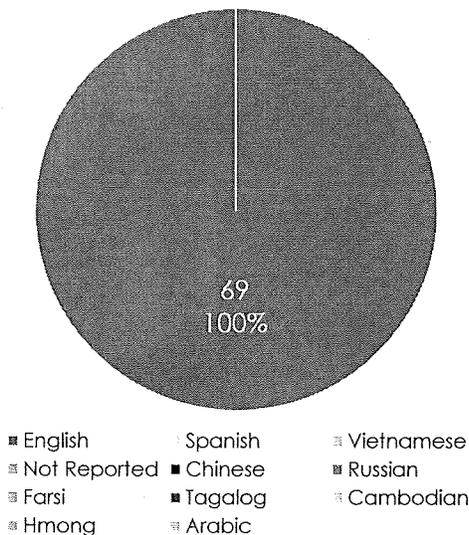
In addition, staff provided 43 group education and counseling sessions to 294 (duplicated) clients engaged at the Casa Rene Crisis Residential program. Of the clients that participated in a follow-up

survey (n=273 / 92.9% response rate), 79% reported that the substance use knowledge learned will assist them following discharge from Casa Rene.

Demographics



Primary Language



Peer to Peer Tobacco Cessation Services

Most program objectives were met during the FY14-15 project period, including 75% of clients participating in peer-led cessation services reporting reducing their tobacco use. The number of agencies integrating tobacco cessation support into their programs exceeded the FY14-15 goal, with peer-led cessation services being delivered at: 1) Bridge the Gap, in Marin City; 2) Homeward Bound

SDOE-08

**Community Services and Supports (CSS)
Co-Occurring Capacity**

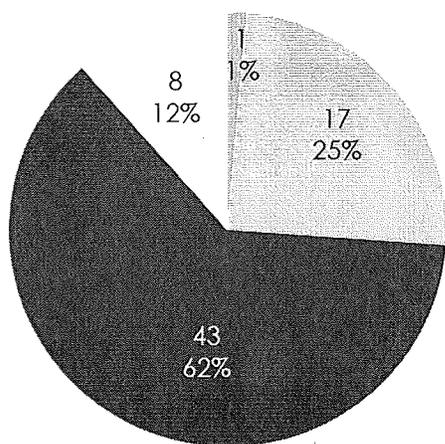
Residential Program, in San Rafael; 3) Enterprise Resource Center; 4) Casa Rene; 5) Draper House; and 6) Marin Treatment Center.

Below is a summary of outcomes that were achieved during the FY2014-15 project period:

Outcomes	GOAL	Actual FY2014-15
Number of peers receiving training and supervision to provide peer to peer smoking cessation services	10	N/A in FY 14-15
Number of mental health clients participating in smoking cessation services	75	79
Percentage of clients participating in peer-led cessation services who report reducing their tobacco use	60%	34% N=59
Percentage of clients participating in peer-led cessation services who report attempting to quit smoking	75%	75% N=59
Percentage of clients participating in peer-led cessation services who maintained their quit status at 3-month follow-up	30%	Not Collected in FY 14-15
Number of County and contractor agencies that integrate tobacco cessation support into their programs	5	6

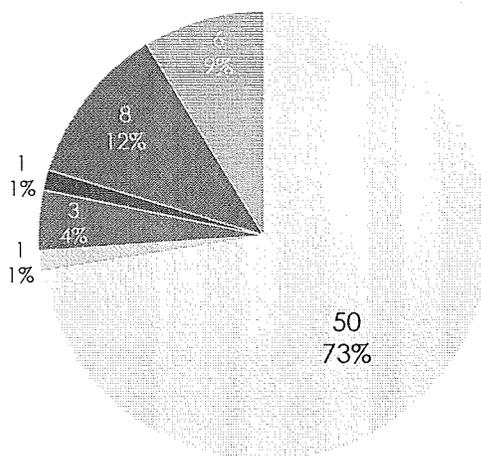
Demographics

Age Group



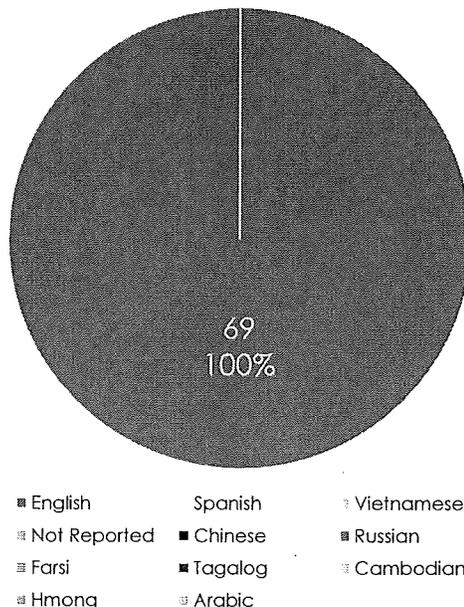
■ 0-15 ■ 16-25 ■ 26-59 ■ 60+ ■ unknown

Race/ Ethnicity



■ White ■ African American ■ Asian ■ Native ■ Hispanic ■ Multi

Primary Language



Challenges and Upcoming Changes

In FY2015-16, data reporting for the Alliance in Recovery program has remained a challenge. Although AIR staff continue to collect Full Service Partnership (FSP) data, it is not being entered into Clinician's Gateway due to the impact it has on the FSP dataset. The Alliance in Recovery team also has continued to explore whether the measures identified during the three-year planning process sufficiently capture the intended outcomes of the program. As such, the FY14-15 outcome measures are focused on a key goal of the AIR program, which is to successfully engage individuals with complex co-occurring mental health and substance use conditions with formal treatment or natural community supports.

Similar to FY2014-15, co-location of a consulting addiction specialist has been invaluable in terms of staff consultation services and direct client care. However, the staff time needed to successfully address the complex needs of the client population does not afford the additional time necessary of many mental health staff and programs to also take on the capacity building aspect of the project as originally envisioned. In order to better meet the demand for services, in FY15-16 the Division of Mental Health and Substance Use Services allocated substance use services funding to make the consulting addiction specialist a full-time position.

In FY2016-17, the Alliance in Recovery Program will explore a different integration and staffing approach to delivering services and will identify additional outcome measures to track and report on that more closely align with the goals and objectives of the program. The Division of Mental Health and Substance Use Services also intends to continue augmenting the consulting addiction specialist position with substance use funding in order to provide full-time support for this work.

CRISIS CONTINUUM OF CARE

Program Overview

The Crisis Continuum of Care program began in FY2014-15. It consolidates MHSA funded crisis services into one Systems Development program to enhance and streamline the crisis continuum in Marin. In FY2014-15, the Crisis Planning program moved from Prevention and Early Intervention and the Psychiatric Emergency Services (PES) located Family Partner moved from CSS Adult System of Care and Youth Empowerment Services (formerly the Children's System of Care). Crisis Residential moved from Innovation funding to Community Services and Supports (CSS) funding in FY2015-16. The theory behind these changes is that having crisis services coordinated into a clear continuum will enable these services to provide a smooth flow that reduces barriers to access. In addition, Marin County MHSUS was awarded a grant from Mental Health Service Oversight and Accountability Commission (MHSAOAC) for Triage Personnel and a grant for Mobile Crisis services from California Health Facilities Financing Authority (CHFFA).

The overarching goal of the changes to the crisis continuum is to intervene early in a crisis, rather than waiting until an individual requires the highest level of care, where there is often less choice on the client's part about services. Current approaches to care clearly demonstrate that if crises can be detected early on and the individual can be linked to appropriate services, such as crisis planning, crisis residential, or other support services, then higher levels of services such as Psychiatric Emergency Services (PES), hospitalization and/or time spent in jail can be avoided or drastically reduced. Additionally, individuals are empowered to make choices for themselves before a crisis hits, when judgement and decision making is most impaired, forcing others to make decisions about their care such as law enforcement, PES, or jail personnel.

Target Population

The target population is individuals currently experiencing a psychiatric crisis, including individuals who are unserved or underserved, and those who have recently experienced a crisis and are in need of immediate follow-up care. Priority is given to MediCal recipients at highest risk for requiring higher levels of intervention, such as police, acute hospitalization or jail.

Crisis Planning

Program Description

The Crisis Planning program consists of specially trained Peer Specialists who assist individuals at risk of psychiatric crises to create a plan for treatment should they experience future crises (a "crisis plan"). This team collaborates closely with PES, Crisis Residential, treatment providers and others to engage individuals. They meet with people in the community to create a realistic plan for care that the client can utilize if they find themselves experiencing signs of a crisis. The plan is placed in the client's Mental Health and Substance Use Services chart, with client permission, so that it can be used as a guide if the client presents to PES in crisis. The crisis planning staff are integral members of the Crisis Continuum, participating in weekly Crisis Residential meetings.

Crisis Planning aims to (1) increase clients' knowledge, skills and network of support to avoid crises or resolve them quickly when they do happen; (2) to inform Psychiatric Emergency Services of client's wishes, particularly around treatment choices and family involvement when faced with a crisis; and (3) to engage and support clients who are residing in the Crisis Residential in the completion of a crisis plan. Developing and using crisis plans allows for a more recovery-oriented focus, supporting individuals in choosing how they want to engage in their recovery.

The target population focuses upon those individuals at-risk of experiencing a psychiatric crisis, including individuals with a recent visit to PES, clients in the Full Service Partnership programs, and those who are currently in the Crisis Residential Program. The planning services are available in both English and Spanish.

Expected Outcomes and Evaluation

Listed in the table below, the expected outcomes for the Crisis Planning Program are based on the goals of the program and remain unchanged. The crisis planning team gathers these data points as they work with clients.

Outcomes	Goal
Number of clients and/or families that will receive Crisis Planning services.	80
Percent of clients receiving planning services that file a completed Crisis Plan in their medical records.	50%
Percent of clients receiving Crisis Planning Services that have accessed PES multiple times in the past.	30%
Percent of clients and/or families completing a Crisis Plan that report increased understanding of the community resources available to them.	60%
Percent of clients completing a Crisis Plan that report increased awareness of their individual symptoms and supports.	60%
Percent of clients reporting that Crisis Planning decreased their need to psychiatric emergency services 3-6 months after completing the plan.	50%
Percent of clients reporting that having a Crisis Plan improved their experience at PES.	50%

Actual Outcomes

Over the course of the year, Crisis Planning Counselors conducted outreach and discussed crisis planning services with 120 individuals, far exceeding their goal of 80. Crisis Planning and follow up services were provided to 65 individuals and family members. Aftercare group services were provided to 12 individuals. Of those completing crisis plans, 23 consumers agreed to have their crisis plan permanently entered into their mental health record for use in case of future crises. Following accessing crisis planning services, 27 people completed program surveys. Of those 27, 30% indicated that their symptoms are not interfering as much with their daily activities and over

SDOE-09**Community Services and Supports (CSS)**
Crisis Continuum of Care

40% reported the crisis plan helped them reach out to their supports to avert a crisis. Almost half (45%) agreed that crisis planning reduced their need for psychiatric emergency services. Program plans for the future include expanding program capacity by integrating existing peer providers embedded in county programs to create crisis plans with their clients who have received services at PES or the Crisis Residential Unit.

PES Family Partner**Program Description**

The family partner is an integral member of the PES team. They are on site 11am-7pm, five days a week, and work closely with PES staff when a family arrives with a loved one in crisis. The family partner assists families in navigating the mental health system and advocating for families to access needed resources. The family partner also co-facilitates a family support group to facilitate support among families struggling with mental illness. This role also has the capability of meeting families in the community to create family crisis plans and help families following a crisis to access needed resources and support. If the family is found to need longer term supports, the PES family partner may refer to the family partners integrated into the adult or youth and family systems of care.

Outcomes Expected and Evaluation

The family partner will track number of contacts with family members and the language in which the service was provided. The target number for each fiscal year is one hundred (100) family contacts.

Actual Outcomes

The family partner served a total of one hundred seventeen (117) family members, exceeding the goal of 100. Of these family members, ninety-six (96) spoke English, five (5) Spanish, two (2) Vietnamese, and fourteen (14) spoke other languages. Ninety-two (92) were White, ten (10) African American/Black, seven (7) Asian, seven (7) Latino, and one (1) Other/Unknown.

Crisis Residential – Casa René**Program Description**

Casa René is a 10-bed Crisis Residential facility currently administered by Buckelew Programs. The program aims to reduce unnecessary acute psychiatric hospitalizations by providing a home-like setting where individuals can resolve crises in the community and re-stabilize for up to thirty (30) days. The program integrates peer and professional staffing as well as client centered programming focused on principles of wellness and recovery. Crisis residential staff works with each individual's circle of support: family, friends, treatment professionals, substance abuse counselors, health care providers, naturally occurring resources (such as 12-step programs), faith-based organizations and any other entity that is important to the individual's recovery. Individuals will also be offered individual, group and family therapy.

Currently all referrals to Casa Rene are directly from Marin County Psychiatric Emergency Services (PES). The program is a collaborative effort between many community partners, especially between Buckelew Programs, Community Action Marin and County Mental Health and Substance Use

Services. Buckelew Programs provide the facility and staffing; MHSUS provides nurse practitioner care for residents while at Casa René; and Community Action Marin provides crisis planning services.

The target population is individuals, age 18 and above, experiencing a psychiatric crisis and who are able to voluntarily agree to stay at Casa René in lieu of a hospitalization. Priority is given to Medi-Cal recipients experiencing a psychiatric crisis.

Outcomes Expected and Evaluation

In utilizing the crisis residential program we will reduce the number of inpatient bed days by 900 per year. Casa René will maintain an occupancy rate of at least 75% the first year and 90% thereafter. Seventy-five percent of clients discharged from the program will have engaged in crisis planning; 90% of the clients will be linked to outpatient services at discharge; 90% of clients will be discharged to a lower level of care; and 95% of clients will not require hospitalization within 48 hours after discharge.

For FY2014-15 outcomes see the Innovation component of this report and Appendix C. The program evaluation that was developed under MHSA Innovation will continue to be used to measure the success of Casa René. The focus on partnership among the collaborative partners is a pivotal focus of this Innovation program, in addition to the outcomes stated above.

Challenges and Upcoming Changes

In FY2015-16, MHSUS began the implementation of the Mental Health Service Oversight and Accountability Commission (MHSOAC) grant for Triage Personnel as well as the implementation of the Mobile Crisis services funded by the California Health Facilities Financing Authority (CHFFA).

In FY2016-17, these programs are expected to be implemented as described in the MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17.

HOUSING

Program Overview

In August 2007, the State Department of Mental Health released the guidelines for the Mental Health Services Act (MHSA) Housing Program (MHS AHP), a collaborative program administered by the California Housing Finance Agency and the State Department of Mental Health. MHS AHP funds can be used to build or renovate rental housing or shared housing. Rental housing developments are apartment complexes with five (5) or more units, where each person or household has his/her own apartment. In shared housing, each resident has a lockable bedroom in a house or apartment that is shared with other housemates. MHS AHP housing must also be permanent supportive housing and counties are required to provide ongoing community-based support services designed to assist residents to maintain their housing and to support their ability to live independently. MHS AHP funds must be used for housing for adults who have serious mental illness and children with severe emotional disorders and their families. In order to qualify for MHSA, an individual/family/household must also be homeless or at risk of becoming homeless, as defined by MHS AHP regulations. The household must be able to afford to pay rent, and the household income must be less than a specified maximum amount, which ranges from about \$30,000 annually for one person to \$43,000 for a family of four.

Program Description – Fireside Senior Apartments

In FY2008-09, Marin County received approval of our proposal to use MHS AHP funds to leverage a set-aside of five (5) furnished housing units (studio and one-bedroom) for seniors in the Fireside Apartments, a 50-unit affordable housing development for low-income families and seniors located in Mill Valley. The MHS AHP housing at the Fireside Apartments serves older adults (62 years and older) who, at the time of assessment for housing services, receive or qualify for Full Service Partnership (FSP) services and are either homeless or at-risk of homelessness. These are individuals with serious mental illness who have been unserved or underserved by the mental health system. Many of them have a co-occurring substance use disorder, as well as a myriad of complex and often untreated physical health disorders. Some have negative background information and poor tenant histories as a result of their disability and lack of service. Occupancy is limited to those whose income corresponds to the level of support that individuals can expect to receive from Supplemental Security Income or from the State Supplemental Program. Intensive community treatment and housing support services are provided by the HOPE Program and the tenants of the MHS AHP-funded units are eligible to participate in community activities offered at the Fireside by Homeward Bound of Marin, a community-based non-profit organization that is the main provider of shelter and support services for homeless families and homeless individuals in Marin County.

Construction of the Fireside Apartments was completed in FY2009-10 and the application process for the MHS AHP-funded units opened on December 3, 2009. The first MHS AHP-funded unit was occupied on January 25, 2010 and all five (5) units were occupied as of June 6, 2010.

Community Services and Supports (CSS)
Housing

Actual Outcomes

During this reporting period, all five (5) Fireside Senior Apartment MHS AHP-funded units continued to be occupied, continuing to indicate that this supportive housing project has been successful in reducing homelessness and enabling older adults with serious mental illness to maintain housing in the community and live independently.

Challenges and Upcoming Changes

Marin's housing market continues to be extremely challenging, especially in terms of the development of affordable housing projects. To date, we remain unsuccessful in identifying an appropriate housing development project despite the January 2015 changes with the California Housing Finance Agency (CalHFA) which allows counties to request the return of their unspent CalHFA Mental Health Services Act housing funds.

In FY2015-16, the MHS A Advisory Committee convened a meeting on September 2, 2015 that included participants with housing development experience in Marin to educate the committee on the challenges and recommendations from experts familiar with housing projects in Marin. The experts that participated were: Marc Rand, Marin Community Foundation; Craig Meltzner, Craig S. Meltzner & Associates; Roy Bateman, Marin County Community Development. During FY2015-16 MHSUS will seek the Board of Supervisors support to approve the withdrawal of Marin's funds with CalHFA through a board action so that when a development is identified, we are ready to withdraw our funds.

In FY2016-17, the MHSUS Director will continue to explore development partnership opportunities in Marin

Community Services and Supports (CSS)
Numbers to be Served in FY2016-17

COMMUNITY SERVICES AND SUPPORTS (CSS)

Numbers to be Served in FY2016-17

Program			FY2014-15 Actual	FY2015-16 Projected	FY2015-16 Cost Per person
FSP-01	Youth Empowerment Services (YES)	FSP	38	20	\$16,231
FSP-02	Transition Age Youth (TAY)	FSP	20	25	\$17,871
		Partial	27	40	
FSP-03	Support and Treatment After Release (STAR)		54	55	\$9,448
FSP-04	Helping Older People Excel (HOPE)		54	55	\$16,970
FSP-05	Odyssey (Homeless)		80	90	\$14,256
SDOE-1	Enterprise Resource Center (ERC)		228	200	
SDOE-4	Southern Marin Services Site (SMSS)		617	0**	
SDOE-7	Adult System of Care (ASOC)		232	325	
SDOE-8	Co-Occurring Capacity		183	190*	
SDOE-9	Crisis Continuum of Care			350	
	Housing		5	5	

**Indicates number of unduplicated individuals served. While this program is also focused on capacity building efforts, the total served does not include the number of staff or organizations engaged.*

***Southern Marin Services Site (SMSS) ended June 30, 2016.*

Community Services and Supports (CSS)
Community Services and Supports – Component Budget

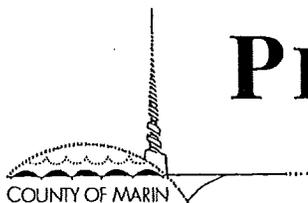
MHSA Community Services and Support (CSS)

Three-Year Plan (FY2014-2015 through FY2016-2017)

Program	FY14-15	FY15-16	FY16-17	Total
FSP-01 Youth Empowerment Services (YES)	\$649,227	\$649,227	\$649,227	\$1,947,682
FSP-02 Transitional Age Youth (TAY) Program	\$446,773	\$446,773	\$446,773	\$1,340,318
FSP-03 Support and Treatment After Release (STAR)	\$519,644	\$519,644	\$519,644	\$1,558,933
FSP-04 Helping Older People Excel (HOPE)	\$688,527	\$688,527	\$688,527	\$2,065,581
FSP 04 -Helping Older People Excel- Intensive Community Treatment	\$159,990	\$159,990	\$159,990	\$479,970
FSP- 05 Odyssey (Homeless)	\$1,138,543	\$1,138,543	\$1,138,543	\$3,415,630
FSP 05 Odyssey (Homeless) Step Down Recovery Program	\$144,492	\$144,492	\$144,492	\$433,476
SDOE-01 Enterprise Resource Center (ERC)	\$347,387	\$347,387	\$347,387	\$1,042,161
SDOE 01-ERC -Step Up Program- New	\$254,942	\$254,942	\$254,942	\$764,826
SDOE-04 Southern Marin Services (SMSS)	\$277,729	\$277,729	\$277,729	\$833,188
SDOE-07 Adult System of Care (ASOC)	\$801,460	\$801,460	\$801,460	\$2,404,380
SDOE-08 - Co-Occurring Capacity	\$347,409	\$347,409	\$347,409	\$1,042,227
SDOE-09 - Crisis Continuum of Care	\$0	\$600,000	\$600,000	\$1,200,000
Subtotal	\$5,776,124	\$6,376,124	\$6,376,124	\$18,528,372
MHSA Coordinator	\$140,986	\$140,986	\$140,986	\$422,958
Ethnic Services Manager	\$88,000	\$88,000	\$88,000	\$264,000
Administration and Indirect	\$900,767	\$990,767	\$990,767	\$2,882,301
Operating Reserve	\$159,750	\$129,798	\$129,798	\$389,394
Total	\$7,035,675	\$7,725,675	\$7,725,675	\$22,487,025

	FY14-15	FY15-16	FY16-17	Total	%
County	\$2,673,259	\$2,718,552	\$2,718,552	\$8,110,363	36%
Contract Provider	\$3,331,851	\$3,886,559	\$3,886,559	\$11,104,968	49%
Administration	\$900,767	\$990,767	\$990,767	\$2,882,300	13%
Operating Reserve	\$129,798	\$129,798	\$129,798	\$389,394	2%
Total	\$7,035,675	\$7,725,675	\$7,725,675	\$22,487,025	100%

Full Service Partnership (FSP)	64.87%	58.77%	58.77%
System Development Outreach and Engagement (SDOE)	35.13%	41.23%	41.23%
Total	100.00%	100.00%	100.00%



PROMOTIONAL OPPORTUNITY

ETHNIC SERVICES AND TRAINING MANAGER (MENTAL HEALTH PROGRAM MANAGER I) Health and Human Services

RECRUITMENT CLOSING DATE
Monday, November 17, 2014
at 4:00 PM

SALARY
\$7,479 to \$8,284 / Month
Recruitment #0271-14-09

YOU'RE INVITED TO APPLY: The Marin County Human Resources Department and the Marin County Department of Health and Human Services (H&HS) are announcing a recruitment for the position of Ethnic Services and Training Manager (Mental Health Program Manager I). This recruitment is only open to employees in the Marin County Health & Human Services department who currently hold regular hire status and have passed at least six months of their Initial 12-month probationary period with the County of Marin, or have Reduction in Force rights under PMR 30.5. (Extra Hire employees are not eligible to apply for any promotional examination.)

CURRENT VACANCY: Currently, there is one full-time vacancy in Mental Health and Substance Use Services (MHSUS). The eligible list established from this recruitment will be used to fill the current vacancy and any future vacancies for open, fixed-term, full-time or part-time positions that may occur in this assignment while the list remains active. Eligible lists remain active for a minimum of one year.

4. **THE POSITION:** Reporting to the Mental Health and Substance Use Services Director, the Ethnic Services and Training Manager will provide management level leadership for overall MHSUS initiatives related to the reduction of health disparities experienced by communities, special populations or clients. The manager is responsible for planning, coordinating, implementing and evaluating specialized mental health and substance use service disparities initiatives and programs; assisting in the development, implementation and evaluation of MHSUS plans, goals, objectives, policies and procedures related to reduction of mental health and substance use disparities; monitoring and ensuring the provision of mental health and substance use programs that promote culturally sensitive and appropriate services; providing direct supervision and oversight for diversity initiative-related contracted and directly operated services. In addition, the Ethnic Services and Training Manager's responsibilities include the preparation of the MHSUS Cultural Competence Plan required by the State Department of Health Care Services (DHCS), chairing and coordinating the MHSUS Cultural Competence Advisory Board, and serving as the liaison with DHCS regarding issues related to cultural competence and workforce education. This manager is also responsible for the planning and implementation of the MHSUS training program and the Mental Health Services Act Workforce Education and Training (WET) program and will be part of the MHSUS Executive Management team with assigned responsibilities that are division wide and require performance at a management level.

THE IDEAL CANDIDATE: The ideal candidate will have a strong foundation in mental health and substance use services, an understanding of the cultural and ethnic aspects of individuals and communities that impact mental health and substance use, and the skills to interact with culturally and ethnically diverse communities in promoting engagement in service planning and access to services. The ideal candidate will have strong leadership skills, written and oral communications skills, and organizational skills. The candidate will have experience in identifying staff and community training needs and in planning, organizing and providing a variety of trainings and conferences. The candidate will be knowledgeable about the regulations and requirements of the Mental Health Services Act (MHSA) related to cultural competence and WET, experience in the MHSA community planning process. Knowledge of diverse and underserved communities in Marin County and experience in working collaboratively with these communities is highly desired. The general duties and minimum requirements of this position are described in the attached class specification. If you are interested in more specific information of the particular assignment and its duties and responsibilities, please contact Dr. Suzanne Tavano at stavano@marincounty.org.

HOW TO APPLY: To apply for this position, please submit a standard County Employment Application and Supplemental Application form to the Human Resources Department no later than recruitment closing date stated above. As your application materials may be reviewed by individuals not privy to your employment history, please complete all sections of the application form in full. Make copies of any information you wish to keep as all application materials become the property of the Human Resources Department and will not be returned. Applications must be submitted by 4:00 PM on the recruitment closing date.

1. **SELECTION PROCEDURES:** Depending on the number of qualified applications received, the examination may consist of a highly qualified review, application screening, online assessment, written examination, oral examination, performance examination, or any combination to determine which candidates' names will be placed on the eligible list.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER: The County of Marin is committed to diversity and invites all qualified people to apply, including minorities, women, and individuals with disabilities. Upon request, reasonable accommodation may be made for persons with disabilities and for religious reasons, where necessary. If you have questions regarding Equal Employment opportunities, please contact Joanne Peterson, Human Resources Director, at extension 6114. If you have questions concerning the position announcement, please contact Vicki Martinez, H&HS Administrative Analyst at extension 2670.

SPECIAL REQUIREMENTS: Candidates selected are subject to fingerprinting by the Sheriff's Department and must pass a Department of Justice LiveScan background check prior to appointment.

ONLINE APPLICATIONS: You may apply online at <http://www.marincounty.org/Jobs>

DEPARTMENT PROMOTIONAL OPPORTUNITY

ETHNIC SERVICES AND TRAINING MANAGER

**MHSUS ETHNIC SERVICES BUDGET
FY 2015-2016**

	Description	MHSUS		Total
		MHSA Ethnic Services	Non-MHSA Ethnic Services	
Personnel Cost (Ethnic Services Manager)	Cesar Lagleva 0.50 FTE	\$80,000	\$80,000	\$160,000
Operating Expenses	travel, mileage, training, supplies, cell phone, other related costs	\$8,000	\$8,000	\$16,000
Total Expenditures		\$88,000	\$88,000	\$176,000

Cost Center	1000047100	1000042100	1000042100
Functional Area	9999999999	9999999999	9999999999

86

WORKFORCE, EDUCATION AND TRAINING (WET)
WET COMPONENT BUDGET

MHSA Workforce, Education and Training (WET)
Three-Year Plan (FY2014-2015 through FY2016-2017)

Program	FY14-15 (Estimated Actual)	FY15-16	FY16-17	Total
1) System-wide Dual Diagnosis Training	\$8,320	\$121,000		\$129,320
2) Family Member Focus Training	\$5,000			\$5,000
3) Scholarships for Underserved Consumers & Family Members	\$5,000	\$45,000	\$45,000	\$95,000
4) Community Based Organization (CBO) Intern Stipends	\$0	\$25,000	\$25,000	\$50,000
5) Training Initiatives	\$4,000	\$25,000	\$25,000	\$54,000
6) Peer Mentoring	\$5,766	\$85,000	\$85,000	\$175,766
7) MHSUS Intern Stipends	\$152,000	\$152,000	\$152,000	\$456,000
8) WET Coordination	\$30,000	\$0	\$0	\$30,000
9) California Institute for Mental Health-Training	\$0	\$10,500	\$10,500	\$21,000
Total	\$210,086	\$463,500	\$342,500	\$1,016,086

One-Time Funding Sources:	
Prior Year Unspent WET Funds (Actual)	\$164,086
Prior Year Unspent CSS Funds	\$852,000
TOTAL	\$1,016,086



ENTERPRISE CONTRACT: Yes No

INITIAL TERM: 1 Year CUSTOMER #: 14327

CUSTOMER NAME: **Marin County**

CLIENT NAME:

Attachment A – Rates and Charges
Hourly Rates

On-Site Interpreting	Spanish	ASL	CAT 1	CAT 2
Standard Hourly Rate	\$65.00	\$90.00	\$90.00	\$90.00
Non-Standard Hourly Rate	\$97.50	\$135.00	\$135.00	\$135.00
Emergency/Holiday Hourly Rate	\$130.00	\$180.00	\$180.00	\$180.00

- Standard Hourly Rate: 8:00 a.m. – 5:00 p.m. local time Monday through Friday with more than one full business days’ notice.
- Non-Standard Hourly Rate: Before 8:00 a.m. or after 5:00 p.m. local time Monday through Friday, Saturday/Sunday or assignments with less than one full business days’ notice.
- Emergency/Holiday Rate: Assignments with less than one hour’s notice or assignments on federally recognized holidays.
- Cancellation: Assignments canceled with less than one full business days’ notice will be charged at the applicable rate for the greater of the Minimum Appointment Time or reserved time for the assignment.
- ASL – American Sign Language. CAT 1 – Category 1 Languages. CAT 2 – Category 2 Languages. CAT 1 and CAT 2 Languages are subject to change without notice.

- Minimum Appointment Time: **Two Hours**. Time beyond Minimum Appointment Time will be billed in 15 minute increments.
- Mileage Reimbursement: Mileage reimbursement charged at prevailing IRS rate, currently **\$0.56** per mile. If the one way travel exceeds 60 miles, travel time may be charged in addition to mileage.

Marin County

Language Line Services, Inc.

Accepted by (signature):

Accepted by (signature):

Name (type or print):

Name (type or print):

Title (type or print):

Title (type or print):

Date:

Date:

Prepared by: Joe Schwener

Phone/Fax: 831-648-5806

**Marin County Health and Human Services Department
Division of Mental Health and Substance Use Services
FY 2015-2016 Summary of Contractor Payments**

Contractor : Marin Outpatient and Recovery Services
 Vendor Number: 1008100
 Service Provided: IOP Spanish
 Contract Number: 638
 Requisition Number: 10038403
 PO Number 4500057838

Contract Amount: \$105,500.00 *Extension Amount*

Funding Source	Probation - SB 678	SAPT Discretionary		Total Monthly Payment
Cost Center	2400011100	1000031100		
Fund	10000	10000		
G/L Account	5210410	5210410		
Functional Area	1000000240401000	1000000101112000.00		
Month				
July	13,810.00			13,810.00
August	10,305.00			10,305.00
September	9,050.00			9,050.00
October	4,640.00	780.00		5,420.00
November	6,435.00			6,435.00
December	5,760.00	1,700.00		7,460.00
January		6,200.00		6,200.00
February		7,045.00		7,045.00
March		9,540.00		9,540.00
April		8,695.00		8,695.00
May		9,255.00		9,255.00
June (Final)		8,430.00		8,430.00
Year-to-Date Totals	50,000.00	51,645.00		101,645.00
Contract Allocation	50,000.00	55,500.00		105,500.00
Available Balance	-	3,855.00	-	3,855.00
Payment by Source	FFS	FFS		

TRIPLE P (Positive Parenting Program) MARIN

FY2015-16

Triple P (Positive Parenting Program) Marin is an evidence-based model for coaching and empowering parents to improve their parenting skills. It has been shown to increase parenting effectiveness and reduce child abuse. The ultimate aim is the healthy development of children and the reduction of emotional or behavioral problems. Due to its focus on assisting parents to identify their parenting goals and effective methods for reaching those goals, it is a culturally sensitive approach. Triple P is a multi-leveled system, which aims to tailor information, advice and support to the needs of families. Triple P Marin coordinates training and technical assistance for providers who work with families to implement Triple P with fidelity. In addition, the program provides parent workshops and individual consultations. Marin has focused on Levels 2 and 3, with some Levels 4 and 5 provider trainings.

Provider	Jewish Family and Children's Services	Number served	Cost per parent
Services <i>Prevention</i>	Increasing parent skills to reduce Adverse Childhood Experiences and emotional or behavioral problems.	219	\$283
Staff	0.5 FTE: coordinator, providers. Some providers bilingual/bicultural.	Budget	\$62,000
Target Population	Children (0-15) from underserved populations who are at risk (trauma, socio-economic factors, etc).		
Related Issues	Referrals provided to additional services.		
Evidence	Triple P (EBP)		

Outcomes for FY15-16	Goal	Actual
Children and Families Receiving Services		
Parents attending Triple P seminars and discussion groups (Level 2-3)	200	219
Parents receiving group services in Spanish.	33%	50%
Parents receiving group services that are referred to individual services.	10%	11%
Families receiving individual Triple P services (Level 3)	20	18
Parents receiving individual services in Spanish.	33%	67%
Parents reporting satisfaction with services (would use again, would refer others). <i>PEI survey</i>	75%	94% N=236
Providers Receiving Services		
Providers the received training and technical assistance	10-12	20
Participating providers reporting increased confidence in providing services with fidelity. <i>Provider survey</i>	75%	100% N=12
Participating providers reporting satisfaction with the training and technical assistance. <i>PEI survey</i>	75%	100% N=12

Demographics of the Children of the Parents Served (N=388)

Gender	Male 39%	Female 61%		
Age	0-15 years old 94%	16-25 6%		
Race/Ethnicity	White 20%	African American 4%	Asian 2%	Latino 50% Multi/Other 24%
Language	English 50%	Spanish 47%	Other 3%	
Geographic	San Rafael 25%	Marinwood/Terra Linda 21%	Ignacio/Bel Marin 5%	Other/Unknown 38%
	W Marin 5%	Novato 6%		

Program Trends

While 219 parents participated, there was a total attendance of 324, showing that many parents found it valuable enough to access multiple services. In addition, the goal for Spanish speaking attendance was exceeded. This year, Triple P Marin sought out agencies serving higher risk populations, including a teen mother support group (Young Moms of Marin), families in transitional housing (Gilead House), and Marin Head Start.

Program Challenges

When Triple P Marin began there were many providers trained in Levels 2-5, but many providers did not implement it. Two years ago the Triple P allocation was reduced and focused on assessing need and an implementation plan. In order to more fully implement Triple P with fidelity, training will need to be provided to new and existing providers.

Client Story

Anna is the African-American mother of David (almost 2 years old). She is currently separated from her husband after leaving an emotionally abusive situation. Anna felt overwhelmed as she settled in to her new transitional housing situation. She was anxious to establish consistency for her toddler in a new group living situation. She reported concerns around her son's temper tantrums and needing a new bedtime routine given their change in residence. The parent educator discussed positive parenting techniques and Anna's interactions with her son. Discussions focused on the importance of routines, how to set limits with her toddler, ways to navigate the household, and bedtime routines. The consultant discussed ways to support David using Triple P tip sheets during temper tantrums. Together, Anna and the consultant created a routine that Anna implemented. She reported that incorporating the Triple P strategies resulted in a more settled, relaxed mood for both her son and herself. Anna reported, *"I feel supported and affirmed. Our conversations helped me to navigate the changes in my life in a more positive way, and I feel much less overwhelmed. We discussed many good ideas, and you were helpful in supporting me to tweak them according to my own ideas and needs in my situation."*

MHSA Three-Year Plan

- Expand funds to provide additional Level 4-5 services, intended for families with more complex issues.

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

FY2015-16

The Early Childhood Mental Health Consultation (ECMH) program promotes mental health and reduces the likelihood of adverse childhood experiences for children 0-5. Training for childcare providers at subsidized preschools improves their ability to (a) support children's social emotional skills, (b) work effectively with children who demonstrate behavioral issues, and (c) identify children at the earliest point and link their families to needed services. Direct intervention by consultants includes: identification of children whose behavior indicates social/emotional difficulties; consultation and psycho-education with parents; assessment of children with social/emotional risk factors utilizing evidence-based tools; development and facilitation of intervention plans for at-risk children; and linkages to further services.

Provider	Jewish Family and Children's Services	Number served	Cost per child
Services	Prevention services for children in subsidized preschools, including training and consultation for childcare providers	640	\$360
Prevention	Brief interventions and linkage to services for families	83	
Staff	2.6 FTE: consultants, occupational therapist, coordination Most bilingual Spanish, some bicultural Latina	Budget	\$230,000
Target Population	Children (0-5) in subsidized preschools. Services are provided in the preschools or in the home. Children exhibiting behavioral issues.		
Related Issues	Capacity to identify and refer for substance use, domestic violence, and sensory processing concerns. Some Occupational Therapy services provided.		
Evidence	ECMH (practice-based), California Teaching Pyramid (EBP), DECA-C assessment (validated), various teacher trainings (practice-based and EBP)		

Outcomes for FY15-16	Goal	Actual
Children and Families Receiving Services		
Children that received prevention services.	670	640
Percent of these children that come from un/underserved cultural populations (Latino, Asian, African American, West Marin).	70%	81% N=640
Children/families identified for enhanced intervention (through observation or validated screening tools for child behavior or family caregiver depression) and provided services through ECMH Consultation.	75	83
Children in childcare settings served by ECMH Consultants retained in their current program, or transitioned to a more appropriate setting. <i>Case notes</i>	100%	100% N=640
Parents/primary caregivers of families receiving intensive services that report increased understanding of their child's development and improved parenting strategies. <i>JFCS multi-county parent questionnaire</i>	85%	100% N=21
Families receiving ECMH Consultation services that report satisfaction with the services (would use again, would recommend, were helpful). <i>PEI survey</i>	75%	100% N=17
Early Childhood Education Sites Receiving Services		
Childcare staff that received additional consultation and/or training	130	130
Childcare staff receiving ECMH Consultation that report increased ability to identify, intervene with, and support children in their care with emotional/behavioral issues. <i>JFCS multi-county provider questionnaire</i>	85%	91% N=83
Staff receiving ECMH Consultation services that report satisfaction with the services (would use again, would recommend, were helpful). <i>PEI survey</i>	75%	88% N=83

Demographics of Children Served (N=640)

Gender	Male 47%	Female 53%			
Age	0-5 years old 100%				
Race/Ethnicity	White 19%	African American 6%	Asian 3%	Latino 69%	Multi/Other 3%
Language	English 23%	Spanish 72%	Other 5%		
Geographic	San Rafael 19%	Marinwood/Terra Linda 17%	Ignacio/Bel Marin 40%		
	W Marin 7%	Novato 5%	Other 12%		

Program Trends

ECMH expanded their team to include Occupational Therapy services in response to a growing need around sensory integration. In addition, they are increasing their work with childcare directors to improve organizational practices, such as increasing child-caregiver bonds by reducing the times teachers are moved between classrooms.

In addition to supporting children at subsidized preschools and other underserved populations, ECMH is actively involved in collaborative efforts to address the behavioral health needs of 0-5 in Marin. ECMH has worked with other programs to increase their capacity, including: Marin Head Start/Early Head Start; San Rafael High School teen parent efforts; and Marin County Office of Education's effort to improve the skills of childcare workers and early educators.

Program Challenges

There is a limited capacity in Marin County for licensed therapists who are trained to provide the following evidence-based services: Infant-Parent and Child-Parent Psychotherapy and trauma informed services to immigrant families with children birth to 5 years old. Through ECMH's participation in the Marin County Early Intervention Team (including case consultations), spearheaded by the Marin Office of California Children's Services, they continue to facilitate needed services for children whose behavior is indicative of developmental delays but who are not delayed enough to qualify for Golden Gate Regional or school district services.

Client Story

Harlan was born with a positive toxicology screen to a drug-addicted mother. At 15 months, Harlan was living full time with his paternal grandmother. The main issues presented were attachment, parental stress, teacher stress, and special needs including dysregulation, coordination, and balance. After one year of meeting with the consultant and implementing some of the recommendation, the grandmother had decreased her stress, increased her ability to protect Harlan by setting clear boundaries with adults in her and Harlan's life, and requested a referral for therapy for herself. She also was a staunch advocate for her grandson in pursuing services and an appropriate preschool setting for him when he turned 3 years old. She said, *"Imagine how wonderful it is to have someone truly listen, remembering what you've said months later, guiding you to think things through for yourself, testing your conclusions, supporting your decisions. She helped me make a major decision in my life and supported me through the difficulty of implementing it. She's a gem."*

Harlan's teacher, Karen, had difficulty expressing how she felt put off by him because he would not let her comfort him as other children did and by his almost constant heightened dysregulated state. As the consultant validated Karen's feelings and helped her understand how Harlan's own attachment issues affected relationships and bonding with others, she was able to find what she did like about Harlan and move into a comforting mutual attachment with him. Over time, he was able to provide the structure that Harlan needed in her classroom. Harlan became more regulated in the classroom, used his outstanding verbal skills in service of his attachment to Karen, and increasingly let himself be comforted.

MHSA Three-Year Plan

- Expand consultants in order to serve more sites and/or provide more individual family services. Due to State and local efforts, such as Strong Start ballot initiative, there may be more preschool classes in the near future.

STATEWIDE PREVENTION AND EARLY INTERVENTION

FY2015-16

Marin County assigned a portion of MHSA PEI funds to a statewide effort. Those funds, mostly managed by California Mental Health Services Authority (CalMHSA) support anti-stigma, suicide prevention and other campaigns – under the umbrella of “Each Mind Matters.” It also supports statewide policy efforts, technical assistance, and other efforts. CalMHSA provides an annual summary of activities by county, but it is not yet available for FY15-16.

In the past, CalMHSA supported local Suicide Prevention Hotlines including the one in Marin. Due to funding and priority changes, CalMHSA no longer provides funding for these hotlines. Marin has continued funding for the local hotline, along with 3 other counties it serves. The hotline uses a translation service to provide services in over 200 languages.

Provider	Family Services Agency - Buckelew	Number served	Cost per call
Services	Answer calls to the hotline 24/7	8327	\$12
Prevention			
Staff	1.0 FTE administration, coordination, answer phones, plus volunteers	Budget	\$100,000
Target Population	Marin County residents at risk for suicide		
Related Issues	Make referrals for additional services		
Evidence	Suicide Prevention Hotline (accredited), outcome assessment (used by Didi Hirsch and others)		

Outcomes for FY15-16		Goal	Actual
Calls to hotline originating in Marin County		6-8000	8327
Callers who express a reduction in level of suicidal intent by 1 level of maintain Low (Low, Medium, High)			92% N=5378
Agencies receiving campaign materials from FSA		20	20

MHSA Three-Year Plan

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TRANSITION AGE YOUTH (TAY) PEI

FY2015-16

TAY PEI provides screening for behavioral health concerns for clients of teen clinics; group services in high schools for at-risk TAY; and individual counseling for TAY at teen clinics and school settings who are identified for services. The target population is 16-25 year olds from underserved populations. Many of the TAY are unlikely to receive services through other routes due to lack of insurance, lack of parental connection, unfamiliarity with navigating the service systems, concern about cost of services, or lack of linguistically accessible services.

Provider	Huckleberry Youth Programs Novato Youth Center	Number served	Cost per child
Services	School based skill building groups at middle and high schools with a high proportion of at risk TAY (continuation schools, newcomers).	102 5+ sessions	\$471
Prevention			
Early Intrvntn	Individual counseling at teen clinics and schools.	261 1+ session	\$368
Linkage	Screening and referrals for behavioral health concerns at teen clinics.	392	\$41
Staff	2.2 FTE: case manager, MH clinicians, coordination Most bilingual Spanish, some bicultural Latina	Budget	\$160,000
Target Population	TAY (16-25) from underserved populations. Trauma, depression and other concerns.		
Related Issues	Screening includes substance use questions. Huckleberry is a Level 1 Adolescent Outpatient Treatment Program. Novato clinicians are trained in evidence based substance use intervention.		
Evidence	GAIN-SS screener (validated), PCOMS evaluation tool (EBP), Traumatic Events Screening Inventory (EBP), Trauma Informed Treatment (best practices), Motivational Interviewing and other clinician training (EBP), group curriculum has EBP components.		

Outcomes for FY15-16	Goal	Actual
TAY screened for behavioral health concerns.	450	392
TAY participating in at least 5 sessions of school-based skill building groups.	80	102
TAY participating in at least 5 sessions of school-based skill building groups showing statistically significant improvement in client well-being. <i>PCOMS: Outcome Rating Scale</i> <i>Those not included either did not complete the PCOMS or had initial scores that precluded statistically significant change.</i>	65%	77% N=26
TAY participating in individual counseling.	180	261
Family members participating in TAY counseling in support of the client.	30	70
TAY participating in at least 3 sessions of counseling.	NA	103
TAY participating in at least 3 sessions of counseling showing statistically significant improvement in client well-being. <i>PCOMS: Outcome Rating Scale</i> <i>Those not included either did not complete the PCOMS or had initial scores that precluded statistically significant change.</i>	65%	82% N=44
TAY participating in at least 3 sessions of counseling showing a validated positive therapeutic alliance, a significant predictor of clinical outcomes. <i>PCOMS: Session Rating Scale</i>	75%	90% N=99
TAY participating in at least 3 sessions of counseling that report satisfaction with the services (would use again, were helpful). <i>PEI survey</i>	80%	85% N=83

Demographics of TAY Participating in Prevention Services (N=494)

Gender	Male 18%	Female 82%	14% LGBTQ	30% Not born in US	
Age	0-15 1%	16-25 99%			
Race/Ethnicity	White 33%	African American 4%	Asian 2%	Latino 56%	Multi/Other 5%
Language	English 62%	Spanish 31%	Other 7%		
Geographic	San Rafael 33%	Marinwood/Terra Linda 7%	Ignacio/Bel Marin 11%		
	W Marin 1%	Novato 13%	Black Point 7%	Other/Unknown 28%	

Program Trends

TAY PEI respond to client need by adjusting services, such as increasing skill building groups for newcomers when there was an influx of immigrants. In addition, the use of PCOMS: Session Rating Scale allows for immediate adjustment to counseling services based on client feedback at each session.

HYP and NYC have long-term, successful partnerships with middle schools and high schools, including providing group and individual services on school sites. Having bilingual staff with relationships with the students has enabled HYP and NYC to be instrumental at times of crisis (see Client Story).

Program Challenges

HYP and NYC did not reach the target of screening 450 unduplicated TAY for behavioral health concerns at Teen Clinics. They did screen 468 youth, some of whom were under 16 years old. While the number of clients has remained constant at the Teen Clinics, the number of visits has decreased, likely due to an increase in use of long acting birth control requiring fewer visits. Clinic staff is aware of this shift and are diligent about screening TAY that are using these forms of birth control at every visit.

While TAY PEI provides mental health services for many TAY who could not access it elsewhere, there are many TAY who have insurance with behavioral health services. In order to make best use of the resources, a case manager has been hired to assist TAY in accessing covered services.

Client Story

When a group of students who were affected by a violent tragedy in Novato were brought into the school library, a few ran to Berta, one of their former Newcomer Group facilitators, and hugged her. The students were offered the support of a bilingual therapist, but their body language clearly reflected they were uncomfortable with the idea. Berta reassured them that they didn't have to, that they could just hang out in the library, but she also encouraged them to meet with the therapist, saying she and the therapist were good friends—almost like cousins. Berta introduced the students to the therapist and told the students that the clinician was very sweet and easy to talk to. Berta further explained that therapists go through special training to learn how to support youth in difficult situations and that although she was happy to talk and hang out with them, the therapist would be able to help them with special skills that Berta didn't have. The students stayed in the library for a while, chatting with the clinicians and Berta. After a half hour, the students took off to a private room with the therapist and were there for at least an hour. Once other Latino students who did not know Berta saw what happened, they started reaching out to her and to the clinicians. It was clear that the trust built with the Newcomers Group in the Fall was extremely helpful in connecting students to the emotional support they needed during this tragedy.

MHSA Three-Year Plan

- Expand program to serve more TAY Newcomers and their families, as well as link TAY to behavioral health services available through insurance.

LATINO COMMUNITY CONNECTION

FY2015-16

Latino Community Connection is a multi-layered program to provide behavioral health outreach, engagement, and prevention services in the Latino community. Canal Alliance, a trusted multi-service agency, partners with Novato Youth Center and services in West Marin to train and support Promotores throughout the county. Promotores are trusted community members trained in identifying and responding to behavioral health concerns, including providing peer support and linkages to services. A bilingual behavioral health provider provides brief interventions for individuals, couples and families including psycho-education, coping skills, communication skills, and referrals to appropriate behavioral health services. Clients may also be referred to trauma and stress management groups at Canal Alliance that help them develop coping and stress reduction strategies. In addition, PEI funds co-sponsor a radio show in Spanish on health issues, including mental health and substance use.

Provider	Canal Alliance, Novato Youth Center, West Marin Services Site Radio: Marisol Munoz-Kiehne and Collins Media Service	Number served	Cost per client
Services	Promotores provide outreach and education in the Latino community, including at community events. Radio show does not have # served.	1211	\$59
Outreach			
Prevention	Support groups and individual/family sessions.	161	\$824
Staff	2.5 FTE: MH clinicians, case manager, coordination. Plus Promotores. All bilingual Spanish, most bicultural Latino	Budget	\$204,000
Target Population	Spanish speaking residents in Marin. High rates of trauma.		
Related Issues	Canal Alliance provides substance use screening, psycho-education and linkages to services. All staff and volunteers are trained in motivational interviewing. Hosts educational events.		
Evidence	Promotores (practice based), Motivational Interviewing (EBP), Posttraumatic Stress Disorder Checklist (PCL-C) evaluation tool (validated).		

Outcomes for FY15-16	Goal	Actual
Individuals receiving health information and support from Promotores or Family Resource Advocates.	640	1211
Individuals participating in support groups or individual/family sessions.	100	161
Family members participating in support of the client.	20	30
Support group participants attending for at least 3 months.	65%	70% N=28
Individuals participating in a support group for at least 3 months reporting statistically significant improvement in PTSD symptoms. <i>PCL-C 5 pt change</i>	80%	90% N=20
Individuals participating in support groups or individual/family sessions reporting an increased ability to address their problems. <i>PEI Survey</i>	80%	85% N=161
Individuals participating in support groups or individual/family sessions reporting satisfaction with the services (would use again, would recommend). <i>PEI Survey</i>	80%	85% N=167

Demographics of TAY Participating in Prevention Services (N=161)

Gender	Male 34%	Female 66%		
Age	16-25 17%	26-59 80%	60+ 3%	
Race/Ethnicity	Latino 99.5%	African American 0.5%		
Language	English 0.5%	Spanish 99.5%		
Geographic	San Rafael 66%	Marinwood/Terra Linda 5%	Ignacio/Bel Marin 4%	
	W Marin 6%	Novato 4%	Black Point 4%	Other/Unknown 11%

Program Trends

The partnership between Novato Youth Center, Canal Alliance, West Marin Services, and Dr. Marisol Muñoz-Kiehne has been key to the success of the Latino Community Connection, allowing it to reach a large portion of the population. Participation in the "Cuerpo Corazon Comunidad" radio show has been an important vehicle for Promotores to reach those who are isolated. Over the past year, five Promotoras and two staff participated in at least 15 radio shows discussing the Promotoras Program, substance use, managing stress, domestic violence, trauma and other related topics.

Program Challenges

Finding affordable assessable therapy in Spanish for mild to moderate clients continues to be a challenge, particularly for those who are uninsured. Because there is only one clinician to serve such a large population, the clinician is booked three weeks out.

In West Marin, isolated families and transportation continue to pose a challenge to people receiving services. A challenge we continue to face is a lack of a coordinated response to domestic violence in West Marin and the lack of family counseling/family support groups. Also we continue to see the need for substance use services tailored to the Spanish speaking community. This could be a drug counselor or simply a recovery meeting that Promotores could refer to. Lastly, building a working relationship with a mental health provider has been key to providing a "warm hand-off" from the Promotores to mental health services. A permanent position for a mental health provider in West Marin would help build a stronger continuum of care.

Client Story

A promotora worked with a family who lives in Marshall. This family is very private and keeps to themselves. The son began having hallucinations and talking to voices in his head. He started destroying objects in the home claiming they had evil spirits. The family was scared and didn't know what to do. They would sleep in the family car to get away from him. This had been going on for months. It wasn't until they spoke casually with a promotora on the street that they began to feel there may be a solution. The promotora shared resources and encouraged them to get help. The son met the seriously mentally ill criteria and is receiving services from the West Marin Service Center.

Angela was referred to Canal Alliance through the local community clinic after experiencing panic attacks. She reported feeling as if she was going to die, trembling, urge to run, feeling dizzy, sweating, racing thoughts, and inability to sleep. Angela would consistently end up in the emergency room thinking she was suffering from a heart attack. She was then referred to her local community clinic where she was prescribed medication to treat anxiety, which she was taking at least four times a week. She came to Canal Alliance and the Behavioral Health Therapist worked with her to learn breathing and stress reduction techniques. Through their work together, Angela is no longer taking medication and, she is experiencing one panic attack a month. She is now able to manage it without medication, is able to implement techniques for herself, and is now teaching them to her children.

A promotora was providing support for a single mother who was suffering emotional abuse by her boyfriend. She wanted to leave the relationship but was afraid. The promotora helped the woman explore the benefits and disadvantages of staying in the relationship. She helped the family connect with the Center for Domestic Peace. The woman eventually left the relationship and went to a shelter. The promotora continued supporting her and helped her find an apartment after the shelter. The client is now much happier and living in a less stressful environment.

MHSA Three-Year Plan

- Provide additional bilingual, bicultural mental health clinician in San Rafael, Novato and West Marin.
- Expand West Marin Promotores component.

INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE FY2015-16

In 2009, MHA PEI began support for the integration of mental health and substance use services into primary care clinics serving underserved populations, Federally Qualified Health Centers (FQHC). These programs have served thousands of clients that likely would not have otherwise accessed these services. In FY2014-15, this program significantly changed, in part due to the Affordable Care Act (ACA). The ACA, as well as other funding sources, provide for increased mental health and substance services in FQHCs. PEI funds were reduced and focused on ensuring un- and under-insured individuals can access the behavioral health services provided in FQHCs.

Provider	Coastal Health Alliance Ritter Center	Number served	Cost per client
Services	Behavioral health screening. Identification of clients with chronic health conditions that frequently interact with behavioral health.	CHA 1047	\$20
Access/Linkage		RC 322	\$18
Early Intvtn	Counseling and medication management services	CHA 126 RC 57	\$944 \$596
Staff	1.8 FTE: NP, Psychiatric NP, Psychologist, LCSW, admin Some bilingual Spanish, some bicultural	Budget	\$180,000
Target Population	Low income residents (12 years and older) with early signs of mental health issues. Primarily trauma, depression, anxiety, substance use.		
Related Issues	CHA provides annual substance use screening, psychoeducation and linkages to services (14 years or older). Ritter Center provides substance use screening and services. Trained in SBIRT and Motivational Interviewing.		
Evidence	Validated screeners: PHQ2, PHQ9, GAD 7, AUDIT, DAST. EBP interventions: Problem Solving Treatment, Behavioral Activation, Eye Movement Desensitization.		

Outcomes for FY15-16	CHA		Ritter	
	Goal	Actual	Goal	Actual
Staff in contact with clients participating in suicide prevention training.	50%	67% N=42	3	4
Screen un/underinsured clients for depression. <i>PHQ2</i>	800	1047	300	322
Screen un/underinsured clients for substance use concerns. <i>SBIRT form, includes suicide</i>	300	404		
Un/underinsured clients participating in behavioral health services.	NA	126		
Un/underinsured clients completing at least 3 behavioral health sessions.	25	45		
Clients completing at least 3 behavioral health sessions decreasing depression symptoms by 50% or achieving a score less than 10 (none/mild). <i>PHQ9</i>	50%	38% N=16		
Un/underinsured clients receiving behavioral health brief intervention.			20	20
Un/underinsured clients receiving psychiatric med management (MM) services.			60	39
Un/underinsured clients receiving MM services that attended at least 2 sessions.			40%	62% N=39
Un/underinsured clients attending at least 2 MM sessions decreasing depression symptoms by 50% or achieving a score less than 10 (none/mild). <i>PHQ9</i>			40%	46% N=24
Clients attending behavioral health sessions reporting satisfaction with services (use again, refer others).	75%	100% N=28	75%	95% N=32

Demographics of TAY Participating in Prevention Services (N=183)

Gender	Male 39%	Female 61%		
Age	0-15 3%	16-25 7%	26-59 78%	60+ 12%
Race/Ethnicity	White 49%	Latino 43%	African American 4%	Other/Unknown 3%
Language	English 57%	Spanish 43%		
Geographic	San Rafael 20%	Ignacio/Bel Marin 4%	Fairfax 4%	W Marin 19%
	Novato 3%	Other/Unknown 50%		

Program Trends

Coastal Health Alliance has continuously worked to increase access to their behavioral health services, including warm hand-offs, more flexible scheduling, not charging a copay, and outreaching to the Latino community through community partners. Having a consistent bilingual behavioral health provider has contributed to developing knowledge and trust of the services, but the rate of usage continues to be lower for the Latino community than the overall population.

Ritter Center has continuously worked to increase access to their behavioral health services, including better welcoming and serving needs of individuals from the LGBTQ community, providing drop-in services, providing services at New Beginnings, and implementing trauma informed care particularly to better serve clients with PTSD.

Program Challenges

There is a high need for moderate to moderate/severe services among the populations served by these clinics. This has been balanced with the goal of intervening early with limited services, rather than solely providing ongoing therapy, as well as a client base that may not be able to attend services regularly.

Client Story

Richard suffered very extreme abuse and neglect as a child. His parents were often not present and he was cared for minimally by relatives. He experienced chronic depression and had been diagnosed with Seasonal Affective Disorder and Major Depressive Disorder two years ago. He sought outpatient psychotherapy at Ritter Center and was connected with our psychologist. Services at Ritter were provided on a weekly basis to help Richard avoid inpatient hospitalization and make a more successful adjustment to his chronic depression. Outpatient therapy was provided using cognitive behavioral techniques, including imaginal exposure to feared situations. However, Richard had been depressed for so long and had become very isolated. The therapist encouraged him to acquire a pet as a companion to assist with better socialization and get him out into the community. Fortunately, Richard had his own housing, and could incorporate a dog into his life at this time. Within a week of obtaining a companion pet, Richard's depressive symptoms began to remit - he became much more active, appeared cheerful and affectively more present. Richard is making plans for the future and recognizes that active follow through and on-going therapy will help him sustain improvement. When asked about his recovery, Richard laughed and said, "This dog has been a lifesaver for me!"

MHSA Three-Year Plan

- Increase focus on complex conditions requiring more intensive services.

OLDER ADULT PREVENTION & EARLY INTERVENTION

FY2015-16

Older adults represent a growing percentage of the population of Marin and face many risks for mental illness. In 2009, MHSA PEI funds began a program targeting older adults receiving Meals on Wheels services. Due to feedback about the limitations of those services, in 2011 this program was revised into its current version. This program provides community education about identifying mental health concerns in older adults and early intervention services for depression and anxiety.

Provider	Jewish Family and Children's Services	Number served	Cost per client
Services	Education for providers, gatekeepers and older adults about behavioral health signs, symptoms and resources for older adults.	120	\$167
Outreach			
Access	Screening	155	\$30
Early Intvtn	Assessment and brief intervention. Many are home visits.	40	\$1888
Staff	1 FTE: case manager, MH clinician, coordination	Budget	\$100,000
Target Population	Older adults (60+) experiencing depression and anxiety due to life transitions.		
Related Issues	All clients are screened for substance use concerns and provided psychoeducation, motivational interviewing and referrals as needed.		
Evidence	Validated screeners: PHQ9, GDS, GAD7. EBP interventions: Behavioral Activation, Cognitive Behavioral Therapy.		

Outcomes for FY15-16	Goal	Actual
Individuals receiving education regarding behavioral health signs and symptoms in older adults.	100	120
Individuals receiving education that are from an underserved population or primarily serving underserved populations (race, ethnicity, language, LGBTQ).	20%	53% N=120
Seniors at Home clients screened for behavioral health concerns. <i>PHQ9, substance use</i>	150	155
Low income clients receiving brief intervention services.	35	40
Low income clients receiving brief intervention services that are from underserved populations.	20%	20% N=40
Clients with family members participating in brief intervention services in support of the client.	30%	60% N=40
Clients completing a short-term treatment protocol for depression or anxiety.	70%	82% N=40
Clients completing a short-term treatment protocol for depression or anxiety experiencing a decrease of at least on category of severity (i.e.: moderate to mild). <i>PHQ9, GDS, GAD7</i>	60%	64% N=33
Clients receiving brief intervention reporting satisfaction with services (would use again, recommend).	75%	100% N=17

Demographics of TAY Participating in Prevention Services (N=40)

Gender	Male 22%	Female 78%		
Age	26-59 5%	60+ 95%		
Race/Ethnicity	White 82%	API 8%	Latino 5%	Multi 5%
Language	English 97%	Other 3%		
Geographic	San Rafael 20%	Marinwood/Terra Linda 10%	Larkspur 10%	Mill Valley 19%
	Novato 13%	Ignacio/Bel Marin 15%	Other 13%	

Program Trends

Older Adult PEI continues to expand its outreach to underserved populations, including providing presentations with translation into Spanish and Vietnamese and working with Marin City Senior Center on strategies for reaching Southern Marin. The program remains flexible in order to accommodate the clients' numerous medical challenges. JFCS also began a volunteer peer program to provide ongoing support to clients once they have completed the OA PEI services.

Program Challenges

There is a lack of services for individuals needing psychiatric evaluation and those experiencing memory issues, chronic unmanageable pain, and dependency on pain medications. There are limited ongoing supports for older adults who have completed the OA PEI services, increasing the chances of relapse. In addition, over half of client services are provided in the client's home due to mobility limitations, reducing the number of clients that can be seen.

Client Story

Betty is a very frail 88 year old widow living with many medical challenges. Betty is pleasant, gracious, and not into "self-pity," as she states. She is now wheelchair bound and is losing both her vision and hearing. Her many losses, of family, friends, health, mobility, sight, and hearing, have left her depressed and anxious. Betty's symptoms include difficulty sleeping, increased social isolation, pervasive worry, and deep distress about nearing end of life. The one long-time involvement Betty had with a meaningful social organization abruptly ended when she was asked to resign to make room for "new blood", leaving her more isolated and distressed. Betty shared that she is not ready to die yet, as there are so many things she still wants to do in this world. Due to her disabilities, she wondered how to continue living. Our work with Betty focused on how to re-engage in the activities that gave her life meaning. Through cognitive behavioral interventions and behavioral activation, Betty learned to manage the negative thoughts which were immobilizing her, and identified new ways she could participate in activities that were meaningful to her. Recently, Betty came up with the phrase "little bits of chocolates" to describe how these small comforts - people, memories, happy moments - can help when life feels overwhelming. With therapist support and intervention, Betty has learned new ways to get around or get over the "speed bumps" of life. The road is still a challenging one for Betty, but now she can find the joy and strength that were temporarily missing to make the rest of her journey worth taking.

MHSA Three-Year Plan

- Additional clinician time.

VIETNAMESE COMMUNITY CONNECTION**FY2015-16**

In 2011, MHSA PEI began the Vietnamese Community Connection program to implement effective ways of engaging the Vietnamese community in behavioral health outreach, education and prevention efforts. The program consists of outreach by Community Health Advocates (CHAs), community events to reduce isolation and increase self-care, and individual/family problem solving sessions. CHAs are trusted community members trained in identifying and responding to behavioral health concerns, including peer support and linkages to services.

Provider	Marin Asian Advocacy Program - MarinLink	Number served	Cost per client
Services	Promotores provide outreach and education in the Vietnamese community, including at community events.	80	\$163
<i>Outreach</i>			
<i>Prevention</i>	Group activities and individual/family problem solving sessions.	120	\$333
Staff	0.75 FTE: para-professional. Bilingual/bicultural.	Budget	\$53,000
Target Population	Vietnamese community at-risk due to trauma and isolation.		
Related Issues	Clients are referred to BHRS and other services as needed.		
Evidence	Community Health Advocates (practice based), ERC Peer Counseling course, MHFA.		

Outcomes for FY15-16	Goal	Actual
Community Health Advocates (CHAs) will receive training in <ul style="list-style-type: none"> o CHA Basics: role, confidentiality, outreach and engagement, making referrals, etc. o Mental Health First Aid 	5	3 1
CHAs will receive at least 6 hours each of group or individual supervision.	100%	100%
Individuals receiving information about mental health and access to services via tabling and other outreach strategies.	75	80
Individuals participating in group activities.	120	120
Individuals participating in individual/family sessions.	NA	67

Participant feedback about the field trips: for 99% their mental state changed be better, 100% would recommend to their friends or family's members, 99% wish to have more trips like this in a year. N=120

Demographics of TAY Participating in Prevention Services (N=67)

Gender Male 28% Female 72%

Age 16-25 19% 26-59 54% 60+ 27%

Race/Ethnicity API 100%

Language Vietnamese 100%

Geographic San Rafael 75% Other 25%

Program Trends

Program Challenges

MAAP is enthusiastic about the CHA model, but has had challenges with implementation including recruitment and training/supervision.

Client Story

Loan is a lady in her 40s, who has moved to San Rafael from Oakland about a year ago. She has been living in the US less than 5 years with her teenage daughter and working as a nail tech in Marin County. One day she passed out at her work and was sent to ER. They told her to continue seeing her primary doctor for her problems. Many times she went to her appointments with the primary doctor but always ended up on pain killer medication. But her problem was not solved by pain killer medicine. She got very frustrated. She came to our office and requested someone to accompany her to her next appointment.

We went to her appointment. First the doctor asked for interpreter services through the phone, as is their policy. The client did not understand what the interpreter said because of her different dialect due to different regions in Vietnam. Last but not least, the interpreter cut her off and did not let her complete explanations of her problems. She grew more frustrated and broke down crying.

The PEI provider explained to the doctor what was the problem, as she is a medical interpreter. I observed that the interpreter on the phone was omitting some doctor's information as well as cutting off the patient's explanations. Finally, the doctor was able to help her to treat her problems correctly.

The client reported after a week: "I am so happy that you were with me that day and explained clearly what were my problems to the doctor. I got right treatment. I feel much better now!"

MHSA Three-Year Plan

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COMMUNITY AND PROVIDER PEI TRAINING**FY2015-16**

In order to support MHSA PEI goals including increasing recognition of mental illness, stigma and discrimination reduction, and implementing effective practices, Marin has designated funds to implement outreach, training and education. A central component is Mental Health First Aid (MHFA). In addition, funds are used for other strategies, such as training in other evidence based practices; outreach to those who could recognize and respond to mental illness, including individuals who may have signs of mental illness and their families; sending providers, consumers, families and others to conferences related to PEI efforts; and more.

Mental Health First Aid Outcomes for FY15-16	Actual
Number of Marin County community members that participated in MHFA. Of these, 69 attended the course in Spanish and 26 attended Youth MHFA.	263
Participants reporting increased knowledge about mental illness signs/symptoms. (0-5 scale)	N=210
"As a result of this training, I feel more confident I can recognize the signs that someone may be dealing with a mental health problem or crisis."	4.5
Participants reporting feeling able to offer a distressed person basic "first aid" information and reassurance about mental health. (0-5 scale)	4.5
Participants reporting ability to assisting somebody experiencing a mental health problem or crisis to seek appropriate professional help. (0-5 scale)	4.5

FY15-16 Expenses: \$14,697 Cost per person: \$56

This does not include cost for existing staff time to provide training (Marisol Munoz-Kiehne, Rebecca Stein)

In addition:

- Marketed the 30-minute video segments produced by Community Media Center in partnership with the Cultural Competence Advisory Board in 2014-15: three "Meaningful Mental Health" and three "Latinos en la Casa." Aired on the Community Channel and available on YouTube and the MHSUS website at: www.marinhhs.org/mhsus .
- Events including "May is Mental Health Month" and "Day of the Dead" (\$6784)
- Conference Registrations (\$1,794)
- Triple P Trainings (\$5380)
- Calendar (\$2134)

MHSA Three-Year Plan

- Continue MHFA, events, conferences and other trainings as needed
- Move Triple P Trainings into Triple P contract if continued
- Determine whether to produce more video segments

SCHOOL AGE PREVENTION & EARLY INTERVENTION**FY2015-16**

Beginning in FY2014-15, MHSA PEI provided funding for services for K-8 students in school districts with a large proportion of students from underserved populations. The three current programs are:

San Rafael City Schools

A multi-levelled program to: create a school culture that supports wellness by conducting a comprehensive assessment and providing staff/community training based on the challenges/strengths identified; provide training and coaching to increase school staff capacity to address needs within the classroom; and provide group therapy, short-term case management, family engagement and psycho-education.

Provider	Seneca Family of Agencies	Number served	Cost per client
Services	Teacher training and technical assistance, student screening, classroom psycho-education/skill building	1150 students	\$87
Prevention1			
Prevention2	Social Emotional Skills groups for students identified as needing svcs	55	\$363
Staff	1 FTE clinician, 0.25 FTE coordination/administration	Budget	\$120,000
Target Population	Students with behavioral concerns. A high rate of Latino, low-income students. Currently serving Glenwood (GL) and Venetia Valley (VV).		
Related Issues	Students and families are referred for more intensive services.		
Evidence	School climate (research based), Second Step (EBP), I Can Problem Solve (EBP), Cognitive Behavioral Intervention for Trauma in Schools (EBP), Zones of Regulation (promising practice), mindfulness (promising practice)		

Outcomes for FY15-16	Goal	Actual	
Behavioral health trainings for school staff.	2	2	
Participation of school staff in trainings.	75%	GL 85%	VV 100%
Participants reporting increase in skills/knowledge. <i>Participant survey</i>	80	100%	N=64
Students participating in Social Emotional Skills groups.	60	55	
SES group participants showing statistically significant improvement on SDQ	80%	73%	N=44
Students (or parents of) participating in SES groups reporting satisfaction with services (would recommend, participate again, etc). <i>PEI Survey</i>	75%	87-100%	N=34

Demographics of Students Participating in Prevention Services (N=)

Gender
Age
Race/Ethnicity
Language
Geographic

Sausalito Marin City

Community Connectors work with student and families referred to them by the school or community to determine what they need and how to access needed services, including client advocacy and care coordination. They work with the SST to help develop and implement action plans with families, helping the family complete the goals of the plan (SST involvement temporarily suspended). They also train community providers in identifying and responding to mental health needs, as well as provide a "Girl Power" group to increase protective factors among 5-14 year old girls.

Provider	Southern Marin Community Services District	Number served	Cost per client
Services	Outreach, engagement, referrals, psycho-education	72	\$278
Prevention1			
Prevention2	Navigation, advocacy, problem solving, Girl Power Group for those referred (Participants attend 20-40 Girl Power Groups/year)	67	\$1000
Staff	1.5 FTE Community Connectors. Culturally integrated staff.	Budget	\$110,000
Target Population	Students with behavioral concerns. A high rate of low-income, students from underserved populations, trauma affected.		
Related Issues	Students and families are referred for more intensive services. Multi-Disciplinary Team provides case consultation and supervision for Community Connectors regarding behavioral health issues.		
Evidence	Girl Power Groups (community defined), Connectors (similar to Community Health Advocates)		

Outcomes for FY15-16	Goal	Actual
Southern Marin providers and community members receiving behavioral health education, information about Community Connector (CC) services.	40	40
Students/families receiving outreach, engagement, referral services from CCs	20	32
Students/families receiving support, advocacy and coordination services from CCs	20	14
Youth/families receiving support services from CCs achieving at least 40% of the goals in their action plan. <i>Case records</i>	60%	45% N=14
Students participating in at least 20 Girl Power Groups.	50	53
Students participating in CC support services or Girl Power Groups showing improved risk factors, increase in school attendance and/or improved school performance. <i>SDQ, school records</i>	60%	85% N=53

The current data collection does not fully describe the range of work or impact. For example, the Community Connectors were instrumental in implementing a Walking School Bus as well as a weekly parents group at the school. The school reports the following outcomes:

- *An average of 27 students participate in the Walking School Bus each day*
- *The average number of absences per day reduced from 13 to 6*
- *The average number of tardies per day reduced from 17 to 7*

Demographics of Students Receiving Community Connector Services (N=18)

Gender	Male 50%	Female 50%
Age	0-15 100%	
Race/Ethnicity	African American 83%	Latino 11% Multi 6%
Language	English 100%	
Geographic	Sausalito/Marin City 100%	

Shoreline

Stigma reduction and identification of signs and symptoms is addressed through education for school staff, students and families about mental health and available resources. Self-regulation classes and social and emotional learning curriculum are provided in the classroom to build resiliency skills and increase coping skills. Alcohol and substance use prevention presentation are provided in middle school classrooms. Individual services are provided for students and families at school and through home visits.

Provider	Bay Area Community Resources	Number served	Cost per client
Services	Psycho-education for staff, students, families	350	\$89
Outreach			
Prevention	Self-regulation classes, individual services for students/families	321	\$152
Staff	1 FTE clinician, admin	Budget	\$80,000
Target Population	Students with behavioral concerns. A high rate of low-income, students from underserved populations, trauma affected.		
Related Issues	The PEI specialist has used the CRAFFT screening tool and motivation interviewing while working with adolescents with substance use issues. Alcohol and substance use prevention presentations provided in middle school. Students and families affected by substance use have been referred to school and community providers, as well as West Marin MHSUS and Kaiser.		
Evidence	Zones of Regulation (promising practice), Strong Kids (EBP)		

Outcomes for FY15-16	Goal	Actual
Behavioral health training for school staff	8 hrs	4 hrs
Training participants reporting awareness of risks, signs, and symptoms of children experiencing emotional disturbances and/or risk of abuse. (Post-survey)	80%	91% N=43
Students, parents, community members participating in psycho-education, anti-stigma and resource events (i.e. anti-bullying workshops, outreach at parent gatherings, etc).	NA	350
Students participating in self-regulation curriculum. (162 participated in at least 8 sessions)	350	253
Students with mild to moderate mental health concerns receiving at least 3 sessions of individual or group counseling.	40	68
Students (or parents of) receiving at least 3 sessions reporting improvement on the SDQ (emotional problems, conduct problems, hyperactivity problems, peer problems and/or socialization).	65%	97% N=31
Students completing at least 3 sessions showing improved attendance or improved school performance.	65%	88% N=63
Parents completing at least 3 sessions family counseling.	20	37
Parents receiving at least 3 sessions reporting a reduction in family stress and/or children's difficulties in one or more of the following areas: emotional problems, conduct problems, hyperactivity problems, peer problems, and/or socialization	65%	78% N=7
Parents receiving 3 or more counseling services reporting satisfaction with the PEI services (would recommend, use again, etc).	75%	86+% N=21

Demographics of Students Participating in Group and/or Individual Services (N=269)

Gender	Male 51%	Female 49%		
Age	0-15 100%			
Race/Ethnicity	White 39%	API 2%	Latino 59%	
Language	English 46%	Spanish 52%	Other/Unknown 2%	
Geographic	Inverness 20%	Pt Reyes 27%	Tomaes 11%	Other/Unknown 42%

Program Trends

School Age PEI began in FY2014-15. Target populations and desired outcomes were identified. Program design was left up to the applying CBOs in consultation with the school districts in an effort to be responsive to the specific needs, gaps and existing resources in each district.

- The SRCS program complements the PBIS (Positive Behavioral Interventions and Supports) framework in place. It strengthens the capacity of the schools by providing training and technical assistance to staff. PEI services are currently at Glenwood and Venetia Valley. Glenwood is not a priority school for PEI, but SRCS wanted to pilot the program in two schools with different situations in order to build support of the program.
- The Shoreline program works with teachers and principals to bring services to the students. It works closely with the West Marin Promotores, West Marin Services Center, and other programs to assist residents with accessing the services they need in a timely manner while not duplicating existing services.
- The Sausalito Marin City program helps create a bridge between the schools and the community to better serve students and their families. It also provides activities for parents and students to increase resiliency and helps residents navigate the complex array of services.

Program Challenges

While all programs have implemented the Strengths and Difficulties Questionnaire (SDQ) for evaluation, only one of the three districts has provided attendance and performance data. The other two are in conversation about it. In general, ensuring the school administration is supportive of the programs needs further attention. In addition, when there are not more intensive services to refer students/families to it would be beneficial if the PEI programs can provide some of the needed services.

Client Story

An eighth grade student, Anna, was referred to the PEI specialist. Anna had recently moved in with her grandmother, mother and sibling and was enrolled in a Shoreline school. Previously, she had two psychiatric hospitalizations and was on a home school program due to her psychiatric conditions. She was diagnosed with social anxiety disorder and panic disorder and would become overwhelmed before leaving for school although she would get prepared and anticipate attending. She was receiving treatment from Kaiser so was not able to access WMHHS Mental Health services. Anna wanted to attend school. She wanted to improve her grades and prepare for high school, make her family proud, but her anxiety overwhelmed her and prevented her from walking out the door for school. Anna, her family members, treatment providers and the PEI specialist worked together during home visits to understand her anxiety, create goals and routines, increase her support system and return to school. Anna was able to return to school, connect with teachers and peers, and bring her grades up. She continued to see the PEI specialist at school where a number of issues were addressed and she was able to graduate middle school with her class. Anna will be attending her first year of high school in Fall 2016.

MHSA Three-Year Plan

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We want your ideas to Reduce Disparities in Marin County!

Idea Submission Instructions *Mental Health Services Act (MHSA)* Innovation FY2014-2017

A key element to Innovation is *learning* how to solve a challenging problem in our community. Our hard to solve problem in Marin County is engaging, and supporting diverse populations in order to reduce disparities.

You will need to include the following information in your one-page summary:

- Please include your name, phone number and email address.
- Description of your Innovation idea, including:
 - What **strategies, activities or services** would be conducted;
 - How your idea will **reduce disparities**;
 - What you think we will learn about reducing disparities.
- **Target population** you will reach (ethnicity, culture, age, gender/identity)?
- How is this idea “innovative” (refer to *Innovation Defined* document at www.marinhhs.org/mhsa)?

Submit your written idea no later than: Wednesday, January 21, 2015 by 5pm

You can U.S. Mail, email or drop off your idea to:

Kasey Clarke
 MHSA Coordinator
 Mental Health and Substance Use Services Division
 20 N. San Pedro Road, Suite 2021
 San Rafael, CA 94903
kclarke@marincounty.org - email



Definition of Reducing Disparities

In order to reduce disparities, we must improve our system of care to better support our diverse community. Diversity includes cultural, ethnicity, race, age, and/or gender/identity. Culturally competent systems enhance the ability to incorporate the cultures, beliefs, practices and languages of its diverse consumers into services (concept taken from the *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities: Guiding Principles*).

Some Barriers that Lead to, or Maintain, Disparities in our System of Care

- Traditional access to services is difficult due to language, lack of cultural understanding and/or lack of culturally competent services, especially where there is a high concentration of hard-to-serve/hard-to-reach populations.
- Inadequate outreach and engagement processes to hard-to-serve/hard-to-reach communities.
- Lack of culturally and linguistically appropriate treatment interventions and approaches.
- Lack of culturally and linguistically competent professionals and para-professional staff in our community and programs.
- Lack of cultural competency trainings for the workforce.
- Literatures and educational/informational tools are not linguistically appropriate

Population that MHSA Innovation Ideas Can Positively Impact

Un-served, Under-served, Inadequately and/or Inappropriately served, including:

- | | |
|---------------------------|----------------------|
| • African Americans | • Rural / West Marin |
| • Asian/Pacific Islanders | • Institutions |
| • Latinos | • |
| • Children | • |
| • Transition Aged Youth | • |
| • Adults | • |
| • Older Adults | • |
| • Families | • |
| • U.S. Veterans | • |
| • LGBTQ | • |
| • Uninsured | • |
| • Low Income | • |
| • Undocumented | • |

INN PLAN: Community Overview

Growing Roots: The Young Adult Services Project

Marin County Mental Health and Substance Use Services (MHSUS) has developed this Innovation Plan based on community input and in alignment with the Mental Health Services Act (MHSA) requirements for Innovation funds. Innovation funds are intended to try a new approach to addressing a difficult to solve problem within the mental health system. The core challenge identified in Marin, during the development of the MHSA Three Year Plan, was how to reduce disparities for un/underserved populations in the mental health system. Currently a number of populations in Marin are un/underserved by the formal mental health system of care including adult Latinos, African Americans (inappropriately served), older adults, transition aged youth (16-25 years old), and persons living in West Marin.

During Innovation community meetings in late 2014 and early 2015, the role of the informal system of care was identified as a key to addressing existing disparities. Informal providers, such as grassroots and faith organizations, provide a number of behavioral health services for those at risk or experiencing mental illness who may not engage with the formal system of care. Services include outreach, engagement, prevention, intervention, resiliency, recovery and community integration.

In addition, transition age youth (TAY) were identified as an un/underserved population that is not receiving as much focus as other populations in current MHSA Plans. TAY from diverse communities that are at risk for or experiencing mental illness are less likely to engage in formal mental health service, yet an individual's initial episode of severe mental illness usually occurs in the late teens or early twenties, suicide is the third leading cause of death for youth ages 15-24, and youth ages 15 to 21 have the highest prevalence of co-occurring substance abuse and mental disorders. Youth with unaddressed mental health problems are highly likely to drop out of school, go to jail as adults, and suffer other negative outcomes. Given this, it is imperative that we support services that this population will engage with.

The Innovation Plan released for public comment elicited productive feedback from the community. Two key areas of feedback were the need for transition age youth (TAY) to be directly involved in the process and an interest in increasing the focus on services. This Plan has been revised to address the input received.

This Plan aims to reduce disparities in access to culturally competent behavioral health services for TAY from un/underserved populations (i.e.: race, ethnicity, language, sexual orientation, gender identity, geographic isolation, experiencing complex conditions) who are at risk for or experiencing a mental illness by building on the strengths of the informal system of care.

<p>Phase 1 6-9 months</p>	<p>Needs Assessment</p> <ul style="list-style-type: none"> • Gather existing data including from the census, homeless survey, agencies serving TAY (MHSUS, schools, Sunny Hills TAY program, Probation, Sherriff, Police Departments, Psychiatric Emergency Services, Huckleberry Youth Programs, Novato Youth Center, Blue Ribbon Coalition, Spahr Center, Phoenix Project, others) and literature. We will be looking for baseline data that might include: <ul style="list-style-type: none"> ○ Demographics of TAY in Marin ○ Current rates of services provided to TAY, demographics of clients, client
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	<p>profiles</p> <ul style="list-style-type: none"> o Current rates of employment, engagement in education, criminal justice involvement, hospitalization and other data that can assist with measuring outcomes. • Release a Request for Proposals (RFP) to identify formal and informal providers serving underserved TAY to participate in focus groups, key informant interviews, and surveys as needed with diverse TAY, their families, and providers to understand their perspective on access to services, successful services, barriers, and other factors that will assist with understanding what an improved system of care would look like. The process for getting input from TAY will take into consideration how to break down needs based on age and other demographics. • Gather baseline data from participating organizations, such as numbers served, services provided, demographics of clients, profiles of clients (employment, engagement in education, criminal justice involvement, hospitalization) and other data that can assist with measuring outcomes.
<p>Phase 2 18-24 months</p>	<p>Action Plan</p> <ul style="list-style-type: none"> • Based on the Needs Assessment, identify priorities for making changes to the system of care. • Provide opportunities and support for un/underserved TAY to participate in behavioral health planning processes. • Release a Request for Proposals (RFP) to identify providers to implement the priority changes to their services and systems. Implement trainings, technical assistance, evaluation, and changes within each organization as needed. • Engage County and community providers in a collaborative learning process to strengthen the system of care, based on the findings of the Needs Assessment.
<p>Phase 3 3-6 months</p>	<p>Evaluation <i>TO BE FILLED IN....</i></p>

As a result of this Plan we expect to:

- Increase our understanding of the behavioral health needs of un/underserved TAY in Marin;
- Increase the involvement of TAY in determining the services available to them;
- Increase access to, quality of, range of, and cultural competency of services available to TAY;
- Increase the number of TAY receiving services and positive behavioral health outcomes.

The following Plan provides additional details about the proposal. It is written for submission to the Mental Health Services Oversight and Accountability Commission for approval for funding for the program described above.

What does "Reducing Disparities" mean to you?

Providing services where clients are

- board and care facilities
- in community, schools, spiritual centers, events, non-MH support groups
- Novato (SMI case mngmnt services)
- West Marin: mobile clinic, youth centers, first responders, paraprof, SU prof

Providing prevention

- absent fathers
- single parents
- positive role models (peers, in community)
- in schools

Providing mild to moderate services: people falling through the cracks

Outreach/education/stigma reduction so clients access services

- isolated individuals
- families, parents/teens
- Marin City
- Older adults (address stigma)

Helping clients engage in services

- access process is currently long, complicated
- reminder and follow-up calls
- transportation
- expanded hours
- culturally/linguistically competent
- on demand rather than wait times

Supporting clients to be central in care/recovery (client-driven)

- knowing their options
- develop ongoing supports
- listen to clients and their needs (rather than predefined services/outcomes)
- clients determining and creating solutions
- peer services

Services better address:

- trauma
- inclusion of families in services
- individual's needs (see "Clients as central in care")
- effective care regardless of race, ethnicity, gender, sexual orientation, age, insurance cvrge, etc
- non-traditional healing options, different modalities
- coordination of services

Increasing focus on quality (effectiveness) rather than quantity of services

Developing community best practices (rather than EBPs)

Reducing ER use: let people know about other services, f-up with people after ER use

Integrating services

- address basic needs (housing, etc)
- reduce service silos

Services for those not eligible for public services, but cannot afford private

Wellness Focus: yoga, recreation, nutrition, arts, social connection

Collective Impact

- encourage/support various entities to work together toward shared goal

Which populations are most in need of Innovative efforts?

African Americans: Marin City and elsewhere

Hispanic: immigrants, Canal and elsewhere, undocumented in Novato

Asian

Immigrants: first gen – cultural barriers to accessing services

Non-Spanish speaking (indigenous)

W Marin: farmers, youth and their families, “middle class”, homeless

Novato: SMI, undocumented

LGBTQ

Youth: stressors at home

unsupervised (ie Marin City)

Spanish speaking, newcomers

High risk

TAY: precariously housed, in public housing, low-income

First episode resulting in arrest

Seniors: isolated, home-bound, low income, LGBTQ, 60-70 w/substance use, immigrant

55+: Latino, unemployed, physical disabilities

45+: undiagnosed

Low income/Unemployed/underemployed

People who have not finished High School (of any age)

Homeless

Foster children

Dual Diagnosis

Disabled

SMI

Criminal Justice: Recently incarcerated, incarcerated, children of incarcerated

Caregivers

Obese

Chronic disease

Single parents: moms in poverty, esp in Marin City

Public housing residents and those in need of public housing

Victims of abuse: single young women

Uninsured

Hoarders

Eating disorders

you are invited

Mental Health Services Act (MHSA)

Innovation Stakeholder Meeting

January 9, 2015

10am -12pm

Connection Center

3240 Kerner Blvd., San Rafael

Rooms 109/110

Please join us to:

- Tell us what "Reducing Disparities" means to you.
- Provide input on what populations you think are most in need of innovative efforts to reduce disparities.
- What strategies do you think should be tried in our communities?

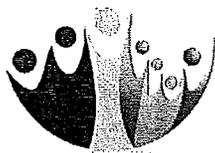
Who should attend? Anyone with an Innovative idea for services in their Marin County community

Register to attend – Click here:

<https://www.eventbrite.com/e/mhsa-innovation-stakeholder-meeting-tickets-15007389506>



All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473-4381 (Voice)/(415) 473-3232 (TTY) or by emailing at disabilityaccess@marincounty.org at least four work days in advance of the event. Copies of documents are available in alternative formats, upon written request.



canal welcome center

April 27, 2016

To: Mental Health Services Oversight and Accountability Commission

The Canal Welcome Center is in full support of Marin's proposed Innovation Plan. Our staff, collaborators and people we serve are immigrants from Latin American countries in Marin. We work to increase local leadership, economic opportunities and well-being, with a special focus on youth. Over the years we have been funded by various sources, and while the mental health of individuals and the community is an integral aspect of our work, our areas of collaboration with Marin County Mental Health and Substance Use Services have been limited.

We recognize our clients could benefit from services that are more "mental health informed" – and that the County could benefit from better understanding our community's perspective on mental health.

We believe that the "Growing Root: The Young Adult Services Project" will provide an opportunity for organizations like ours to work in a new and meaningful way with MHSUS to collaboratively understand the needs of underserved communities, how those needs are best met, and how to all work together more effectively in the long run to better serve our communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas Mundo". The signature is fluid and cursive, with a long horizontal stroke at the end.

DOUGLAS MUNDO
Founder-Executive Director
CANAL WELCOME CENTER
30 N. San Pedro Rd. Suite 250
San Rafael, CA 94903
415-526-2486 – Ext 302

Lisa Canin, 415.847.5663, lisacanin@gmail.com

Proposed strategies/activities/ services

The Canal Welcome Center proposes the development, piloting, evaluation and capacity-building to provide Cultural Healing Circles for youth at risk of substance abuse, depression, anxiety and ongoing trauma that build on culturally derived healing practices. This holistic healing approach integrates mind, body and spirit and with a variety of components, including: 1) Joven Noble/Noble Youth Empowerment (using parts of a curriculum that promotes culturally-rooted healthy balanced models and identities of masculinity); 2) Youth Leadership (group facilitation, alliance building, non-violent and empathic communication, youth voice and advocacy to bring out the best in self and others); and 3) Transforming Coping into Resilience (developing and practicing self-care and regulation skills including mindfulness, meditation, yoga, improved nutrition and nature connection). Distinct from “culturally competent” services, this *culturally-rooted* approach to support and intervention reflects community-based practice, embracing indigenous resiliency factors present in Latino community, spiritual and cultural practice to address the stresses of acculturation, trauma, depression, and substance abuse and to build health and wellness. In addition, significant attention will be directed toward development of an appropriate evaluation strategy.

Disparity reduction

Through emphasizing cultural strengths and the reconnection with the dynamism and participation inherent in the cultural heritage of the global south, this approach introduces an approach to mental health and community life for youth that is absent in Marin County. Through reconnection to broken cultural ties and healing knowledge, disengaged and at risk youth who are underserved or inappropriately served in the current mental health system, connect with culturally relevant processes and practitioners. There is a dearth of effective interventions aimed at acculturation stress.

This project also addresses the disparity in the capacity of youth workers –trusted indigenous mentors - in community-based organizations that serve Latino youth to provide culturally defined healing activities.

Target population

Latino males, 13-18, who are at risk of substance abuse, school disengagement, criminal justice involvement, acculturation stress, trauma, depression, anger, anxiety and distress.

Innovation

This approach:

- Introduces new community-derived practice/approaches, drawing on indigenous traditions and process;
- Is holistic, combining an integrative approach to mind, body and spirit;
- provides training for non-traditional providers of mental health services to facilitate healing processes; and
- addresses the unique strains and challenges of acculturation as mental health stressor.

**Marin County Mental Health and Substance Use Services
Mental Health Services Act – Innovation Plan
Transition Age Youth Advisory Council**

Marin County Mental Health and Substance Use Services

Mental Health and Substance Use Services (MHSUS) is a Division of the Marin Health and Human Services Department. MHSUS offers prevention and early intervention, suicide prevention and crisis services to all residents of Marin County. MHSUS also provides outpatient, residential and hospital care addressing specialty mental health and substance use service needs of Marin Medi-Cal beneficiaries and uninsured residents.

Mental Health Services Act

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), intended to expand and improve county mental health services throughout California. The MHSA raises additional taxes for the State, which are then provided to county mental health programs.

MHSA Innovation

The Mental Health Services Act (MHSA) provides funding for a number of programs. One of the efforts counties must use the funds for is Innovation – finding a way to solve a difficult to solve problem in the mental health and substance use service system.

Growing Roots: The Young Adults Services Project

Marin is just starting a new Innovation project – Growing Roots. The goal of the plan is to increase the number of transition age youth (ages 16-25) in Marin who need mental health and substance use services that are able to get the services they need. This could include services to help prevent youth from experiencing mental health problems, such as depression, anxiety, eating disorders, substance use, or other problems. It could also include services to help youth recover from mental illness or substance use.

In order to do this, we will work with transition age youth (TAY) and people in community who already work with them to find out what services work well or do not work well, and what changes should be made. After conducting that needs assessment, funds will be available to providers to help make changes in services. This entire project lasts over 3 years – one year for the needs assessment and two years for making changes to the services.

TAY Advisory Council

A very important part of the Growing Roots project is to work closely with TAY to find out what they think about the mental health and substance use services available and what other services they want. The TAY Advisory Council plays an important role in making sure the TAY voice is represented and put into action. While we are starting with a small Advisory Council, we will identify additional members in the fall, with the help of the participating providers. Membership will be balanced to represent the underserved populations in Marin.

Role of the TAY Advisory Council

May-June 2016	<p>Help choose the project facilitator, evaluator and participating providers</p> <ul style="list-style-type: none"> • Read the proposals submitted • Attend a meeting to provide feedback on the proposals • Provide your opinion who should be awarded the contracts
August-December 2016	<p>Help design and conduct the “needs assessment”</p> <ul style="list-style-type: none"> • Meet regularly with the facilitator and evaluator to decide what questions to ask TAY, who to ask, and other aspects of the needs assessment • Help conduct the focus groups and interviews
January-February 2017	<p>Help develop a report on the needs assessment findings</p> <ul style="list-style-type: none"> • Meet to discuss what the information gathered means • Present the needs assessment report to a community meeting
February-April 2017	<p>Help develop an “action plan” based on the final report from the needs assessment</p> <ul style="list-style-type: none"> • Meet regularly to determine what actions and changes in services are needed • Present the action plan to a community meeting
May-June 2017	<p>Help choose the providers to implement the action plan</p> <ul style="list-style-type: none"> • Read the proposals submitted • Attend a meeting to provide feedback on the proposals • Provide your opinion who should be awarded the contracts
July 2017 – June 2019	<p>Monitor and evaluate the implementation of the services and changes</p> <ul style="list-style-type: none"> • Meet regularly to discuss the new and changed services • Conduct focus groups and interviews with people who receive the services • Help develop a final report on the Growing Roots project

Additional Opportunities during the project

- Present about the Growing Roots project to a variety of meetings and Boards
- Join other Boards to advocate for TAY

Growing Roots: The Young Adults Services Project

TAY Advisory Council Survey

It is important that the TAY Advisory Council has members who represent many different communities in Marin so we can learn about many different experiences and points of view. **Please let us know about yourself.** We will not tell other people what your answers are. We will put all of the members answers together and provide that information. For example: There are 3 people who identify as Latino, 2 who identify as Black, 2 who identify as gay/lesbian, etc.

Name: _____

Phone Number: _____ Email: _____

Age: _____ Ethnicity/Race(s): _____

Gender: _____ Sexual Orientation: _____

Do you have a disability: _____ Primary Language: _____

Have you ever been diagnosed with a mental illness: _____

Do you want to participate in the TAY Advisory Council? _____

Do you want to help choose:

- The Facilitator _____
- The Evaluator _____
- The Providers _____

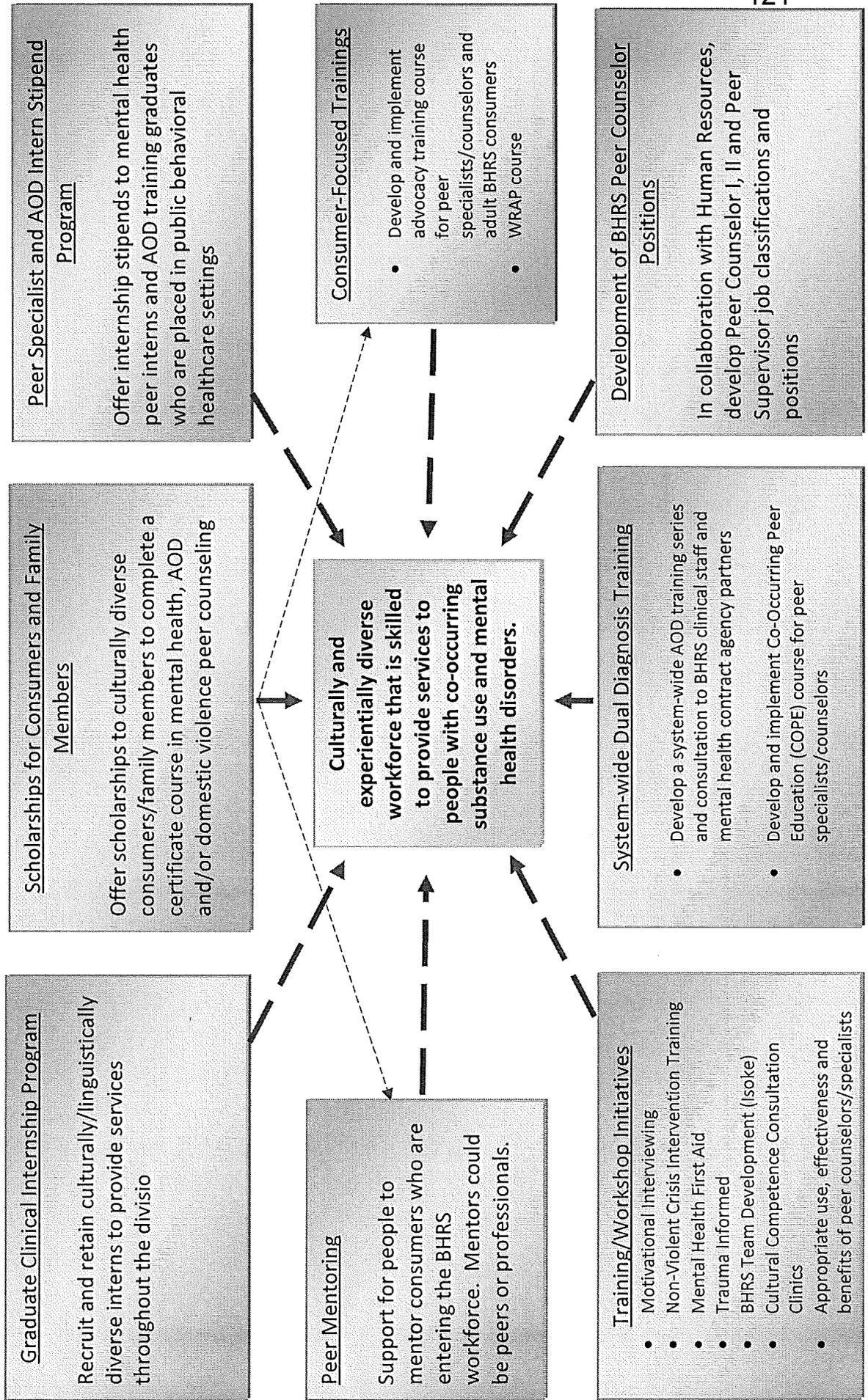
When are you able to attend meetings?

Cross out the options when you are never able to come to a meeting

Monday morning	Tuesday morning	Wednesday morning	Thursday morning	Friday morning	Saturday morning	Sunday morning
Monday afternoon	Tuesday afternoon	Wednesday afternoon	Thursday afternoon	Friday afternoon	Saturday afternoon	Sunday afternoon
Monday evening	Tuesday evening	Wednesday evening	Thursday evening	Friday evening	Saturday evening	Sunday evening

Marin County BHRS Workforce Education and Training (WET) Program 2015-2016

The goal of BHRS' WET program is to develop a workforce that is culturally competent, linguistically and culturally reflective of the communities that are served, and able to offer integrated treatment for co-occurring disorders.



WET STEERING COMMITTEE MEETING MINUTES**Attendees: Justine Reichman, Homer, Marissa, Cesar, Leah +1****APRIL 23****Charge**

Have money to make recommendations to enhance training skills of people in mental health. How do we encourage families to get into the field? What can we do to increase the workforce?

Diversify workforce

Create balance

Trainings

Identify different trainings

RAP Training

Motivational/ Interviewing

CBT

LGBT

DBT

Brainstorming session

Identify biggest need in county

Marissa and Leah – WRAP (Wellness Recovery Action Program)

What is WRAP?

developing tool box

crisis plan

recognizing triggers

creating your own support group to develop your WRAP

develop WRAP daily maintenance plan

share WRAP plan with DR when in crisis or as a how to in case of crisis

Crisis plan- included what you want and don't want ... specifies individuals needs

Marissa and Leah to present on WRAP next meeting.**Identify conferences**

Create a standard for awardees to apply for scholarships to attend conferences

Standard includes:

Why interested

Title of conference

Cost

Motion for Homer to attend conference (I believe he was on board for one but then maybe changed his) need clarification

Motion for Marissa to attend conference in San Fran July(National alliance mental illness organization)

Workforce-Education-Training (WET) Steering Committee

Tuesday, May 19, 2015, 1:00-3:00

20 North San Pedro Road, San Rafael, 94903

Meeting Agenda

- 1:00 Welcome and Introductions
- 1:10 Review purpose, goals and objectives of the committee
- 1:15 Review request for scholarship funds applications
- Cheryl August
 - Debra Ricci
 - ERC staff/peers/volunteers for NAMI conference
- 1:45 WRAP presentation (Marisa)
- 2:30 Mentor program update
- 2:45 General announcements and updates
- 3:00 Adjourn

Mental Health and Substance Use Services Division

WET Steering Committee Meeting, 5/19/2015

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Barbara Coley, Afriye Quamina (Dr. Q), Marisa Smith

Absent: Homer Hall, Justine Reichman, Leticia McCoy, Nick Avila

- Introductions of committee members who were unable to attend the first meeting.
- Committee reviewed the purpose, goals and objectives of the committee.
- Team reviewed and discussed two scholarship request applications from Cheryl August and Debbie Ricci. Committee agreed to award Debbie \$850, half of what she originally requested. Committee, however, denied Cheryl's request at this time as her vocational goals were unclear and vague. Cesar will contact Cheryl to discuss the committee's decision.
- Committee discussed the upcoming NAMI conference and community members with lived experiences who have requested to attend. Barbara identified several peer specialists from ERC who would like to attend. Marisa and Mark also requested to attend. Committee approved the request. However, several peer specialists will rotate their attendance as Barbara indicated that not all specialists are unable to attend the entire conference.
- Marisa and Leah presented their experience in becoming certified WRAP facilitators. Committee discussed the value and importance of implementing WRAP in Marin for consumers, especially in light of the fact that MHSUS invested in paying for Marisa and Leah to become certified trainers. Marisa and Leah will prepare and submit a work plan and budget for the committee to review and discuss its feasibility.
- Dr. Q and Leah reported presented on their experience and lessons learned during the CASRA conference that they attended, along with another community member with lived experience, Maya Gladstern. Both reported that they learned quite a bit and were able to network successfully.

- Cesar and Dr. Q provided updates on the status of the newly awarded scholarship recipients and they're level of engagement with their assigned mentors. Dr. Q stated that all of his mentees are highly engaged and some require more intensive support, particularly around study habits and structure.
- Meeting adjourned

**Next meeting: Tuesday, June 16, 2015 at 11-12:30 at 20 North San Pedro Road,
San Rafael**

Workforce-Education-Training (WET) Steering Committee

Tuesday, June 16, 2015, 11:00-12:30

20 North San Pedro Road, San Rafael, 94903

Meeting Agenda

- 11:00 Welcome and Introductions
- 11:10 Update on WET activities and new fiscal year strategic plan
- 11:30 Review request for scholarship funds application
- 11:45 Peer Counselling Program (Barbara Coley)
- 12:15 Mentor program update
- 12:30 Adjourn

Mental Health and Substance Use Services Division
WET Steering Committee Meeting, 7/21/2015

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Barbara Coley, Afriye Quamina (Dr. Q),
Marisa Smith

Absent: Leticia McCoy, Nick Avila

- Committee reviewed the purpose, goals and objectives of the committee.
- Team reviewed and discussed reviewing another group of applications.
- Committee members that attended conferences provided update – Great feedback from everyone.
- Marisa presented the WRAP budget. Budget includes 10 weeks plus graduation and orientation. Accommodates up to 20 people. To date 5 people have signed up. Jeannie Little will provide clinical supervision/consultation to Marisa and Leah. Upon completion of the first cycle of the program, committee will evaluate the success of the program. Motion passed for WRAP class to get funded by using WET funds, and to have Marisa and Leah as instructors of the program. Next step: Marisa to provide written program description to Cesar.
- Committee discussed Peer Counseling Program. Peer counseling team to provide flyer to committee. Request by Barbara to fund an additional instructor to reduce the wait time for participants to enroll as the program is approximately 12-18 months. Terry Fiery will teach the newly established classes if funded. Committee motioned and approved to provide funds to CAM to hire Terry as the instructor to teach the additional courses. Barbara will submit a proposal to Cesar which will outline the purpose, goals and objectives of the additional position.
- Peer mentors provided updates about the mentoring program. All reported that scholarship awardees are doing well and are focused and eager to start their respective vocational training program courses.
- Committee reviewed the purpose, goals and objectives of the committee. Committee felt that the purpose, goals and objectives are consistent with the spirit and intent of WET.

- Meeting adjourned.

Next meeting: Tuesday, August 18, 2015 at 11-12:30 at 20 North San Pedro Road, San Rafael

WET steering committee meeting reminder**Mental Health and Substance Use Services**
Division
WET Steering Committee Meeting, 10.21.15
Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstern, Afriye Quamina (Dr. Q), Marisa Smith, Homer, Hall, Terry Fierer, Nick Avila

Absent: Leticia McCoy, Barbara Coley

- Cesar provided updates about the scholarship award process. 22 applicants submitted their applications. Most applicants are choosing to become drug/alcohol counselors, while a small number are either undecided or want to become peer specialists by taking courses at College of Marin or registering at ERC's Peer Counseling Program.
- Committee discussed the idea of having an internship program at MHSUS for graduating students of CCAPP Institute as drug/alcohol interns and intern peer specialists who graduate from ERC's Peer Counseling Program. Other agencies that were identified as possible internship sites are ICS, JFCS, MCIL, St. Vincent's, Ritter Center and Whistlestop.
- Marisa and Leah reported that the WRAP program is going well. They are averaging about 10-12 student participation who come consistently to the classes.
- Dr. Q, Homer and Terry expressed their interest and intent to develop a Peer Counseling program that will teach a Co-Occurring Dx. Curriculum. Homer is a certified drug/alcohol counselor and has teaching experience while Terry has experience in curriculum development and teaching. Cesar recommended that they develop a program that is not duplicative of what already exist in Marin such as ERC's Peer Counseling Program.
- Meeting adjourned.

Next meeting: Tuesday, November 17, 2015 between 12-1 at 3240 Kerner Boulevard, Room 107 San Rafael

final WET steering committee meeting reminderMental Health and Substance Use Services

Division

WET Steering Committee Meeting, 8/18/2015

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstein, Afriye Quamina (Dr. Q),
Marisa Smith, Justine Reichman

Absent: Leticia McCoy, Nick Avila, Homer

- Committee reviewed the purpose, goals and objectives of the committee.
- WRAP team presented updates. The WRAP team established monthly meetings at the ERC. Put sign up sheets for the upcoming WRAP class at the ERC and other various locations. To date 6 people have signed up. Marisa to talk to streets team to further get the word out. Orientation for WRAP will be October 1. To date 6 or 7 people have committed to the class. Group meets at ERC in group room, on Thursday starting on the 15th. Next step: Marisa to forward Bio's and program outline in the next two weeks to receive funding.
- Terry resigned and will no longer be teaching peer counseling. Halley has been chosen to replace Terry. Committee expressed concerns as the motion to approve the funding of the program included having Terry teach the class. Cesar to speak with Barbara to express concerns. The peer counseling proposal needs to be re-visited as a result of Terry resigning. Barbara to present to board for re-vote.
- Cesar moved to open applications beginning again in September.
- Motion passed to accept applications starting September.
- Committee began to draft the definition of lived experience. Definition is a work in progress.
- Meeting adjourned.

Next meeting: Tuesday, September 15, 2015 at 12-1 at 3240 Kerner Boulevard, Room 107 San

Rafael

final WET steering committee meeting reminderMental Health and Substance Use Services

Division

WET Steering Committee Meeting, 8/18/2015

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstern, Afriye Quamina (Dr. Q.), Marisa Smith, Nick Avila, Homer Hall

Absent: Leticia McCoy

Guest: Terry Fierer

- Terry Fierer was introduced to the group. He expressed interest in becoming a member of the WET steering committee. Terry shared why he's interested in becoming a member. Terry was asked to momentarily leave the meeting while the committee discussed his possible membership. After some discussion, committee approved Terry to be a member. Terry is a member with lived experience and has a lot of knowledge about mental health services.
- WRAP team presented updates on the progress of their planning. Extensive outreach resulted in near capacity of the first class. Marisa will coordinate with Cesar to secure WET funds. Classes begin in early October.
- Committee discussed the possible expansion of ERC's peer counseling program to reduce the waiting period of interested students who want to enroll as the program generally takes 12-18 months to complete. Issues around who would teach the class if it were expanded were discussed. After much consideration, committee decided that Barbara will submit a proposal that will reduce the waiting period of students who want to enroll.
- Cesar reported that he plans to re-open the scholarship award application process due to the popularity of this resource. Announcement of the scholarship application process will be circulated in late September.
- Dr. Q and Homer briefly reported that the current students who have received scholarship awards and whom they are mentoring are doing well. Everyone is on pace to graduate by February. Two students have already received jobs from one of MHSUS' service agency partners as drug/alcohol counselors.
- Cesar provided updates on United Advocates for Families and Children's (UAFC) efforts to develop a state-wide curriculum that will work with county behavioral

health system's to promote the hiring and retention of peer specialist in mental health agency settings.

- Meeting adjourned.

Next meeting: Tuesday, October 21, 2015 at 12-1 at 3240 Kerner Boulevard, Room 105 San Rafael

WET steering committee meeting reminder **Mental Health and Substance Use Services**

Division

WET Steering Committee Meeting, 10.21.15

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstern, Afriye Quamina (Dr. Q), Marisa Smith, Homer, Hall, Terry Fierer, Nick Avila

Absent: Leticia McCoy, Barbara Coley

- Cesar provided updates about the scholarship award process. 22 applicants submitted their applications. Most applicants are choosing to become drug/alcohol counselors, while a small number are either undecided or want to become peer specialists by taking courses at College of Marin or registering at ERC's Peer Counseling Program.
- Committee discussed the idea of having an internship program at MHSUS for graduating students of CCAPP Institute as drug/alcohol interns and intern peer specialists who graduate from ERC's Peer Counseling Program. Other agencies that were identified as possible internship sites are ICS, JFCS, MCIL, St. Vincent's, Ritter Center and Whistlestop.
- Marisa and Leah reported that the WRAP program is going well. They are averaging about 10-12 student participation who come consistently to the classes.
- Dr. Q, Homer and Terry expressed their interest and intent to develop a Peer Counseling program that will teach a Co-Occurring Dx. Curriculum. Homer is a certified drug/alcohol counselor and has teaching experience while Terry has experience in curriculum development and teaching. Cesar recommended that they develop a program that is not duplicative of what already exist in Marin such as ERC's Peer Counseling Program.
- Meeting adjourned.

Next meeting: Tuesday, November 17, 2015 between 12-1 at 3240 Kerner Boulevard, Room 107 San Rafael

WET steering committee meeting reminderMental Health and Substance Use Services

Division

WET Steering Committee Meeting, 11/17/15

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstern, Afriye Quamina (Dr. Q), Marisa Smith, Homer, Hall, Terry Fierer,

Absent: Leticia McCoy, Barbara Coley, Nick Avila

- Marisa and Leah provided updates about WRAP program. Both reported that the program continues to run smoothly with 8 active students. The original total student registration was 12.
- Cesar provided updates on the scholarship awards that were recently given. A total of 19 candidates applied and were either full scholarships or access to a mentor or both. Majority of candidates chose to get into drug/alcohol certification program which will start in March 2016.
- Dr. Q, Homer and Terry announced the official name of their co-occurring peer counseling program which is Co-Occurring Peer Education (COPE). Terry described some of the core competencies that the curriculum hopes to achieve such as communication skills, cultural competency, basic psychology and substance use disorders, recovery/resiliency. If funded through WET funds, the program will hold classes 2x/week for 2 hours for 26 weeks. Dr. Q, Homer and Terry are working together to develop a proposal with a budget, and will provide this information to the WET steering committee once the draft is completed.
- Meeting adjourned.

Next meeting: Tuesday, December 15, 2015 between 12-1 at 3240 Kerner Boulevard, Room 107 San Rafael

WET steering committee meeting reminderMental Health and Substance Use Services

Division

WET Steering Committee Meeting, 12/15/15

Minutes

Present: Cesar Lagleva, Leah Fagundes, Mark Parker, Maya Gladstern, Afriye Quamina (Dr. Q), Marisa Smith, Homer Hall, Terry Fierer, Nick Avila, Barbara Coley

Absent: Leticia McCoy, Leah Fagundes

- Cesar provided updates on the current WET vocational training scholarship program. All students are doing well and all students who are enrolled in CCAPP's Drug/Alcohol education program are on pace to graduate in late February. Two students from this current group of scholarship awards program will serve as mentors to the new and incoming scholarship awardees. There are 21 applicants who were awarded funds from the October grant cycle. Of the 21 applicants, 15 will enroll in a drug/alcohol vocational program run by CCAPP; 1 will enroll in Center for Domestic Peace's Domestic Violence counseling program; 5 will enroll at local community colleges to take psychology or related courses in behavioral health.
- Terry provided updates on his and Homer's progress on the development of the Co-Occurring Peer Education (COPE) curriculum and program design. It is their hope to receive WET funding to implement the program once they finalize their proposal and curriculum. If/when approved, outreach will be conducted in February and classes will begin in March. Their goal is to enroll 20 students in this 9-month free certified peer counseling pilot program.
- Barbara announced the January 6th start date of ERC's Peer Counseling program. Cesar encouraged members to get the word out by using the flyers that Barbara provided. It will also be announced in the division's county-wide distribution list.
- Marisa and Mark reported that the WRAP program is going well, with a core of students who regularly attend. They also received a call from Robbie Powelson who inquired about their program, and it may have been mentioned that Robbie may be interested in running a similar program for the TAY population. Group discussed the possibility of duplication which was not supported. Marisa and Mark will contact Robbie to learn more about his interests, thoughts and ideas.
- Cesar reported that the cultural competence training series has come to an end. All trainings were well received as evidenced by the positive feedback from the evaluation forms. Cesar will continue to provide cultural competence-related

education in a form of monthly consultation to division staff, agency partners, family members and consumers.

- Mental Health First Aid (MHFA) trainings continue to be popular. A few more trainings were offered in December and both trainings quickly filled up. More MHFA trainings will be offered in 2016
- Meeting adjourned.

**Next meeting: Tuesday, January 19, 2016 between 12-1 at 3240 Kerner Boulevard, Room 107
San Rafael**

WET Committee Minutes 3/15

- Members present: Homer, Q, Mark, Marisa, Cesar, Barbara, Terry
- Members absent: Leah, Nick, Maya
- Cesar -Updates
 - Graduated 22 behavioral health counselors
 - Graduates now working with coordinators to get into field placements
 - County drafts language that will allow peer counselors/ specialists to have at title within county system – creating county jobs
 - Cesar to meet with Public Defender’s office to find need for peer specialists in office meeting on 3/16
- Terry and Homer – COPE Updates
 - Lot of interest for class – filled up quickly
 - Waiting list has been created – 21 people total
 - Class beginning end of March through December (9 months)
 - 1st 3 months certificate of peer counseling earned
 - 2nd certificate peer specialist earned during last 6 months
- Marisa – WRAP Updates
 - 20 for pilot program sign up – 8 people graduated
 - Positive feedback from all 8 graduates
 - Cesar proposed another breakdown of CAM’s perspective by new fiscal year (June 30th)
 - Barbara provide CAM proposal that is good for one year by April 19th meeting
 - Funds x3 for ongoing program
 - ****Motion approved by committee****
- ***Motion to approve funding for Mark to attend WRAP training in Martinez – 5 days intensive training
 - WET - \$1,000 tuition
 - CAM – Pay for travel and food
 - ***Motion approved by committee***
- Barbara – CAMPHRO Updates
 - Funding for 6 people to attend Sacramento conference
 - \$1500 for 6 people
 - \$630 for 2 nights – 3 rooms
 - \$2,130 total
 - Cesar will push for 6: Mia, Barbara, Leah, Robbie, Hallie, Raju
 - Two day only – Q and Homer

WET Committee Minutes April 19, 2016

Members present: Homer, Dr. Q, Mark, Marisa, Cesar, Barbara, Terry, Maya

Members absent: Leah, Nick, Leticia

- Cesar engaged committee in a discussion on the value and benefits of HRTC's past, current and possible future work as a contractor. Committee identified and evaluated HRTC's current work with staff, consumers and family members. While HRTC continue to provide adequate value to MHSUS, agency partners, consumers and family members, it was reported that the interest to maintain HRTC's work has decreased over time as evidenced by low attendance and participation in all aspects of HRTC's training and consultation activities. Additionally, HRTC's fees have remained relatively cost prohibitive which further suggest that HRTC may not be a needed training organization to retain in the next fiscal year. Cesar will further get input from MHSUS senior management and training committee before making recommendations to the MHSUS director whether to continue or terminate services in the next fiscal year.
- Committee discussed consumer/family-driven training initiatives for the next fiscal year. COPE and the WRAP programs have yielded positive results in that both programs actively engage a decent number of consumers/family members in both programs. Cesar instructed both program leaders to submit program evaluations if there's an interest to get future funding to continue the programs.
- Cesar provided updates on the county's efforts to develop job classification for peer specialist/counselors. Human Resources have begun to engage in the process by analyzing other county classifications.
- Meeting adjourned

Next Meeting: Tuesday, May 17, 2016, 12-1, at the Wellness Center

WET Committee Minutes May 17, 2016

Members present: Homer, Dr. Q, Mark, Marisa, Cesar, Barbara, Terry, Nick, Maya
Members absent: Leah, Leticia

- Committee reviewed and evaluated successes of the WRAP and COPE programs. Reviewed existing evaluation data submitted by program leaders. After much discussion about the merits and effectiveness of the programs, committee supported continued funding of both programs. However, WRAP will officially become a program of CAM while COPE will become an independent contractor with MHSUS
- Cesar reviewed WET budget and expenditures in fiscal year 2015-2016. Committee members recommended that funds get allocated for consumer advocacy trainings in the next fiscal year as there are not enough attention given to consumers to become advocates, consistent to the spirit and intent of consumer empowerment. Meanwhile, family member advocacy is vibrant as evidenced by NAMI's presence in Marin. Cesar will recommend to MHSUS director to consider funding advocacy trainings for consumers.
- Maya de-briefed the committee about her experience, learning lessons and observations at the recent CAMPHRO conference that she and a Mental Health Board Member attended. Overall, she reported that there's an emerging movement that is taking place to lobby state policy makers to pass SB614 which would establish a Peer and Family Support Specialist Certification Program to be administered by the Department of Health Care Services (DHCS).
- Cesar reminded members that tomorrow is CCAB-sponsored May Mental Health Month: Each Mind Matters community event. Majority of members reported that they plan to attend.
- Meeting adjourned

Next Meeting: Tuesday, June 21 , 2016, 12-1, at the Wellness Center

Behavioral Health and Recovery Services Division

WET Steering Committee Meeting, 8/23/2016, 12-1pm

Minutes

Present: Cesar Lagleva, Leah Fagundes, Nick Avila, Terry Fierer, Mark Parker, Barbara Coley, Afriye Quamina (Dr. Q), Homer Hall

Absent: Maya Gladstern, Marisa Smith, Mark Parker

- Cesar requested for agenda items to be discussed
- Nick reported that the Mental Health and Services Act Advisory committee is currently recruiting potential committee members to join. Active recruitment of consumers and family members is a high priority. Nick encouraged this committee to either consider submitting an application or refer potential committee members to the MHSA committee chair.
- Terry and Homer provided update on the COPE program. Both reported that there are 12 students currently enrolled in the class and instructions are still be held every Tuesday and Thursday evenings in Marin City.
- Barbara reported that WRAP crisis plans of participants in the program are now getting slowly integrated into their medical charts. Barbara is working with medical records staff to continue to develop a system of implementation
- Cesar provided updates on the development of Peer Counselor I and II positions for the County of Marin's Behavioral Health and Recovery Services (formerly known as Mental Health and Substance Use Services). Cesar continue to work closely with the County's Human Resources Department in drafting minimum qualifications, duties/responsibilities and required core competencies. It is the hope of the County to establish these positions in late 2016 or early 2017
- Cesar reported that the 3-year MHSA community planning process will soon begin. He encouraged this committee to begin to think about ways to improve the County's BHRS system through the lens of WET and WET-related strategies.
- Based on the need to strengthen consumer-driven advocacy, Cesar is exploring a pilot project that will engage consumers and peer specialist/counselors to participate in a advocacy training course. Cesar will update the committee on any new development
- Meeting adjourned

Next meeting: Tuesday, September 20th between 12-1 at the Wellness Center, San Rafael

Behavioral Health and Recovery Services Division

WET Steering Committee Meeting, 9/20/2016, 12-1pm

Minutes

Present: Cesar Lagleva, Marisa Smith, Mark Parker, Afriye Quamina (Dr. Q), Maya Gladstern, Barbara Coley, Nick Avila

Absent: Leah Fagundes, Terry Fierer, Homer Hall

- County require to come up with 3 year strategic WET plans—this committee must come up with details, which Cesar will take to directors (currently within 16-17 year, in the three-year cycle); committee to facilitate the transition to the next cycle

UPDATES & Topic:

- Cesar has created and presented to the committee of the visual explanation for WET
- Consumer advocacy training/course—teaching skills of advocacy, planed from today through June 30th, pilot program
- Mr. Kerry Pearson with child who used be part of program member—specialize in advocacy training—if approve, recruit members to participate
- Emphasis on fair balance among self-empowerment, self-advocacy, family dynamics (peer advocacy plan)
- Change in “Family Focused Training” section in the WET project visual plan
- Development—bigger initiative: very close to getting approved by board of supervising (Cesar going to summit in October, *WISE California 2016*)
- Peer counselor 1 & 2: difference in requirement such as educational background depending on counties (e.g. need high school GED, within the county)
- Peer counselor requirements include: 6 units worth course work (1)/ 1 year worth coursework (2)—same amount of education work can be substituted with experience works such as internship
- Hope to be approved for Supervising position, but at least for peer counselor 1 & 2 by December 2016/January 2017—Cesar asked the committee members to advocate for the program
- WET used to be unfunded—not anymore! We used to spend from unused funds, allocated for WET; based on result of effectiveness thus far, likely it will be funded in

near future. Documentation, developing pilot projects to test its effectiveness will be crucial.

- Cesar asked committee member to come up with own ideas what more can be added to the program that are WET related
- “Behavioral health and recovery services”—significant change in the name of our services (e.g. service aids one’s employment which is important in one’s recovery)
- Any funds that is reserved/unspent is allocated to unfunded projects (e.g. BLUE SKY)
- Open invitation for attending conferences; what is your interest? Which one do you want to attend?—aim to continuously gain knowledge and be educated

Reactions to the new WET project paper/plan

- County internship: opportunity for all peer counselors, anybody is eligible, highly competitive
- WISE: in Marin county, provide counseling, help with persistent issues faced, “intervention”
- Need for more advocacies for more positions—one for each program (about 20)—in the future, use clinical technicians as peer counselors?
- “Peer specialist and services” (in January)—committee members to join Cesar for advocate; want the agendas to come from the members, and Cesar will report and update, communicate strategies
- Lack of/slow process of peer specialist/advocacy program development
- Peer mentoring: recent graduate of alcohol and drug specialist certification, those who had first-hand experience with the issues
-

Update: WRAP/RAP, Crisis Planning, COPE

- WRAP: 4-5 repeats, 8 completed/graduated—missed class must be re-taken, good evaluation, good report—goal is to sustain this success
 - WRAP does not create supporter, more of self-paced process
 - Attempting the certification process to be cheaper, accessible
- Crisis Planning
- COPE: first 3 months were successful—next 6 months some challenges, relational and dynamics issues.
 - Importance of the experiences of the students, positive interactions they have

- COPE remains, but only with Terry? Changes in programming
- Collaboration with ICS (aid in field of developmental, physical, mental health)
- This physical year and following years: Motivational interviewing, cultural competency training, trauma inform training (how to appropriately deal with trauma, alcohol, and other substance uses etc.).
- Incorporation of mental health/substance use and clinical practices
- First ever outpatient drug and alcohol recovery program (working with specialists), not on sole model but integration of various models
- Hopefully this leads to implementation of drug and alcohol specialist internships
- Future for those who has gone through the alcohol and drug counseling training

Cesar's announcement:

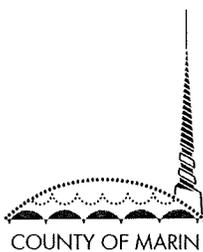
Stiffing participation: cost increased (+\$30), use of checks—if want some changes, NOW is the time to self-advocate and speak-up, write up own experiences and suggestions

- Meeting adjourned

Next meeting: Tuesday, October 18th between 12-1 at the Wellness Center, San Rafael

--Hopefully discuss about WET (What we want to see attempted in the next three years?)

--Invite the person in charge for the three year training (Mary) to come to the meeting



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Marin WET: Vocational/Educational/Training Funds Program

SCHOLARSHIP PROGRAM

Program Overview, Policies and Procedures

Grant Nash Colfax, MD
 DIRECTOR

Suzanne Tavano, Ph.D.
 HHS ASSISTANT DIRECTOR
 MENTAL HEALTH AND
 SUBSTANCE USE SERVICES

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Program Overview

Marin County's Mental Health and Substance Use Services (MHSUS) Division's Workforce Education and Training (WET) Program has set aside funds for vocational/training/educational support to residents of Marin County who have lived experience of mental health and/or substance use conditions, or their families, and who wish to join the mental health and substance use services profession also known as the behavioral healthcare field.

The goals of the program are:

1. **To promote and encourage culturally diverse communities to consider a vocation/career in the behavioral health field.**
2. **To provide scholarship opportunities to qualifying applicants to enroll in vocational peer, substance use and/or domestic violence counseling programs.**
3. **To increase Marin County's behavioral healthcare system's workforce supply of qualified peer, drug/alcohol and domestic violence counselors.**
4. **To improve access to behavioral healthcare services and resources by promoting the hiring and retention of qualified counselors with lived experience,**

Definition of person with lived experience:

1. Someone who has ever received and/or who is currently receiving mental health and/or substance use services. This person is also commonly referred to as a consumer
 Or
2. A family member or caregiver of a consumer who has provided support to her/him before, during and after receiving mental health and/or substance use treatment services.

Criteria

Applications are welcome from anyone who:

- Is 18 years or older
- Works or lives in Marin
- Has lived experience
- Would like to pursue a vocation and/or career in behavioral health peer counseling, drug and alcohol or domestic violence counseling
- Is willing to complete an internship experience as determined by the vocational training program she/he is enrolled.
- Can make a commitment to (a minimum) of one year of work (either paid or voluntary) in the mental health and substance use services workforce in Marin County.

Requirements for Scholarship Recipient

Applicants who receive scholarship funds will be required to:

- Enroll in a vocational/training/educational program that she/he has been awarded for within a year of the award date.
- Participate in support opportunities (i.e. meetings with mentors) to ensure that the applicant reduces the risk of dropping out of her/his academic plan.
- Provide information and periodic updates about academic and overall progress in achieving vocational/training/educational goals.
- Submit appropriate receipts and invoices for financial reimbursements
- Upon request, be able to submit any and all documents related to the scholarship award (i.e. proof of enrollment, class attendance records, academic progress reports, etc.)

Financial Parameters

- Applicants will be given a one-time award per scholarship award cycle.
- Applicants can submit scholarship applications each scholarship award cycle.
- Qualifying expenses include:
 - *Registration and/or enrollment fees and tuition
 - *Educational supplies (books, pens, papers, etc.)
 - *Transportation cost
 - *Childcare

Application

Applicants should:

- Fill out attached application, which contains instructions
- Provide one letter of recommendation from someone who can speak to your suitability to work in the field when you complete a peer, drug and alcohol and/or domestic violence counseling program

Submit completed application and letter of recommendation to:

Cesar Lagleva, Ethnic Services and Training Manager:

- Drop off or mail to Marin County WET Program, 20 North San Pedro Road, San Rafael, CA 94903,
- Fax to 415-473-7008, or
- Email signed, scanned copy to clagleva@marincounty.org.

Award Selection

1. An application committee composed of the Training Manager and representatives from the WET Steering Committee, which is made up of consumers, family members, and providers will review all applications. If necessary, the committee may ask for additional information.
2. Applications deemed suitable for the program will be selected and those applicants will be invited for a thirty (30) minute interview with members of the application committee.
3. Applicant will be interviewed by the application committee.
4. Notification of the application committee's decision will be mailed to all applicants within a week from the date of the interview.

Mentoring

Upon receiving the scholarship award, each scholarship awardee will be assigned to work with a mentor. These mentors have the appropriate experience to provide support to people with lived experience. Awardees and her/his mentor will develop a list of goals and objectives to accomplish while in this relationship to ensure that the awardee is appropriately supported throughout her/his learning experience until she/he completes the chosen vocational/training/educational program.

Evaluation

Upon or near completion of her/his vocational/training/educational program, the Training Manager will also conduct an exit interview for the purpose of evaluating the students' experience of the program and its mentors, and their plans for employment, internship or volunteer placements.

BEHAVIORAL HEALTH AND RECOVERY SERVICES

Workforce Education and Training Scholarship Program

Frequently Asked Questions

1. How does the scholarship program get funded?

The scholarship program is funded by California's Mental Health Services Act also known as Proposition 63.

2. What is the goal of the scholarship program?

The goal of the scholarship program is to promote and integrate the invaluable knowledge that diverse consumers and their caretakers possess in the county's behavioral healthcare service system by providing financial support to qualifying residents to receive vocational education and training to become certified mental health peer specialists, substance use and domestic violence counselors.

3. Will I have to pay the scholarship award back?

No. The scholarship award program is intended to provide financial and mentor support for qualifying applicants to enter the behavioral healthcare field by reducing financial and other barriers that may exist for interested applicants.

4. Will the scholarship program enroll me into a school or training program of my choice?

No. The scholarship program only administers scholarship awards to awarded applicants and manages its mentoring services. It is the responsibility of the applicant to determine what certified education and training program she/he would like to enroll in. However, if the applicant is unsure of what program to enroll in, the program manager and program mentors are available to provide a list of training programs that are offered in the county.

5. What types of expenses can the scholarship pay for?

If awarded, scholarships can pay for tuition/enrollment fees, school supplies, transportation (bridge toll, mileage reimbursement or bus tickets), or childcare.

6. If I am in the early stages of my recovery, can I still apply for the scholarship?

Yes. Behavioral Health and Recovery Services recognizes that education and training that lead to meaningful volunteer or internship placement, and/or gainful

employment is an important part of an individual's recovery process. If accepted into the scholarship program, applicants can work closely with an assigned mentor to ensure that any risks of failing are reduced and the chances of achieving one's educational and training goals are increased.

7. How are applicants selected to receive a scholarship award?

Decisions to offer scholarship awards to applicants come in two different ways, the application and the interview process. Applications and applicant interviews provide the program an opportunity to determine the interest, readiness and commitment of the applicant to enter into an education and training program in the behavioral healthcare field.

8. I am interested in becoming a counselor but I am not ready to enroll in school. Can I still work with a mentor in the scholarship program to help me prepare to enroll in an education and training program in the future?

Yes. The program has a team of talented and diverse mentors with lived experiences who can help to prepare you to become ready to enroll in an education and training program of your choice in the future.

9. Once I complete and obtain a certificate from my chosen education and training program, can the program help me find a volunteer or internship?

Yes. The scholarship program mentors will be available to support you to find volunteer or internship opportunities. Most certified peer and domestic violence education and training counseling programs in the county offer volunteer and/or internship opportunities for their students upon successful completion of her/his classroom coursework. If you are a student who graduate from a substance use education and training program, a credentialed field placement coordinator will be available in the scholarship program to assist you in finding an appropriate internship placement in order to obtain the necessary clinical hours you will need to become a state certified substance use counselor.

10. Can the scholarship program help me find a job when I complete or obtain my certificate from my education and training program?

No. While many of the program's past scholarship awardees and graduates have successfully found employment immediately after she/he completed her/his chosen education and training program, the scholarship program is not designed to provide employment-related services. However, the scholarship program can refer awardees and graduates to the county's Marin Employment Connection for

employment-related help such as resume writing, interviewing skills and access to job opportunities in the county's behavioral healthcare field.

11. If I get awarded a financial scholarship and I don't complete my education and training program, will I have to pay the scholarship program back?

No. Financial scholarships given to the applicant do not need to be paid back in the event that the applicant does not successfully complete her/his program. However, most, if not all, education and training programs will work with students to develop an educational completion plan in the event that the student is at risk of failing or dropping out of the education and training program that she/he is enrolled in. It is important to work closely with program mentors to develop and implement an intervention plan to reduce the risk of dropping out, especially in the event that the applicant experiences personal challenges that would prevent her/him from achieving her/his education and training goals.

10. Can I get the full amount of my financial scholarship request if I get awarded?

It depends. The amount of financial scholarship award given are based on a few factors:

- The number of applications submitted and their requested amount.
- The awardee's ability to partially pay her/his total expenses.

In spirit of fairness, the scholarship program is committed to ensure that all scholarship awardees are given financial support in an equitable manner.

11. I'm already enrolled in, and currently taking courses an education and training program that will enable me to become a peer specialist, substance use and/or domestic violence counselor, and I have already paid my tuition fee in full. Can I apply for the scholarship to get reimbursed for my tuition fee?

No. If you have paid your tuition in full prior to applying for the scholarship award, the scholarship program cannot reimburse you for the tuition that you already paid. However, if you have an outstanding tuition balance that you have yet to pay in full, the scholarship program may be able to pay the remaining or a part of the balance if you are accepted in the scholarship program.

12. If I get a financial scholarship award, will I directly receive the scholarship amount that I have been awarded?

Tuition/Enrollment fees are typically paid directly to the education and training program where you are enrolled. Any other financial scholarships that you have been awarded for, which pay for incidental costs associated with your education and

training such as supplies, books, transportation or childcare are reimbursed to you once you pay out-of-pocket and submit a simple form and receipts.

13. I was awarded a financial scholarship last year. Can I re-apply again?

Yes. However, priority will be given to applicants who have not received financial scholarships in the past. If funds are still available after scholarships have been awarded to qualifying applicants, returning applicants' financial scholarship requests will be considered for additional financial support if the requests are consistent to the purpose and goals of the scholarship award program.

14. I am not a legal resident and/or not legally authorized to receive government benefits. Can I still apply for a scholarship?

No. State law prohibits residents who are not legal residents and/or who are not authorized to receive government benefits to receive state funds.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
**MENTAL HEALTH AND
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COUNTY OF MARIN

October 1, 2015



Grant Nash Colfax, MD
 DIRECTOR

Suzanne Tavano, Ph.D.
 HHS ASSISTANT DIRECTOR
 MENTAL HEALTH AND
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Dear Prospective Student,

The Marin County Mental Health and Substance Use Services' (MHSUS) Workforce, Education and Training (WET) Scholarship Program is pleased to offer its next round of vocational/training/educational awards cycle to residents of Marin County who have lived experience with mental health and/or substance use challenges. Anyone who would like to attend a Bay Area community college or available local vocational school with the intention of obtaining a certificate in behavioral health peer counseling, drug and alcohol, and/or domestic violence counseling is invited to apply for a scholarship that would support her or him through a certificate program.

Attached you will find:

1. Marin WET Scholarship form.
2. Marin WET Scholarship Budget Request form
3. Scholarship Policies and Procedures

Please complete and submit both the Scholarship and Budget Request forms to be considered for the award. Awarded students will be given a scholarship that will cover tuition and/or non-tuition expenses related to her/his educational endeavor. Funds available to each student will be based on the number of applicants and demonstrated need for support. Lastly, applicants will be required to go through a brief thirty (30) minute interview process with members of the application committee, comprised of MHSUS staff, volunteers with lived experience and mentors. Upon receipt of your application, you will be contacted by our staff to schedule your interview date.

We will be holding an Open House for all interested prospective students **on Friday, October 9th, between 2:00-3:00 at 20 North San Pedro Road (Mt. Tamalpais Room)** to answer questions that you may have about the application process and the program. If you plan to attend, please RSVP by emailing me at clagleva@marincounty.org at your earliest convenience.

Deadline to submit your application: Friday, October 16, 2015 at 5:00pm

Please consider applying and joining us to expand our behavioral health workforce. Again, if you are interested in attending the Open House or have questions, email Cesar Lagleva at clagleva@marincounty.org. Thank you very much for your interest. We are excited at the opportunity to partner with you.

Sincerely,

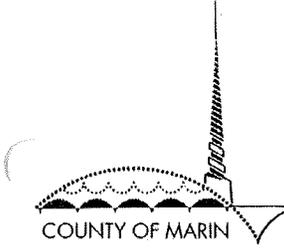
PG. 2 OF 3

Cesar Lagleiva-LCSW

Ethnic Services and Training Manager

BEHAVIORAL HEALTH AND RECOVERY SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



COUNTY OF MARIN

MARIN WORKFORCE EDUCATION AND TRAINING PROJECT SCHOLARSHIP REQUEST FORM

The Marin County Behavioral Health and Recovery Services' Workforce Education and Training (WET) Project is pleased to offer vocational/training/educational scholarship support to residents of Marin County who:

ASSISTANT DIRECTOR

20 North San Pedro Road
San Rafael, CA 94903
415 473 6809 T
415 473 7008 F
415 473 3344 TTY
www.marinhhs.org/bhrs

- have lived experience with mental health or substance use issues
- would like to attend Community College or other certificate program
- want to obtain a certificate in peer, substance use or domestic violence counseling
- want to join the mental health and substance use treatment workforce.

Date of application: _____

YOUR INFORMATION

Name: _____

Address: _____

City: _____ Zip: _____

Phone number: _____

Email: _____

Ethnicity (optional): _____

Sexual Orientation (optional): _____

Age category that you belong in (optional):

18-25 _____

26-64 _____

65+ _____

WHAT YOU PLAN TO STUDY AND WHERE

Are you registered in course work at a community college, vocational program in the field of counseling, drugs/alcohol education or allied field?

Yes ___ Where _____

When do you plan to complete and obtain a certificate? _____

No ___ Where do you plan to enroll? _____

Address: _____

Contact Person: _____

How long will it take you to obtain a certificate of completion in your selected education and training program?

Less than a year ___ More than a year ___ More than two years ___

YOUR GOALS (Attach additional typed pages if needed)

What attracts you to a vocation or career in the mental health, substance use or related field?

What are your vocational and/or career goals?
(Describe where you would like to work, with what kind of issues or clients, and in what positions.)

What is your vision for an ideal mental health and substance use service system?

How do you plan to use your vocation/training/education to benefit the mental health and substance service use system?

YOUR LIVED AND WORK EXPERIENCE

Do you have lived experience with mental illness or substance use? Y ___ N ___

Are you or have you been a consumer or family member in the public mental health or substance use service system? Y ___ N ___

Have you worked or volunteered in a mental health or substance use service system? Y ___ N ___

If yes: Where and for how long?

- 1. _____ # months/years _____
- 2. _____ # months/years _____
- 3. _____ # months/years _____
- 4. _____ # months/years _____

How does your life experience benefit the mental health and substance use service system and its consumers?

(If you have not worked or volunteered, please describe how you think your lived experience would benefit the mental health system.)

YOUR EDUCATION

Do you have previous education in psychology or substance abuse? Y ___ N ___

If yes: Where and when? _____

Have you completed a similar educational/vocational program? Y ___ N ___

If so, which ones?

- 1. _____
- 2. _____

4.

- Are you comfortable with writing, email, and internet searches on a computer? Y ___ N ___
- Do you own or have access to a computer? Y ___ N ___
- Do you have good writing skills? Y ___ N ___
- Do you need additional assistance with your computer or writing skills? Y ___ N ___

YOUR COMMITMENT

I commit to working, on a paid or volunteer basis, for one year in the Marin County Community Behavioral Health system after I complete my vocation/training/education, either for the county or one of its public community-based contractors.

Signature: _____ Date: _____

Printed Name: _____

Thank you for your application.

ATTACH YOUR LETTER OF RECOMMENDATION WITH THIS APPLICATION

Please submit:

1. Completed application
2. Budget form
3. Letter of recommendation

to Cesar Lagleva, MHSUS Ethnic Services and Training Manager:

- **Drop off or mail** to Mental Health and Substance Use Services Division, 20 North San Pedro Road, San Rafael, CA. 94903
- **Fax** to 415-473-7008 or
- **Email signed, scanned copy** to clagleva@marincounty.org.

**Marin County Workforce Education and Training Scholarship Program for Consumers/Family Members
Award Request**

Name: _____

Date: _____

Start Date of Vocational/Training/Educational Program: _____

Anticipated End Date of Vocational/Training/Educational Program: _____

Total Amount of Award Requested: \$ _____

INSTRUCTIONS: Put the name of the item requested (such as books, supplies, fees, etc.), then a detailed description (such as "2 classes, two books each class, at \$___ each" or "2 classes, with fees for each." Put the cost per each item in the 3rd column, then add these for the total amount for semester in the 4th column. Add this column and total at the bottom in the "Total" space. Add all "Totals" and enter in the "Grand Total" at the bottom. See samples below.

School Costs (Scholarship)

School/Program Name	Description (number of classes, class titles, any other relevant information)	Cost per Item	Total Amount for Semester
<i>CCSF Trauma Certificate Program sample</i>	<i>2 classes ("Dual Diagnosis" and "Trauma 101") sample</i>	<i>\$250 x 2 sample</i>	<i>\$500 sample</i>
		TOTAL	

School Supplies (Stipend)

Item	Description	Cost per Item	Total Amount for Semester
<i>Books sample</i>	<i>3 classes - 1 has 2 books, 2 have 1 book sample</i>	<i>\$45, \$55, \$30, \$98 sample</i>	<i>\$228 sample</i>
		TOTAL	

Transportation and/or Childcare Assistance, if needed

Item	Number of Weeks	Reimbursement Rate	Weeks times Reimb Rate	Total Flex Funds
<i>Bus Tickets sample</i>	<i>20 weeks sample</i>	<i>\$20/week sample</i>	<i>\$ 400 sample</i>	<i>\$400 sample</i>

GRAND TOTAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
**BEHAVIORAL HEALTH AND
 RECOVERY SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

COUNTY OF MARIN

October 7, 2016



Dear xxxx,

On behalf of the WET Scholarship Committee we are pleased to inform you that you have been selected as one of this year's scholarship recipients! The award amount of \$3,500 that you have been given is based on the WET funds that are available and the number of applications that we received this funding year.

The breakdown of your award is as follows:

\$1,250 – CCAPP tuition (**required coursework materials already included with the cost of tuition. County of Marin will pay CCAPP directly**)

\$250 – Reimbursement to you (**Please submit receipt from CCAPP which indicates that you have already paid for this down payment**)

\$2,000 – Stipend (**towards childcare**). Disbursement of funds to you will occur every quarter (every three months).

If you decide to accept this scholarship, please review, complete and submit the attached forms. The enclosed documents are:

1. **Award Agreement**
2. **W-9 form**
3. **Electronic Funds Transfer (provide a voided blank check if you would like your check deposited directly into your checking account**
4. **A verification letter from CCAPP that you are currently enrolled in their program.**

Upon receipt of these forms, we will process all necessary payments to ensure that you and/or your chosen vocational/training program are paid in a timely manner. It is your responsibility to inform me and/or your assigned mentor to report any and all changes in your vocational/training plan. Your assigned mentor is Antoinette Jackson. She is available to you for support if you want or need any assistance while you are enrolled in your vocational program. He can be reached at 707-980-1239.

If you have any further questions, please do not hesitate to contact me at 415-846-3789 or clagleva@marincounty.org. Again, congratulations! We look forward to you joining our community of diverse students and successful graduates in becoming a part of our county's behavioral health care system's workforce.

Best Regards,

Cesar Lagleva-LCSW

Grant Nash Colfax, MD
 DIRECTOR

Suzanne Tavano, Ph.D.
 ASSISTANT DIRECTOR

20 North San Pedro Road
 San Rafael, CA 94903
 415 473 6809 T
 415 473 7008 F
 415 473 3344 TTY
www.marinhhs.org/bhrs

WET Training and Educational Scholarship Program

Award Agreement

Terms of Scholarship Awards:

- Agree to report any changes that relate to my studies to both Cesar Lagleva and/or my assigned mentor
- Agree to provide periodic updates and information to my mentor and/or the WET Manager upon my enrollment and acceptance into my chosen educational, training or vocational program.
- Agree to submit **ALL** receipts and invoices (financial form) in a timely manner. Failure to submit receipts and invoices will result in withholding of funds until they are submitted.
- Agree to only use stipend award to pay for childcare and transportation costs.
- Agree to volunteer, intern or obtain employment in Marin County's behavioral health care service system upon completion of my vocational educational experience for at least one year.

I, _____, have read and agree to the terms of this agreement. I understand that in order for me to continue to receive financial and mentor support, I must comply with all conditions stated above. Failure to comply with any and all of the terms of this agreement can result in the revocation of the award and termination of mentor support and support group participation

Awardee Signature

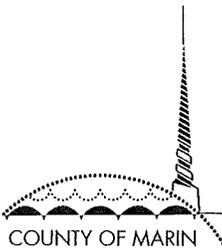
Date

Mentor Signature

Date

WET Manager Signature

Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES
**MENTAL HEALTH AND
 SUBSTANCE USE SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



**Workforce, Education and Training (WET)
 Education and Training Scholarship Program**

Program Evaluation

Grant Nash Colfax, MD
 DIRECTOR

Suzanne Tavano, Ph.D.
 HHS ASSISTANT DIRECTOR
 MENTAL HEALTH AND
 SUBSTANCE USE SERVICES

20 North San Pedro Road
 Suite 2021
 San Rafael, CA 94903
 415 473 6809 T
 415 473 7008 F
 415 473 3344 TTY
 www.marincounty.org/hhs

Date: _____

Name(optional): _____

Assigned Mentor's Name: _____

Education that you received from the scholarship award _____

School or program that you enrolled in and attended _____

How did you first hear about the scholarship program?

Email announcement _____ word of mouth _____ community outreach _____ other _____
 If other, where? _____

Scholarship Program

On a scale of 1-4, please rate your experience with the administration of the scholarship award that you received by circling the number that best describes your opinion.

1= Disagree 2=Somewhat agree 3=Agree 4 =Not applicable

- | | | | | |
|---|---|---|---|---|
| 1. The Open House meeting adequately answered my questions about the scholarship program. | 1 | 2 | 3 | 4 |
| 2. The scholarship application was easy to understand and complete. | 1 | 2 | 3 | 4 |
| 3. The interview panel and process were fair and reasonable. | 1 | 2 | 3 | 4 |
| 4. I was reimbursed for costs that I paid in advance in a timely manner by the program. | 1 | 2 | 3 | 4 |
| 5. The program coordinator treated me with dignity and respect | 1 | 2 | 3 | 4 |

Educational Experience

On a scale of 1-4, please rate your experience with the education that you received by circling the number that best describes your opinion.

1= Disagree 2=Somewhat agree 3=Agree 4 =Not applicable

- | | | | | |
|--|---|---|---|---|
| 1. Overall, I am satisfied with the education that I received. | 1 | 2 | 3 | 4 |
| 2. My instructor(s) was knowledgeable of the subject(s) that she/he taught. | 1 | 2 | 3 | 4 |
| 3. Due to the education that I received, I feel more confident and competent about going into my volunteer, internship and/or work experience. | 1 | 2 | 3 | 4 |
| 4. I would recommend the educational program that I attended to others. | 1 | 2 | 3 | 4 |
| 5. My educational experience re-enforced my desire to work in the behavioral health field. | 1 | 2 | 3 | 4 |

Mentor/Mentee Relationship

On a scale of 1-4, please rate your experience with the mentorship that you received by circling the number that best describes your opinion.

1= Disagree 2=Somewhat agree 3=Agree 4 =Not applicable

- | | | | | |
|---|---|---|---|---|
| 1. My mentor treated me with dignity and respect. | 1 | 2 | 3 | 4 |
| 2. My mentor was readily available if or when I needed her/him | 1 | 2 | 3 | 4 |
| 3. My mentor was supportive throughout my educational experience. | 1 | 2 | 3 | 4 |
| 4. Having a mentor helped me to achieve my educational goal. | 1 | 2 | 3 | 4 |
| 5. I would recommend my mentor to other students. | 1 | 2 | 3 | 4 |

How can we improve the scholarship program? _____

What was the most helpful thing that you received from the scholarship program? _____

Additional Comments: _____

WORKFORCE EDUCATION AND TRAINING (WET)**SCHOLARSHIP PROGRAM****Where Are You Now Survey****Purpose:**

The purpose of completing this survey is to track scholarship awardees' progress in achieving their vocational goals to become a certified drug/alcohol, mental health and/or domestic violence counselor upon successful completion of their coursework.

Additionally, the provision in receiving the scholarship award for which students were awarded, requires that you as a graduate fulfill a minimum of one (1) year of service obligation by either finding employment, volunteer and/or internship opportunities in Marin County as part of WET's effort to grow the county's local workforce in behavioral healthcare field.

Please complete the information below to inform the WET program about your current status and effort to advance in your vocation and/or vocational goals.

Name: _____ **Date:** _____

School / Program attended: _____

Month and Year of Completion: _____

Continue →

1. Were you already working in the field of your vocation prior to receiving the scholarship award?

YES: _____ No _____

Where: _____

2. How long have you been with the organization prior to receiving the scholarship award? _____

3. Do you still work with the same organization?

YES: _____ No _____

If yes, what is your current title? _____

If no, are you currently employed?

YES: _____ No _____

If yes, where? _____

If no, please answer the questions below:

4. What are you doing now to further your vocational goals?

Volunteering _____ Number of hours _____ Where _____

Interning _____ Number of hours _____ Where _____

Other: (Please explain) _____

Continue →

5. If you have not obtained employment, volunteered or interned at a public behavioral healthcare setting as of date, what, if any, can the Workforce Education and Training program do to support you to ensure that you successfully fulfill your obligation to volunteer, intern or work in public and behavioral healthcare setting for a minimum of one (1) year?

Thank you!

NEWS RELEASE

www.marincounty.org/news

COUNTY OF MARIN



For Immediate Release

February 24, 2016

Contacts:

Cesar Lagleva

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Mental Health and Substance
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Department of Health
and Human Services

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Suzanne Tavano

DIRECTOR
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Marin Invests in Workforce Development

Scholarships awarded to recipients from culturally diverse backgrounds

San Rafael, CA – With the help of state-funded scholarships, a culturally diverse group of 21 Marin residents has completed a vocational education program in drug and alcohol, domestic violence or mental health peer counseling programs and are on their way toward professional careers.

All the graduates are current or former consumers (or family members) of the county's behavioral health care system and will bring unique expertise of "lived experiences" to this growing industry.

Marin County's Mental Health and Substance Use Services Division (MHSUS) will host a public award ceremony February 29 for the recent graduates, who received scholarships through the state's Mental Health Services Act.

Most of the graduates will be placed as volunteers and interns in several of the county-funded mental health and substance use service organizations in pursuit of gainful employment. Currently employed participants will become eligible for wage or salary increases in their respective places of employment.

"I am impressed by the interest, enthusiasm and commitment demonstrated by the recent graduates," said Suzanne Tavano, Director of Marin MHSUS. "They will bring important and unique perspectives to our service delivery system. Many come from diverse and traditionally underserved communities, and all want to give back to their community."

MHSUS's vision for the program is to promote the unique perspectives of consumers and their family members as professionals in the County's behavioral health care workforce and to utilize their talents to work with a culturally diverse consumer population that are often hard-to-reach or underserved. Additionally, the scholarship program provides employment opportunities for county residents to work in their local communities as "help agents" to the most vulnerable members of the county.

"It is very exciting to see so many of our community residents take

-more-

PG. 2 OF 2

advantage of this opportunity to advance their own careers with an intention of bringing their knowledge and skills back to the communities where they live," said D.J. Pierce, Director of Substance Use Services.

The graduation celebration is Monday, February 29, from 4-6 p.m. at the Marin County Civic Center's Board of Supervisors chamber, Suite 330, 3501 Civic Center Drive, San Rafael.

In March, a new set of students will begin the same vocational path that the graduating students have taken. Mentors will be available from this graduating class to provide support and encouragement.

All public meetings and events sponsored or conducted by the County of Marin are held at accessible sites. If you are a person with a disability and require information or materials in alternative formats – or if you require accommodation to participate in a county program, service or activity – please contact department staff at (415) 473-7331 or (415) 473-4381 (voice/TTY) or e-mail disabilityaccess@marincounty.org.

###

Special Thanks

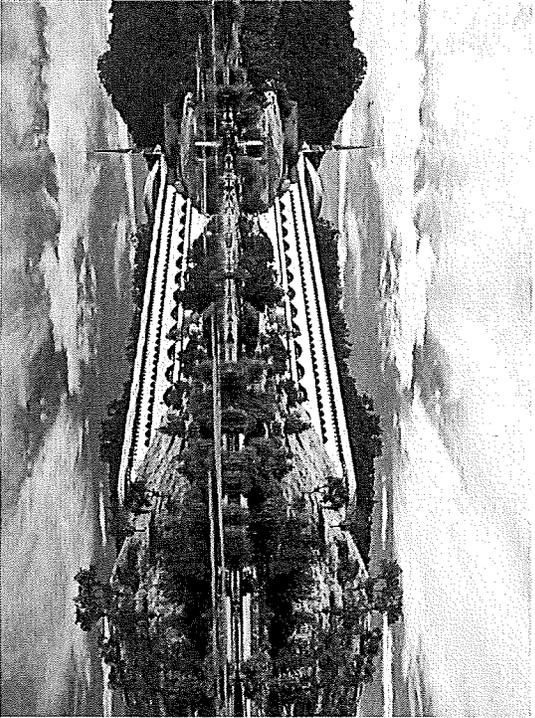
EVENT COMMITTEE

- Jackie Germaine-Bewley
- Kasey Clarke
- Antoinette Jackson
- Cesar Lagleva
- Taffy Lavie

CONTRIBUTORS

Mental Health Services Act (Prop 63)

Workforce Education and Training Steering Committee



**MHSUS-Workforce
Education and
Training
Scholarship Award
Celebration**

February 29, 2016
4-6pm

Civic Center Board
of Supervisors'
Chambers



Welcome

Graduating Class

Excel Abrams

Melvin Atkins

Daron Austin

Michelle Bonner

Shannon Lee Bynum

Sylvia Kaye Bynum

Patricia Camp

Melissa Earl

Ronald Gensler

Thomas Grinner

John Hallman

Antoinette Jackson

Kimberly Mathews

Carey Newman

Clarence Stripplin

Mattie Walker-Stripplin

Debbie Ricci

Nicole Roberts-Summers

Michael Triolo

Alvin Willis

Karen Witt

Event Schedule

4:00 p.m.

Meet and Greet

4:15 p.m.

Opening Remark

4:20 p.m.

Guest Speakers

Steve Kinsey - Board of Supervisors

Dr. Grant Colfax - Director of Health and Human Services Department

Dr. Suzanne Tavano -

Director of Mental Health and Substance Use Services

Homer Hall -Scholarship program mentor

4:30 p.m.

Student Testimonials

Patricia Camp

Karen Witt

Alvin Willis

Ronald Gensler

Presentation of Certificates

4:45 p.m.

Closing Remark

5:00 p.m.

Reception

BRAND NEW PROGRAM

Marin County Mental Health and Substance Use Services, the WET Steering Committee, and the Harm Reduction Therapy Center are pleased to announce a brand new peer provider training program.

COPE

CO-OCCURRING PEER EDUCATION

This is a cutting edge dual diagnosis peer training program (perhaps the first in California) that anticipates the merger of mental health and substance abuse services, in Marin and elsewhere, under the rubric of behavioral health. We offer two courses and levels of certificates issued by the County: a three month peer counselor course and an additional six month peer specialist course. Starting:

March 22

Tuesdays and Thursdays

5-7 P.M.

Marin City Senior Public Safety Building, Community Room

850 Drake

(1 block from the Marin City Transit Center)

To register or for more information please call:

(415) 634-8381

Our instructors, Terry Fierer and Homer Hall, both have been formally trained not only as peer providers, but also as peer educators. Together, they have almost 30 years of experience working as peers in the behavioral health field.

COPE is funded through the Mental Health Services Act (MHSA)

COPE PROGRAM

CO-OCCURRING PEER EDUCATION

GRANT REQUEST AND INFORMATION

From: Harm Reduction Therapy Center

January 19, 2016

INDEX

MISSION STATEMENT	Page 3
REQUEST FOR WET FUNDS	Page 5
SYNOPSIS OF COURSES	Page 11
PROPOSED SYLLABUS	Page 15
INSTRUCTORS' BIOGRAPHIES	Page 17
PROPOSED BUDGET	Page 19

Co-Occurring Peer Education's (COPE) Mission Statement

Purpose of the Cope Program

It has been established that well-trained peers providing services to the mentally ill and those with substance use issues is evidence-based practice, with benefits accruing to clients, peer providers, and the entire mental health system. We have seen the benefits that peers can have on behavioral health clients in facilitating their recovery and building resiliency. With this new innovative program we are creating two different levels of certification (peer counselor and peer specialist—synopses included) that will allow for the training and employment of peer providers in a variety of levels of work, and the further integration of trained peers into the Marin County behavioral health system.

Objectives of the COPE Program

Our objective is that these peer counselors and peer specialists we train will be able to be placed in a variety of locations, specifically educated and trained in working with the mental health and substance abuse clients, with a focus on those dually diagnosed. Obviously, our hope is that these well-trained peer providers will be able to find work here in Marin but we also believe that the quality of our program, as well as the certificates that we and Marin County will be awarding, will allow them to have a high degree of portability with their training. We know from personal experience and have also observed that peer providers are not only beneficial to their clients, but that these types of training programs also augment the providers' empowerment and recovery.

Needs of Marin County's Mental Health System

We believe we will be filling important gaps in our current peer education programs. One innovation is our specific focus on educating and preparing our students to work with dually diagnosed behavioral health clients. This program is

a needed response to the growing national, state, and county (including Marin County) trend toward the integration of such services. A second innovation is our entire paradigm. We did research on this and could not find any peer education programs in the state that specifically focus on training students to work with co-occurring diagnoses. A third need corresponds to the fact that traditionally a mental health system is able to serve more clients with the use of peer providers and obviously this can be quite beneficial. Additionally, another need that this program will fill is creating more potential employees for Marin's current peer provider employers. We are aware that it is not uncommon for positions offered to be vacant for several months. Finally, we offer a biracial team of two instructors who have been specifically and formally trained not only as peer providers but have also received formal training in teaching this type of material to peers, which is also unique to Marin County. Combined, our instructors have over twenty years working as peer providers in the behavioral health field.

Conclusion

We believe this new pilot COPE program will be exceptionally important to the mental health community here in Marin County and its success will create value and demand for its subsequent continuation. We believe that this new COPE program will allow us to train peer providers in whom we feel confident about their ability to provide the highest quality of care and professionalism to their clients.

REQUEST FOR WET FUNDS

The Harm Reduction Therapy Center is seeking funding from Marin County's Mental Health and Substance Use Services Workforce, Education and Training (WET) Consumer Sub-Committee to initiate Co-Occurring Peer Education (COPE), a new pilot peer provider training program. This program will focus on not only mental health and substance abuse issues, but also their manifestation as co-occurring disorders.

Research and Background

One of our first steps as we came together on this project was to attain some idea of how various California counties were training their prospective peer providers. We were particularly interested in finding out if there are any peer provider training programs out there that have a specific focus on dual diagnosis. We contacted the five most populous counties in the state: Los Angeles, San Diego, Orange, Riverside and San Bernardino. In addition, we randomly checked with some other counties. We found that the California Association of Social Rehabilitation (CASRA) is making training available in 19 counties in Northern California. They said that their trainings "will deal with dual diagnosis at a later date." Their training totals approximately 144 hours. The Recovery Opportunity Center of Phoenix, Arizona contracts to provide regular peer provider training in San Diego, Riverside and Ventura Counties and occasional ones in 15 others. In their curriculum, dual diagnosis is one of seven modules in their "Advanced Peer Practices" course, which follows their seventy-five hour peer certification course. Finally, a new training program launched last year in Sonoma County offers a nine month training program, meeting twice a week, but doesn't focus on co-occurring disorders. We did not find any programs or organizations that offer peer provider training with special attention paid to dual diagnosis. We have created a nine month peer specialist training program of 148 hours, including an option of a three month, 48 hour peer counseling certificate.

We believe we are creating a peer provider program that will be at the cusp of two important trends in the behavioral health field. The first is the increasing integration of mental health and substance use services in Marin County and throughout California. The second trend is the increasing use of peers not only here and statewide, but also nationally.

Considering that at least fifty percent of those with mental illness are dual diagnosed, we believe that this program will fill a huge hole and perhaps establish a trend in peer provider training.

Overview

Course #1 is the basis for the peer provider/client relationships that we promote. It is beneficial to those who want to be a peer specialist and those who don't have that goal. (Since it is essentially a communication skills course, it would also be valuable for those without a mental illness and/or substance use issues.) Students graduate from this three month course as peer counselors. The six month second course presents pertinent information on various mental illnesses and drugs that are commonly abused. It will also present principles of recovery, cultural competence and various evidence-based practices that can be important in facilitating recovery for both mental illness and substance abuse. Graduates of the entire program nine month have been trained as peer specialists.

Additionally, with the creation of this pilot program, the Harm Reduction Therapy Center will be well positioned if and when the state of California approves a certification program for peer providers. Both of our instructors are capable of implementing and initiating the new program, either as an addition to our new peer provider training program or as a separate course for those who desire or need certification.

Dates, Times and Location

The program will begin on March 22, 2016. The courses will be on Tuesdays and Thursdays from 5 p.m. to 7 p.m. The initial peer counseling course will have its graduation on June 16th. The peer specialization course will graduate on December 22. There will be a one week break during the second course.

The courses will be held at the Marin City Senior Center at 630 Drake Av. This location is approximately two blocks from the main bus stop in Marin City which is served by various bus lines. The location is accessible to those in wheelchairs and those for whom stairs are problematic.

Outreach

Our target population is adults over the age of eighteen who have lived experience, past or present, of mental illness and/or substance abuse. By lived experience we mean those with their own personal histories with either of these issues, or family members, who often know and understand all too well what is involved when a loved one faces such challenges.

We hope to reach between 100-150 people directly with our outreach efforts before the program starts. One of our instructors has worked extensively in the substance abuse field in Marin County and participates in various committees and groups in addition to currently teaching a CBT class. Our other instructor has worked in Marin's mental health system for a number of years and will contact such programs as Partial Hospitalization/Intensive Outpatient at Marin General Hospital and Casa Rene to arrange presentations, as well as many other contacts that he has developed over the years. In addition, once this project is approved we will quickly create a flyer to be distributed throughout Marin's County's behavioral system and associated providers.

Our classroom capacity is around twenty students. We are confident that our outreach will easily generate at least twenty students and anticipate creating a waiting list in case of withdrawals, as well as to contact for future courses.

Evaluation of the COPE Program

The ideal measurement for a peer provider training program is for our students to obtain employment and become successful high-quality employees. Unfortunately, this is not a feasible metric with this nine month pilot program.

We will have at least two different forms of evaluating our program. The first will be the creation of homework, quizzes, midterms, and finals by the instructors. This will allow them to evaluate whether their teaching is successfully communicating to the students what is necessary for them to know in order to succeed in the workplace. The second way we intend to evaluate our program is through a student evaluation at the end of each of the two courses. The instructors will be evaluated as well as the extent to which the program coincided with its stated description, overall objectives and purpose, as well as their expectations.

Costs

The labor costs for our instructors will be \$20.00 per hour for approximately twelve hours a week, totaling \$240 per week each, over a thirty-nine week period. The total labor cost for the instructors for the nine month program is \$18,720. In addition to teaching the courses (four hours per week), the instructors also will be responsible for curriculum development, outreach, class preparation, creating and grading homework, quizzes and tests, and the research necessary to keep the courses keep up-to-date and maintain them at a high quality. The budget request also includes 2 hours per week for each instructor for eight weeks as they hone their curriculum and conduct outreach before the course begins.

The Harm Reduction Therapy Center, with whom the County of Main already contracts, is the administrative fiscal agent for the COPE Program. One of our instructors also has a working relationship with their director, Jeannie Little. We look forward to availing ourselves of her expertise and input. The Harm Reduction Therapy Center will receive a 10% fee for providing these contributions. This cost is projected to be \$2,226.

Additional program costs include setting up a phone line, supplies for photocopying, getting manuals produced, and graduation costs, as well as markers for writing on the board. These costs total \$2,894.

The total cost for the COPE program is projected to be \$24,480. Based on an enrollment of 20 students our cost per student will be \$1224. Additionally, it is important to note that the renewal of this pilot program gives us the option of

having our instructors teach individually , rather than as a team, reducing per student costs by about 25% as that would allow us to start the program every 4 ½ months rather than every 9 months.

In-kind donations to date include approximately 48 hours of time by Terry Fierer and 10 hours by Homer Hall. Future in-kind donations include the classroom from the Marin City Senior Center, as well as work space, a computer and internet access that will be provided by Terry Fierer.

Conclusion

It has been established that well-trained peers providing services to the mentally ill and those with substance use issues is evidence-based practice, with multi-level benefits and we have seen the benefits that peers can have on behavioral health clients in facilitating their recovery and building resiliency. We are going beyond what has traditionally been offered in the peer provider training field with this cutting edge program combining mental health and substance use. Considering how prevalent co-occurring substance abuse disorders are, as well as the coming expansion of peer positions and the further integration of mental health and substance abuse services under the rubric of behavioral health, we believe this new pilot COPE program will be exceptionally important to the mental health community here in Marin County and its success will create value and demand for its subsequent continuation.

Thank you,

Terry Fierer

SYNOPSIS OF COPE COURSES

Introductory Peer Counseling Course Description and Competencies

Course #1 is three months long and is essentially a communication skills course aimed at developing the awareness and tools that are necessary for peer providers to work effectively with their clients. The most important concepts are active listening and acting as a facilitator toward clients with the goal of increasing their empowerment. The course starts with personal reflections and self-assessments of students' strengths and things that they may want to work on, especially in terms of desired qualities for a peer providers such as having respect, empathy and knowing one's limitations. The importance of cultural competence is also discussed. This is followed by adding skills in a step-by-step manner, starting with the base skill of active listening and followed by such skills as responding, self-disclosure, feedback, conflict resolution, etc. We will also introduce motivational interviewing. Role plays are emphasized! During the last two-thirds of the course students have the opportunity to practice the skills they are learning at least weekly, with the instructor checking in and aiding individual groups as they practice their accumulating skills. Then the role plays of the individual groups are presented to the class where they are deconstructed by the class and instructor, in terms of both positives and possible improvements. In addition, a few appropriate guests will be brought in, as well as introducing our students to many auxiliary topics in the field of dual diagnosis and a variety of resources in Marin County as they come up during the classes.

The competencies that the students of this course will obtain include the foundational skill of effective communication with behavioral health clients based on a strength-based perspective on recovery, as well as a basic knowledge of co-occurring diagnoses. Additionally, they will attain an increased knowledge of the behavioral health system in Marin County, appropriate ethics, professionalism and roles of peers therein (including the importance of supervision), and the ability to make proper referrals for their clients. Based on our experiences we recognize that there will be some students who either choose not to or are not appropriately suited to advance to our second course. We will offer a graduation certificate for peer counseling for all students who complete this first three month course. A student who graduates with this certificate will be sufficiently trained to be a paid peer counselor, volunteer (hopefully stipended), or intern at locations such as the Enterprise Resource Center or any other drop-in facility such as St. Vincent's or Ritter House.

Peer Specialist Course Description and Competencies

Course #2 is six months long and will offer a graduation certificate of peer specialization. As opposed to the introductory skills-based course, this course will be both conceptual and knowledge based in nature. The course will begin with a focus on recovery principles and cultural competence, both conceptually integral to working effectively with mental health and substance use/abuse clients. A more knowledge-based focus then begins with an overview of mental illness and substance abuse. Then we will then examine personality and anxiety disorders, as well as the spectrums of depression, bipolar disorder and schizophrenia. Psychotropic medications will also be introduced. Although the etiological explanations of these illnesses will be explored and some new research introduced, this is not a course taught from a clinical point of view or one on the DSM V. The focus of the class is on symptomology. The goal is for the students to be able to recognize and respond appropriately to various, emotions, thoughts, behaviors, and/or physical reactions across a broad spectrum of abnormal psychology.

We will weave in an overview of some of the historical themes of drug use and the connection between them and mental health. Some of the drugs that will be examined in depth are marijuana, cocaine, methamphetamine, alcohol, opiates, psychedelics and prescription drugs of abuse. We will look at drug classifications, brain chemistry, physical and mental effects, and the nature of various addictions. The goal of the instruction will be for the students to be able to understand and respond in a helpful and supportive manner to their clients as they exhibit drug abuse behavior or thinking.

After establishing this strong working knowledge regarding mental illnesses, substance abuse and dual diagnosis then we will look closer at the some of the tools that behavioral health systems and co-occurring peer specialists utilize as they work to facilitate their clients' recovery and increased resiliency. We will consider the roles of peer counseling, case management, CBT and DBT, WRAP, and writing treatment plans and SIP notes (which are often required for County or contracted positions).

Treatment paradigms that are introduced for substance abuse include 30 days, 90 days, and one year residential programs. The benefits and drawbacks of each type of program are discussed. Additionally, information about both harm reduction and twelve step programs will be presented. Finally, the importance of creating a treatment plan with strong client input and agreement is stressed. Again, all this is aimed at improving the effectiveness of the peer specialists in providing their clients with the appropriate supports.

The competencies established in this second course will include the ability to work with diverse populations, a commitment to the concepts and possibilities of recovery, and the ability to observe and understand clients' behavioral health issues and daily struggles in order to intervene appropriately. Most importantly, the interplay between mental illness and substance abuse will be comprehended. Students will also learn about the role medications may play in recovery as well as develop the ability to work with clients on a treatment plan and provide the peer case management necessary to facilitate its implementation and documentation.

Hours of Training

All classes will meet twice a week for two hours each class. The total training hours for the first course will be 48 hours over the three month period. The total training hours for the second course will be an additional 100 hours during its six months. To receive the graduation certificate as a peer specialist the total amount of training will be 148 hours over nine months.

Conclusion

We believe that this new COPE program curriculum will allow us to train peer providers in whom we feel confidence in their ability to provide the highest quality of care and professionalism to their clients. These peer counselors and peer specialists will be able to work with the entire spectrum of behavioral health clients and be placed in a variety of levels and locations, specifically educated and trained in working with the co-occurring mental health and substance abuse population.

TENTATIVE SYLLABUS FOR COPE PROGRAM

WEEK	DATES	MATERIAL COVERED
1	Mar. 22, 24	Intro to Program, Course; Ethics; Qualities
2	Mar. 29, 31	Cultural Competence I
3	Apr. 5, 7	Illness Recognition; Mood Inventories
4	Apr. 12, 14	Introduction to Skills; Active Listening
5	Apr. 19, 2	Responding Techniques
6	Apr. 26, 28	Sharing and Self-Disclosure; Decision Making
7	May 3, 5	Feedback; Boundaries
8	May 10, 12	Building Counseling Relationships
9	May 17, 19	Facilitating Groups
10	May 24, 26	Understanding Anger
11	May 31, June 2	Conflict Resolution; Distorted Thinking; Burnout
12	June 7, 9	Motivational Interviewing
13	June 14, 16	Final; Graduation
1	June 21, 23	What is recovery? (Mental Illness and Substance Abuse)
2	June 28, 30	Cultural Competence II
3	July 5, 7	Overviews of Mental Illness and Substance Abuse
4	July 12, 14	Brain Chemistry; Depression Spectrum
5	July 19, 21	Depression Spectrum; Antidepressants
6	July 26, 28	Antidepressants; Alcohol
7	Aug. 2, 4	Alcohol; Bipolar Spectrum
8	Aug. 9, 11	Bipolar Spectrum; Mood Stabilizers
9	Aug. 16, 18	Amphetamines
10	Aug. 23, 25	Cocaine
11	Aug 30, Sept. 1	Schizophrenia Spectrum
12	Sept. 6, 8	Antipsychotics
13	Sept. 13, 15	Hallucinogens
Break		
14	Sept. 27, 29	Anxiety Disorders; PTSD
15	Oct. 4, 6	Anxiolytics
16	Oct. 11, 13	Marijuana
17	Oct. 18, 20	Personality Disorders
18	Oct. 25, 27	Personality Disorders
19	Nov. 1, 3	Opioids; Prescription Drugs of Abuse
20	Nov. 8, 10	Treatment Programs (30 Day, 90 Day, 1 Year)
21	Nov. 15, 17	Harm Reduction; 12-Step Programs
22	Nov. 22	Case Management; Peer Counseling
23	Nov. 29, Dec. 1	CBT/DBT

24	Dec. 6, 8	WRAP; Treatment Plans
25	Dec. 13, 15	SIP Notes
26	Dec. 20, 22	Final; Graduation

BIOGRAPHIES OF OUR INSTRUCTORS

Terry Fierer was born in Chicago and raised in Minneapolis. He graduated *cum laude* from Lawrence University in Appleton, Wisconsin with a history degree in 1980 after also attending Reed College and the University of Minnesota. Tired of the winters of the Upper Midwest, he immediately relocated to the Bay Area.

Terry learned the roofing trade and spent most of the 1980s shingling houses. This afforded him the opportunity to travel in the rainy season and he spent many winters in various countries in Latin America. Among his more interesting and transformative adventures were working on the cotton harvest in Sandinista Nicaragua during the Contra war and hiring a guide to take him and three others deep into the Ecuadoran Amazon to visit Huoarani Indians living very traditionally.

Tired of roofing houses and motivated by the issue of social justice, which had grown out of the nature of his upbringing and was reinforced by his travels in Latin America, Terry began graduate school in history with a specialization in Latin America. He felt that if he could become a professor he would be using his talents in a way that would be more beneficial to society than merely shingling houses. He graduated from San Francisco State with a Master's Degree and a Distinguished Student Award in 1991. He then left the Bay Area and went down to UCLA to get his doctorate.

Terry has been challenged by mental health issues since his early twenties. If one looks at mental illness as a combination of both nature and nurture, Terry had strikes against him on both sides of the ledger. As a young adult Terry began suffering from major depression and PTSD. His experiences included events that are not uncommon with the mentally ill: he abused cocaine and sought and received treatment in the mid-1980s, he has been hospitalized on several occasions, and was homeless a few times. In both undergraduate and graduate schools he had to temporarily leave his studies because of his mental illness. Eventually, he was forced to quit his Ph.D. program at UCLA due to his mental health struggles.

Terry returned to the Bay Area in the mid-1990s and truly suffered and languished for well over a decade. Finally, in 2007 he took matters into his own hands and devised his own treatment plan instead of looking to mental health professionals to "cure" him. He adopted a cat to provide some companionship, purchased a bike and started to ride regularly for both exercise and better brain chemistry, and began somatic therapy to try to deal with his abuse background. Slowly things began to turn around a bit.

In 2008, after taking peer counseling classes a couple of years earlier, Terry was hired and trained by CAM to teach their peer counseling courses. He helped develop the curriculum and taught four different courses: a communications skills course; a course on culture, recovery and mental illness; another on personality disorders; and the fourth was about mental illness and psychiatric medications. He has also taught a cognitive therapy based Illness, Management and Recovery (IMR) course and is very familiar with peer case management. In addition, he has facilitated a monthly group called Groups Made Easy since June, 2012 which is for those who are or might be interested in facilitating peer process groups or other types of peer groups. He left his teaching position in 2013 and has been facilitating at the Linda Reed Activities Club since then. In May, 2013 he was one of the recipients of the Marin County Mental Health Board's "Celebrating the Uncelebrated" award.

Terry feels that it is one the great ironies of his life that he has actually ended up teaching. He feels that he is working toward increasing social justice (as he did when he went to grad school in the late-1980s) through his efforts to increase the empowerment of the mentally ill who are too often marginalized, stigmatized and discriminated against in our culture.

As both a behavioral health client and a peer instructor Terry is a very strong believer in peer recovery through increased empowerment and the necessity of cultural competence to create such successes. (Not just a cultural competence to deal effectively with various races, ethnicities, and social groups, but a cultural competence regarding those with mental health and/or drug use issues.) He is a strong advocate of a strength-based perspective in achieving such recovery. Additionally, he is a firm believer that peer providers are an essential component of any behavioral health service model. He is well aware that it is an evidence-based practice and has seen that using those who have lived experience of mental illness and/or drug use issues benefits these providers' clients, the peer providers themselves and the entire behavioral health system.

Terry is very excited about being able to participate in offering this innovative and unique mental health/dual diagnosis peer counseling training program in Marin County.

Homer Hall was born in Monroe, Louisiana and moved to Marin City at the age of five. Homer grew up in a single-parent household with his five siblings and mother. His mother was a domestic housecleaner and later she became a preschool teacher. Homer served in the U.S Air Force from 1966-1970. Upon his return, he found himself with an abundance of money but he felt that he had very little direction in his life at that point. He reunited with former friends who were engaged in using and selling drugs and he decided to invest in their business, attracted by the lure of easy money. Increasingly, he found himself experimenting with and using the drugs he was selling. In doing so, he soon found himself unknowingly becoming an addict.

Homer continued using drugs and expanding his business for around twenty years in Marin City. He became a bigger and bigger player in the drug trade with the explosion of crack cocaine on the market, starting in the 1980s.

His addiction and subsequent behavior led to many interactions with the criminal justice system, including incarceration. After being paroled Homer ended up on probation with the passage of State Proposition 36. At that point, he was strongly encouraged by both the district attorney and the judge, given his experience and knowledge, to seriously consider becoming a drug counselor. With that encouragement, Homer did the necessary research on the field and went back to school to become a Certified Addiction Specialist.

Upon successfully completing the program he entered the field of substance abuse counseling and treatment. Soon, he found himself seeking more education in the field of treatment and assessment and further certification as a treatment specialist.

Homer now has over twenty years of experience in the substance abuse treatment field. He has continuously expanded his education and knowledge. As his abilities have grown his work has reflected this expanding expertise.

PROPOSED BUDGET FOR COPE PROGRAM

(based on 20 student enrollment)

Item	Amount	Note
<u>Labor Expense</u>		
Pre-Course DVLP and Outreach	\$640	2 instructors x 2hrs/week min. x \$20 x 8weeks
Teaching	\$18,720	2 instructors x 12 hours/week x \$20 x 39 weeks
Labor Expense Total	\$19,360	
<u>Program Expense</u>		
Manuals	\$1,224	24 bound copies x 3 manuals x \$17 each
Printer (one-time expense)	\$120	
Cartridges	\$180	
Paper	\$100	
Cell Phone (one-time expense)	\$30	
Service	\$605	\$55 per month x 11 months
Certificates	\$20	
Folders	\$100	
Pizzas and Sodas	\$500	
Markers	\$15	
Program Expense Total	\$2,894	
<u>Labor + Program Exp Total</u>	\$22,254	
<u>Admin Expense</u>		
Harm Reduction Therapy Center	\$2,226	Additional 10%
<u>BUDGET TOTAL</u>	\$24,480	
<u>Cost per Student</u>	\$1,224	

COPE PROGRAM
PEER COUNSELING COURSE EVALUATION
Spring, 2016

Please use the following key to answer questions 1-13

1=absolutely 2=most of the time 3=half and half 4=not entirely 5=absolutely not

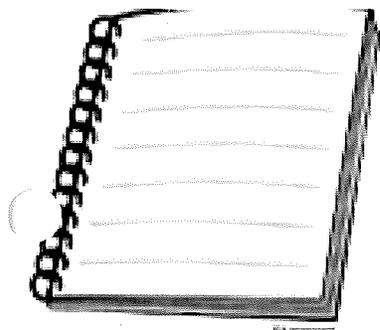
- 1.) Was the course consistent with its objectives and title? _____
- 2.) Did the course meet its objectives? _____
- 3.) Did the course expand your knowledge of peer counseling? _____
- 4.) Was material relevant to your volunteer or work activities? _____
- 5.) Did the instructors know the subject matter? _____
- 6.) Were the instructors well prepared? _____
- 7.) Were the instructors interesting and enthusiastic? _____
- 8.) Were the instructors attentive to questions? _____
- 9.) Were the manual and handouts useful? _____
- 10.) Was enough time allowed to cover all of the course objectives? _____
- 11.) Have you improved your ability to recognize your strengths
and areas to work on to succeed in the behavioral health field? _____
- 12.) Do you feel your communications skills have improved? _____
- 13.) Do you feel you have the communication skills necessary to
work effectively with behavioral health clients? _____
- 14.) Would you attend another course given by these instructors? (Yes) (No)
- 15.) How would you rate the overall value of this course?
()excellent ()good ()fair ()poor ()bad

16.) What material would you have liked to have seen covered more, or covered less?

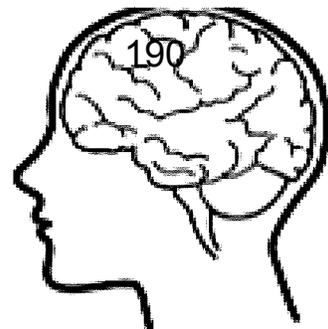
17.) What would you have liked the instructors to have done more of, or less of?

18.) Any other comments about the material covered in the course?

19.) Any other comments about the course?



W.R.A.P



Wellness Recovery Action Plan

Come join us in writing your own dynamic crisis plan for your circumstances. We explore ways to participate in our own recovery and develop a network to support us. Free bagels and coffee will be served. Graduate and get a certificate.

Come to a pizza orientation at Enterprise Resource Center on Thursday, April 28th at noon and see what we are about!

Group will be closed after first meeting and will meet for ten weeks on Thursdays from 12-1 in the group room. Starts May 5th.

**Enterprise Resource Center
3270 Kerner Blvd, Suite C,
San Rafael, CA 94901**

WRAP PROGRAM DESCRIPTION AND REQUEST

Leah Fagundes and Marisa Smith are independent contractors and WRAP™ facilitators seeking funding to continue the WRAP program in Marin County. As we are both part of Community Action Marin, we have obtained a space free of charge to hold a ten week group and graduation. We intend on having an orientation once we have secured funding from the county for our Spring group (final dates will be made once funding is in place). This orientation will be held at the Health and Wellness Campus. Groups will be held Thursdays for one hour from 12pm to 1pm in the group room at Enterprise Resource Center. The group would be free of charge to participants and they will receive a book and binder with handouts. In viewing the current success of this program, we expect as many as 20 which is our capacity. We are confident that when others see the value of this program as people begin to integrate it into their lives, it will continue if we still have funding. Discussions have begun with Community Action Marin's Mental Health Programs to fund an ongoing program. Although our pilot program has successfully ended, we are seeking approval of our budget from the WET Steering Committee to continue this vital program in Marin County. This is our official recommendation to continue this program and the program description.

We had 20 signed up for our pilot program and 12 attended first couple of meetings. We were able to graduate 8 participants and received positive feedback from all 8 of them. Participants seemed to gain valuable insight into triggers and how those can be alleviated through the implementation of a WRAP daily maintenance plan. Participants were also able to develop and promote their own individual crisis plans to supporters and support workers. One participant has even incorporated this into their mental health advanced directive. As we move forward, we would like to develop this program more so that it gets into medical records if participants desire that. We are also working with Community Action Marin's crisis planning division so that it makes for an easy transition into implementing both programs into hard files so that trauma is reduced during crisis.

The Wellness Recovery Action Plan™ program is an evidence-based practice that seeks to eliminate trauma from crisis and promote prevention and wellness. The WRAP plan goes beyond crisis planning and will augment the current crisis plan that has already been implemented in Marin County. It includes an all-encompassing plan from a wellness toolbox to a post crisis plan. Because it is proven and supported as an evidence-based practice and is listed in the National Registry of Evidence-based Programs and Practices, we know that it works and will be helpful to not only those that complete it, but also to the entire community. Participants will learn to articulate when they are well, the things that they would like done if they are not well, designate specific supporters and enlist a team to accomplish a return to wellness. Ideally, a participant would share this plan with their supporters and providers so that they are aware when things are

breaking down or when someone is in crisis. The empowerment gained by a person who has this tool will help to encourage more trust in the mental health system of care. Participants are able to write their own plan from a strength-based perspective and be in charge of their own recovery.

The 60 page document can be notarized and made a part of a mental health advanced directive. A WRAP plan can be designed for anything but our focus is on mental health and substance use disorders. The program was designed by peers and is facilitated by peers who share their lived experience to help others design their wellness plan. The key parts of the Wellness Recovery Action Plan are a daily maintenance plan, triggers, early warning signs, when things are breaking down, a crisis plan and a post crisis plan. The key recovery concepts are hope, personal responsibility, education, self-advocacy, and support. In addition, the program offers a culturally competent environment for people to explore their own wellness.

Participants will be given evaluation forms to comment on the facilitation and program that should provide positive feedback to the county. These forms are standard and required for facilitators to move on into a trainer capacity.

We look forward to serving the community by continuing this program in Marin County. We have created some buzz and think that with proper funding this could be a new way of life for people living with mental illness. It has helped us in our lives and we enjoy sharing this with our peers.

WRAP BUDGET

Facilitation.....	\$ 1,540.00
Books.....	\$ 207.24
Binders.....	\$ 40.00
Pens.....	\$ 10.00
Flip-Chart.....	\$ 30.00
Flip-Chart Markers.....	\$ 10.00
Highlighters.....	\$ 20.00
Bagels/Coffee.....	\$ 310.00
Orientation.....	\$ 200.00
Graduation Food.....	\$ 200.00
Total.....	\$2,567.24

This cost analysis is based on 20 participants which is maximum capacity. Cost per consumer is \$128.36 for 11 weeks.

In-Kind	
Group Room.....	\$1,000.00
Computer/projector.....	\$1,500.00
Photocopies.....	\$ 230.00
WRAP task force.....	\$ 300.00
 Total In-Kind.....	 2,030.00

LEAH FAGUNDES, WRAP Facilitator

Leah Fagundes has been an advocate in the mental health and homeless movements for decades. Her work in these fields began in the 80's with volunteer work for Income Rights Project and the Coalition on Homeless Women and Children. She continued with her passion by obtaining work at Hamilton Family Center and Saint Anthony's Women's shelter through the 80 s and 90s. From 1997 to 2003, Leah worked with Homeward bound's Mill Street program before joining Community Action Marin's mental health program at the Enterprise Resource Center. It was then that Leah heard about wrap and started advocating for certification and a program in Marin County. She wrote her plan and it has helped her to maintain her wellness since then. It was not until 2014 that Leah was able to advocate and receive funding for herself and another facilitator in Marin County. Leah passed the certification with flying colors and worked with the Work Education Training steering committee alongside co-facilitator Marisa Smith to ascertain funding for a pilot WRAP program in Marin County that begins October 2015. Leah is weekend supervisor at the Enterprise Resource Center and stays active in many county committees to advocate for rights of those with mental illness, substance use disorders, and the homeless population in Marin County.

MARISA SMITH, WRAP Facilitator

Marisa received her bachelor's degree in the History of Art and Architecture from the University of California, Santa Barbara in 2001. Before joining the mental health community, Marisa Smith was a Realtor with a specialty and designation in pre-foreclosure or short sale and trained other agents in this discipline akin to debt consolidation. Marisa also volunteered for the American Red Cross as a caseworker and as the chair of the Fair Housing committee for the Santa Barbara Association of Realtors. After relocating to Marin County, Marisa became art facilitator and gallery fundraiser at the Enterprise Resource Center. Marisa also passed four of five peer counseling and case management classes with honors and received certificates from the county. Marisa led process groups and facilitated Linda Reed activity groups and is a NAMI walk captain. After a peer mentioned the value of the WRAP program, Marisa became inquisitive and

enthusiastic about its benefits. After completing her own WRAP plan, Marisa received her facilitator certification after a long week of intense training at the Mental Health Association of San Francisco. Coming up short on funding for the program was an obstacle for Marisa but through her participation in the Work Education Training steering committee was able to advocate for funding for a pilot program. With support from her peers, Marisa wrote a presentation and budget that was ultimately approved by this committee for funding in October of 2015. Marisa wears a variety of hats for Community Action Marin's mental health programs, specifically those that are art related.

WRAP PROGRAM DESCRIPTION AND REQUEST

Wellness Recovery Action Plan Group led by Peers

Facilitators: Leah Fagundes and Marisa Smith

Time: Thursdays, 12-1pm

Place: Enterprise Resource Center Group Room, 3270 Kerner Blvd. Ste. C, San Rafael, CA

Duration: 10 weeks plus Graduation

Cost: \$2,827.24 (\$141.36 per consumer for 11 weeks)

Leah Fagundes and Marisa Smith are independent contractors and WRAP™ facilitators seeking funding to implement the WRAP program in Marin County. As we are both part of Community Action Marin, we have obtained a space free of charge to hold a ten week group and graduation. We intend on having an orientation after outreach that will be on October 1st at the Health and Wellness Campus. Groups will start October 15th and be held Thursdays for one hour from 12pm to 1pm in the group room at Enterprise Resource Center. The group is free of charge to participants and they will receive a book and binder with handouts. We have 11 signed up to date and expect as many as 20. We are confident that when others see the value of this program, it will continue if we still have funding. Although we have received preliminary approval of our budget from the WET Steering Committee, this is our official request and program description.

The Wellness Recovery Action Plan™ program is an evidence-based practice that seeks to eliminate trauma from crisis and promote prevention and wellness. The WRAP plan goes beyond crisis planning and will augment the current crisis plan that has already been implemented in Marin County. It includes an all-encompassing plan from a wellness toolbox to a post crisis plan. Because it is proven and supported as an evidence-based practice and is listed in the National Registry of Evidence-based Programs and Practices, we know that it works and will be helpful to not only those that complete it, but also to the entire community. Participants will learn to articulate when they are well, the things that they would like done if they are not well, designate specific supporters and enlist a team to accomplish a return to wellness. Ideally, a participant would share this plan with their supporters and providers so that they are aware when things are breaking down or when someone is in crisis. The empowerment gained by a person who has this tool will help to encourage more trust in the mental health system of care. Participants are able to write their own plan from a strength-based perspective and be in charge of their own recovery.

The 60 page document can be notarized and made a part of a mental health advanced directive. A WRAP plan can be designed for anything but our focus is on mental health and substance use

disorders. The program was designed by peers and is facilitated by peers who share their lived experience to help others design their wellness plan. The key parts of the Wellness Recovery Action Plan are a daily maintenance plan, triggers, early warning signs, when things are breaking down, a crisis plan and a post crisis plan. The key recovery concepts are hope, personal responsibility, education, self-advocacy, and support. In addition, the program offers a culturally competent environment for people to explore their own wellness.

Participants will be given evaluation forms to comment on the facilitation and program that should provide positive feedback to the county. These forms are standard and required for facilitators to move on into a trainer capacity.

We look forward to serving the community by implementing this program. It has helped us in our lives and we will enjoy sharing this with our peers. Following this request are our final budget and bios.

WRAP BUDGET

Facilitation.....	\$1,540.00
Books.....	\$ 207.24
Binders.....	\$ 20.00
Pens.....	\$ 10.00
Flip-Chart.....	\$ 25.00
Flip-Chart Markers.....	\$ 5.00
Highlighters.....	\$ 20.00
Refreshments.....	\$ 400.00
Orientation.....	\$ 300.00
Gas for Outreach.....	\$ 100.00
Graduation Food.....	\$ 200.00
Total.....	\$2,827.24

This cost analysis is based on 20 participants which is maximum capacity. Cost per consumer is \$141.36 for 11 weeks.

In-Kind

Marisa, Leah and Mark's outreach.....	\$1,050.00
Group Room.....	\$1,000.00
Computer/projector.....	\$1,500.00

Photocopies.....	\$ 230.00
WRAP task force.....	\$ 300.00
 Total In-Kind.....	 \$4,080.00

LEAH FAGUNDES, WRAP Facilitator

Leah Fagundes has been an advocate in the mental health and homeless movements for decades. Her work in these fields began in the 80's with volunteer work for Income Rights Project and the Coalition on Homeless Women and Children. She continued with her passion by obtaining work at Hamilton Family Center and Saint Anthony's Women's shelter through the 80 s and 90s. From 1997 to 2003, Leah worked with Homeward bound's Mill Street program before joining Community Action Marin's mental health program at the Enterprise Resource Center. It was then that Leah heard about wrap and started advocating for certification and a program in Marin County. She wrote her plan and it has helped her to maintain her wellness since then. It was not until 2014 that Leah was able to advocate and receive funding for herself and another facilitator in Marin County. Leah passed the certification with flying colors and worked with the Work Education Training steering committee alongside co-facilitator Marisa Smith to ascertain funding for a pilot WRAP program in Marin County that begins October 2015. Leah is weekend supervisor at the Enterprise Resource Center and stays active in many county committees to advocate for rights of those with mental illness, substance use disorders, and the homeless population in Marin County.

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from her peers, Marisa wrote a presentation and budget that was ultimately approved by this committee for funding in October of 2015. Marisa wears a variety of hats for Community Action Marin's mental health programs, specifically those that are art related.

Evaluations from WRAP Group 1: Winter 2015-16

Co-Facilitators: Leah Fagundes and Marisa Smith

Marin County MHSa Funded Program

1. What were some of the best aspects of this experience?

- For me being able to listen and understand the wrap program and giving examples about the daily maintenance plan.
- Getting ideas from others on things that might work for myself.
- The coordination between Marisa, Leah and Mark. The opening up for shared experiences.
- Class interaction- Teamwork with Leah and Marisa was excellent.
- For me, realizing that it's not just a one-shot deal but a whole way of life.
- Group participation, feedback from class members.
- Taking notes on different things for the wrap binder. Bagels with different flavored spreads, coffee cream and splenda for coffee. Learning different things on mental health.
- Finding out more about wrap and how it should help with symptoms.

2. Is there anything you think should be improved in the future? If so, what?

- Is not fair when people have missed several classes and that they graduate class.
- This is probably the best class ever offered at the Enterprise Resource Center.
- When using visuals have appropriate screen for viewing or else eliminate and use a variety of activities during the 8 weeks.
- That you don't have bad triggers and ll different things in spring wrap group.
- More emphases on what to do during episodes.

3. Which topics were the most helpful and why?

- Triggers/Daily Maintenance. Because it helps me understand my triggers before it happens.
- Everything :)
- When trigger points depict a downward spiral- use toolkit.

- Being together every week as a family because I ain't got no real family that support me.
- Maintenance or maintenance shoebox of self improvement ideas for health
- The different positive ones when you are feeling good about yourself and not going over to PES.
- Listening more about my own symptoms

4. At the beginning of the workshop, we were told which topics would be covered; we knew what to expect.

- True: 7
- Somewhat True: 1
- It could have been more thorough and reviewed each week at beginning and end of meeting.

5. The activities gave us opportunities to gain new concepts and information.

- True: 7
- Somewhat True: 1
- We could have paired up for more personal understanding

6. The activities gave us opportunities to gain a new, more hopeful attitude.

- True: 6
- I wish it had
- The only activity was speaking in a larger group.

7. The activities gave us opportunities to gain new connections with supportive people.

- True: 6
- Somewhat True: 1
- False ("But that's just me")

8. The physical space and furnishings made this an ideal space in which to learn.

- True: 7
- No. It was crowded and visuals were small and inadequately displayed.
- Somewhat True: 1

9. The time of year was ideal for me.

-True: 7

-Somewhat True: 1

10. The length of time from start to finish of the whole workshop was ideal for me.

-True: 7

-Somewhat True: 1

11. The length of the individual class/classes was ideal for me.

-True: 7

-Somewhat True: 1

12. Breaks were well-timed.

-True: 6

-Somewhat True: 1

-Breaks were taken at will during the hour.

13. The leader was clear and easy to understand when presenting information.

-True: 7

-All 3 were clear and provided guidance.

14. The leader encouraged active participation/sharing in discussion.

-True: 8

-Yes, in an open and accepting way

15. The leader used a variety of different activities to keep learning interesting.

-True: 7

-I suggest spice it up! Could have been a greater variety. It was the same every week I attended.

16. The leader kept a positive, encouraging attitude.

-True: 8

-Yes. She was open and interested in our comments.

-Very much so.

17. **The leader gave us choices and was responsive to many of our requests.**

-True: 7.

18. **Overall, I was satisfied with this leader.**

-True: 6

-Somewhat True: 1

-Excellent speakers. Clear, concise.

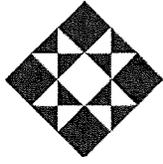
19. **Recovery education seems very valuable....**

-True: 8

-Yes. Especially when shared from different activities that illicit new and untapped insights and build toward self compassionate behavior modification.

-Yes it sure does.

-I think recovery ed is important to all.



CommunityActionMarin

Mental Health Programs
1108 Tamalpias Ave. 2nd Floor
San Rafael, CA 94901

Enterprise Resource Center WRAP Proposal

Community Action Marin facilitators, Leah Fagundes and Marisa Smith, will provide three separate eleven (11) week group trainings on WRAP each Thursday for one hour (12-1pm) at the Enterprise Resource Center located at the Marin Health and Wellness Campus in San Rafael. The program is designed by peers and is facilitated by peers who share their lived experience and help others design their wellness plan.

The training series will be free to participants who will receive a book and a binder with all the training materials and handouts.

Maximum capacity for the three separate trainings is 20 people. That is a maximum total of 60 people.

Participants will:

- Gain valuable insight into triggers and how those can be alleviated through the implementation of a WRAP daily maintenance plan;
- Develop and promote their own individual crisis plans to supporters and support workers;
- Learn to articulate when they are well, the things that they would like done if they are not well;
- Designate specific supporters and enlist a team to accomplish a return to wellness;
- May have the option to incorporate their WRAP plan into their mental health advanced directive; and
- Implement both their Crisis Plan and their WRAP plan into hard files so that trauma is reduced during crises.

Key parts of the WRAP Plan are a daily maintenance plan, triggers, early warning signs, when things are breaking down, a crisis plan and a post crisis plan.

Key recovery concepts are hope, personal responsibility, education, self-advocacy, and support.

The program is offered in a culturally-competent environment for people to explore their own wellness.

The WRAP Plan is an evidence-based practice that seeks to eliminate trauma from crisis and promote prevention and wellness. WRAP Plans go beyond crisis planning and will augment current crisis planning that has already been implemented in Marin. WRAP Plans include a wellness toolbox to a post crisis plan.

Participants will be given evaluation forms to comment and provide feedback on the facilitation and program.

A graduation ceremony will take place for participants that complete the program.

FEES AND PAYMENT SCHEDULE

July 1, 2016 – June 30, 2017

Proposed Expenses for FY 2016-17Expenditure**1. Personnel (list classifications and FTEs)**

Facilitation	\$1,540x3=\$4,620
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Total Personnel Expenditures	\$4,620
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2. Operating Expenditures

Orientation	\$200x3=\$600
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Program Supplies (Books, Binders, Pens, Flip Chart, Markers, etc.)	\$318x3=\$954
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Food/Graduation Ceremony	\$510x3=\$1,540
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Total Operating Expenses	\$3,084
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Total MHSA WET Budget	\$7,704
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Contract Maximums: FY16/17	\$7,704
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ADDENDUM TO WRAP PROPOSAL
WRAP Trainings

Training for Facilitators	\$1,400x2=\$2,800
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Training the Trainers
Marisa Smith and Leah Fagundes

Training Facilitators	\$1,400x2=\$2,800
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Spanish Speaking
Maria and Cesar Leiva

Transportation/Parking/Food	\$1,200
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TOTAL	\$14,504
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Administrative Fees at 10%	\$1,450.40
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TOTAL for FY 16/17	\$15,954.40
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COUNTY OF MARIN**BHRS PEER COUNSELOR**

Class specifications are intended to present a descriptive list of the range of duties performed to incumbents within a classification. Class specifications are not intended to reflect all duties performed within a job.

DEFINITION

Under specified levels of supervision, works in accordance with established procedures and guidelines to provide support, wellness/recovery and educational services to recipients or family/caregivers of behavioral health and recovery programs in the Behavioral Health and Recovery Services Agency (BHRS); and performs related work as assigned.

CLASS CHARACTERISTICS

The BHRS Peer Counselor is a paraprofessional classification series.

BHRS Peer Counselor I

This is the entry level class in the series. Initially under close supervision, incumbents receive on-the-job training and perform specific assignments. As experience is gained, there is greater independence of action within established procedures and guidelines. This class is alternately-staffed with BHRS Peer Counselor II and incumbents may advance after gaining experience and demonstrating proficiency which meet the qualifications of higher level class.

BHRS Peer Counselor II

This is the experienced level in this class series, fully competent to perform the full range of duties of the class under limited supervision. Policies, procedures and guidelines are provided and supervision is available for consultation under unusual circumstances.

EXAMPLES OF DUTIES (Illustrative Only)

Note: The following duties are performed by employees in this classification. However, employees may perform other related duties at an equivalent level. Each individual in the classification does not necessarily perform all duties listed.

- Informs, trains, supports and empowers consumers, families and caregivers who directly or indirectly receive services.
- Works with case management team to develop and maintain clients' development plans; communicates, represents and promotes the consumer, families, and caregivers' perspective at case management meetings and at a variety of formal and informal hearings.
- Facilitates or locates self-help groups for clients, youth, family members and caregivers.
- Schedules, arranges, and assists in the facilitation of educational programs and activities to support client health/wellness, recovery, self-sufficiency and other goals.

- Attends team meetings and participates in special events, conferences, workshops and trainings within the assigned area and in the community.
- Provides the appropriate recognition, acceptance and understanding of social and cultural factors in the provision of the assigned area.
- Develops effective working relationships with staff within agencies and organizations to advocate for consumer, family, and caregiver empowerment.
- Assists clients in a wide variety of daily living activities, such as completing applications and forms, providing transportation, and navigating support service systems.
- Acts as an interpreter in contacts involving non-English speaking residents.
- Assists peers and/or family members in tracking and implementing recovery and wellness goals; offers support, encouragement and hope; models effective coping and self-help strategies; ensures confidentiality.
- Documents and maintains all activities as required.

MINIMUM QUALIFICATIONS

BHRS Peer Counselor I

- Current or previous lived experience as a consumer of services for the area of assignment or as a family member/caregiver of a former or current consumer for the area of assignment. AND
- Graduation from high school or possession of an acceptable equivalency certificate, such as the General Educational Development Certificate. AND
- At least 12 units of college course work in Psychology, Social Work, Counseling, or related field; OR
- Successful completion of intermediate coursework level in a Peer Counseling or Substance Use Educational Certificate Program as defined by the program of attendance; OR
- One year of volunteer or internship experience of at least 10 hours per week at a public behavioral healthcare setting.

BHRS Peer Counselor II

- Current or previous lived experience as a consumer of services for the area of assignment or as a family member/caregiver of a former or current consumer for the area of assignment. AND
- One year of experience comparable to the BHRS Peer Counselor I in the assigned area.
- At least 24 units of college course work in Psychology, Social Work, Counseling related field; OR
- Successful completion of a Peer Counseling or Substance Use Educational Certificate Program as defined by the program of attendance; OR
- Two years of volunteer, internship or work experience of at least 20 hours per week at a public behavioral healthcare setting.

Special Sub-class Recruitments

Recruitment for these positions may be conducted to include bilingual ability according to the needs of the department.

Certificates and Licenses

Depending on assignment, may require travel between various County and business-related locations. Employees who drive on County business to carry out job-related duties must possess a valid California driver's license for the class of vehicle driven and meet automobile insurability requirements of the County, including review of a recent DMV history. If a driver's license is required, at the time of the selection interview by the appointing authority, applicants will have to furnish a recent DMV driving record.

Knowledge of

- Needs and difficulties faced by diverse consumers, caregivers, and families of consumers of services.
- Public and/or private agency services available for families, children and adults for assigned area such as schools, social services and other systems.
- Self-help and consumer oriented treatment models.
- Methods to effectively communicate with consumers, family/caregivers, the community and multidisciplinary team.

Ability to

- Understand the fundamentals of the assigned area and effectively work within the system.
- Effectively represent and advocate for the consumer perspective within the community and the system in the assigned area.
- Understand and articulate the cultural and social factors affecting behavior patterns.
- Effectively communicate the workings of the system of the assigned area to consumers, parents, family members and caregivers.
- Demonstrate tact, diplomacy, patience, compassion, and discretion.
- Establish and maintain strong working relationships with those contacted in the course of work.
- Obtain and record accurate information for case documentation and other reports.
- Prepare clear, accurate, and concise reports and other written material.

Physical Demands

While performing the duties of this job, the employee is frequently required to sit and talk or hear. The employee must have the ability to reach, handle, feel objects, tools or controls, and hearing and speech to converse in person or by telephone. Must be able to use standard office equipment, including a computer; and have the ability to read printed materials and a computer screen.

Working Conditions

Work is generally performed indoors in office, clinical settings and client homes. Some travel to various cultural, physical, behavioral and environmental settings is required. Incumbents must be able to work in an environment which may include exposure to bodily fluids.

ADA COMPLIANCE

The County will make reasonable accommodation of the known physical or mental limitations of a qualified applicant with a disability upon request.

CLASSIFICATION HISTORY

Class Code: 0994 & 0995

Date Established 10/2016

What is the Bay Area Workforce Co-Learning Collaborative (WCC)?

The WCC is the result of a successful application to Office of Statewide Health Planning and Development (OSHPD) in response to their Consumer and Family Member Employment/Local Organizational Support and Development Networks Request for Proposals in late 2014. The request invited proposals that would provide services/activities/programs for Public Mental Health System (PMHS) organizations to employ, support, and train consumers and family members into



the workforce which includes:

- Training and technical assistance to managers, supervisors, and staff.
- Development and dissemination of organizational tools and best practices on hiring and training of consumers and family members.

Purpose:

The overarching purpose of this project is to provide services to PMHS employers to support their ability to employ and support consumers and family members in the workforce.

Through United Advocates for Children and Families (UACF), the contract award is funded from January 1, 2015 – June 30, 2017 with OSHPD. In collaboration with other consumer organizations, national consultants, and evaluators, we will provide support to Bay Area

organizations within the Public Mental Health System (PMHS) that currently employ or are looking to employ consumers and family members. This support will include the required components of training and technical assistance and the development and dissemination of organizational tools and best practices on employing, supporting and training of consumers and family members.

Activities:

The activities to accomplish these objectives will include:

- Collaborative development of a **replicable curriculum** that encompasses the targeted issues identified by collaborative partners and identified as critical to the employment of consumers and family members in the PMHS workforce. The curriculum is an end product for use throughout the Bay Area. The curriculum will include the following; complete with slides, presenters manual, speaker notes, participant manual, learning activities, and templates for use in the PMHS when employing families and consumers as peer supporters. The WCC partners that are trained as trainers can replicate the training with their peers, organization, and community.
- **Webinars** are scheduled periodically to share information and progress on the project, disseminate resources and best practice, and gather feedback from participants in activities, resources, and deliverables.
- **Face to face training** that tests the draft of the curriculum and provides training of trainers in the use and replication of the curriculum.
- **Regular technical assistance** from a member of the WCC staff at UACF. Each Bay Area collaborative partners is contacted on a monthly basis to discuss issues, share ideas and resources, and to ensure they have access to any and all best practices relative to peer employment.
- The identification or development of **useful resources** for the Bay Area collaborative partners in their organization, program, and community.

Collaborative Partners:

The Bay Area Workforce Co-Learning Collaborative partners include the following Public Mental Health System (PMHS) Employers:

- Alameda County Network of Mental Health Clients
 - Berkeley City Dept. of Behavioral Health
 - Circle of Friends (Napa/Solano)
 - Fred Finch (Alameda)
 - Marin County Dept. of Behavioral Health
 - Monterey County Dept. of Behavioral Health
 - Napa County Mental Health Division
 - Peers Envisioning & Engaging in Recovery Services (Alameda)
 - San Francisco County Dept. of Behavioral Health
 - Santa Clara County Dept. of Behavioral Health
 - Solano County Dept. of Behavioral Health
 - Sonoma County Dept. of Behavioral Health
 - Stars Behavioral Health Group (Alameda)
-

Collaborative Partners as the Guiding Force:

All members of the WCC are considered integral experts in the development of tools, training, and resources that support the Public Mental Health System (PMHS) to employ and support consumers and family members in the workforce. Their expertise, experiences, and input is gathered through:

- Pre/post survey's that will reflect the amount and impact of knowledge gained;
- Webinars that focus on gathering impressions and recommendations on targeted topics;
- Input during the planning, implementation, and evaluation of all program activities; and
- Review and revision of all products and tools including training curriculum materials, resources, and outcomes.



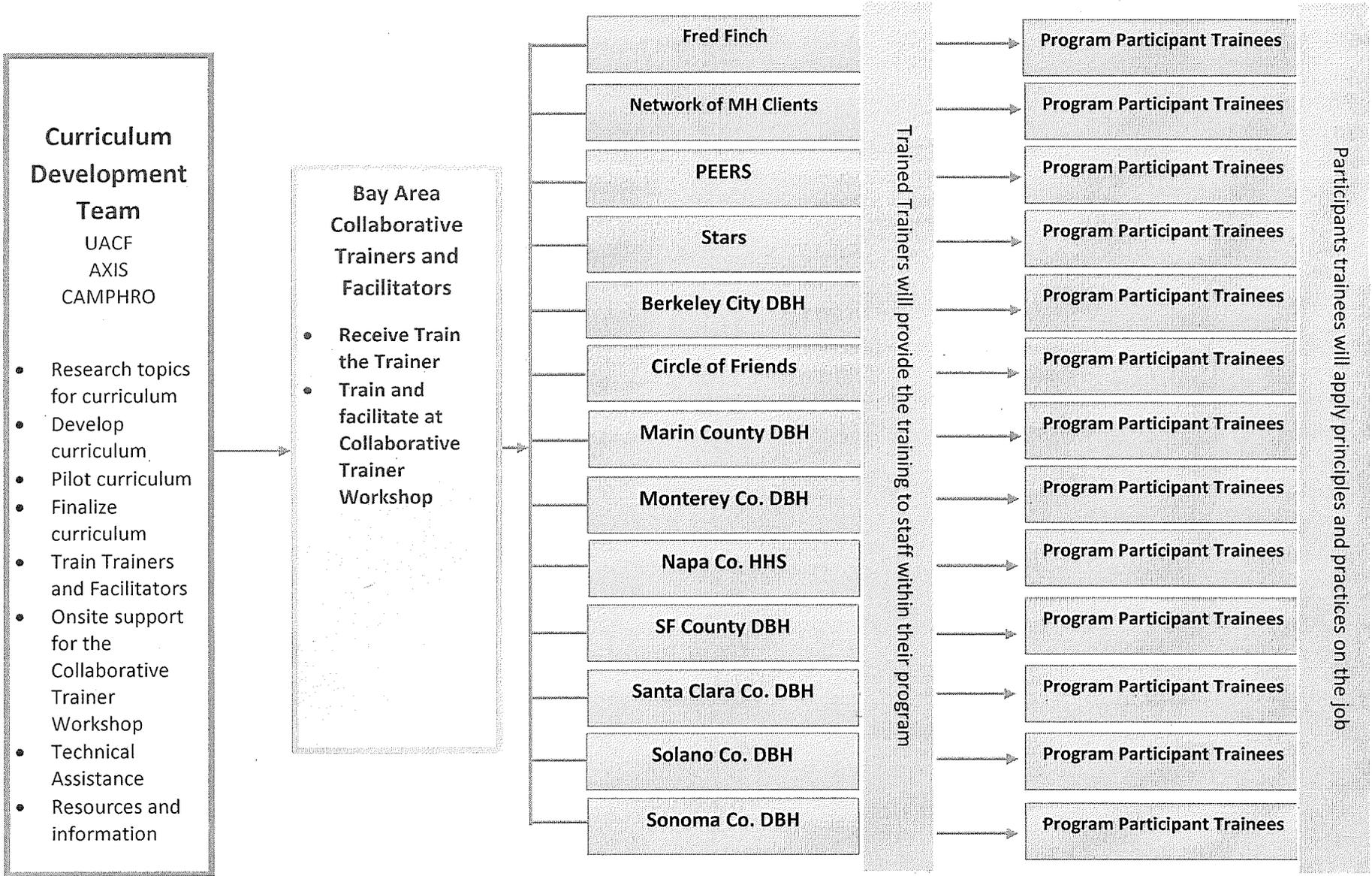
If you have any questions or would like more information, please contact:

Sireyia Ratliff
 Program Coordinator
 E-mail: sratliff@uacf4hope.org
 Phone: (916) 643-1530 ext. 102



Deborah Van Dunk
 Technical Assistance Coordinator
 E-mail: dvandunk@uacf4hope.org
 Phone: (916) 643-1530 ext. 105

Bay Area Workforce Co-learning Collaborative (WCC)
Partnered Curriculum Development for Successful Employment of People with Lived Experience in the Public Mental Health Workforce



**Bay Area Behavioral Health – Human Resources Forum
For Community Based Organizations (CBOs)
Wednesday, April 29, 2015
10:00 am to 3:00 pm**

REGISTRATION INFORMATION – Please submit by Wednesday, April 15, 2014

CBO:

**-One form per agency, please-
Consider sending a behavioral health manager, a
human resources manager and a peer leader**

Contact Person Phone

Email

Participants

Name

Position

Phone

Email

Please specify ADA/Dietary needs

Name

Position

Phone

Email

Please specify ADA/Dietary needs

Name

Position

Phone

Email

Please specify ADA/Dietary needs

If space is available, we would like to send additional staff: YES NO

Please return one registration form (with up to 3 attendees) per county by April 15th

to: Kristin Dempsey at kdempsey@cibhs.org (preferred)

For questions, call Kristin Dempsey at (415) 830-2473



MHSUS 2016-2017 Organizational Restructuring Plan Development

Division-wide Organizational and Team Development Initiative

The Division is challenged with the Herculean task of integrating two previously separate divisions into one as part of a state-wide mandate and process. In addition, the division is also turning to the state mandated requirement to address issues of intercultural diversity, inclusion and equity. Both these charges evoke and involve complex structural as well as psychosocial necessities. In order to operationalize this transition, senior management has enlisted the joint support of two individuals to work together on this project—one (Kate Utt) an expert on **Organizational Development (OD)**; the other (Isoke “Izzy” Femi) an expert on helping teams recognize, appreciate and engage difference and build alliances in the context of **Team Development (TD)**.

The OD aspects of the proposed plan will be addressed by Kate; the TD plan by Isoke, however, both Kate and Isoke expect to work quite closely together over the duration of the plan, given the significant overlaps in roles and capacities.

Team Development (TD): DIVERSITY AND INCLUSION

- Establish mutual trust within and across the line staff, supervisor and senior management levels to help remove barriers that may be present, and to highlight the shared desire for cohesion, and success
- Support the division to activate its vision of a culture of inclusion and equity
- Provide frameworks that allow the division and its array of programs, units and teams to create practices that uncover blockages, support truth-telling, encourage amnesty, and establishes accountable relationships
- Attend to the “spirit” of the individuals and the group/s both as a means of releasing inevitable frustrations and as a way of building alliances within the respective groups.
- Help groups develop shared theory and assumptions that help a group work through historical and current forms of marginalization

Organizational Development (OD): RE-STRUCTURING FOR AN EFFICIENT AND EFFECTIVE SERVICE DELIVERY

The hope is that the foregoing will happen in tandem with the OD plan which will seek to:

- Clarify mission and values
- Identify key programs and priorities
- Identify needed org structure to meet objectives
- Clarify roles and responsibilities to align with structure
- Create a phased implementation plan to align with county’s strategic plan
- Work with Senior Leadership team throughout the process

MARIN COUNTY MENTAL HEALTH CRISIS FLOWCHART

Acute mental health crisis response in the community. Emergent response needed. 7 days a week. 1:00 -9:00 pm* Phone response within 15 minutes, in person response within an hour, as able.

Call

MOBILE CRISIS RESPONSE TEAM

CRISIS RESPONSE TEAM determines if client needs to be transported to PES or MGH

Provides support, education, and linkage to community services to prevent a mental health crisis or after-crisis support. A voluntary service in which client must be willing to participate. M-F 11:00-7:00 pm In person response 1-3 days depending on need.

TRIAGE TEAM

CASSANDRA 415-473-4186
LAURA 415-473-4380

TRIAGE TEAM determines what support services are required and links client to on-going mental & substance use services

Provides long-term outreach to individuals suffering from a mental illness whose limited insight contributes to an unwillingness or inability to engage with mental health services. They are not coming to the attention of PES, MGH or County Jail. M-F 8:00-5:00 PM

Call

OUTREACH & ENGAGEMENT TEAM
ANGEL 415-473-4131

OUTREACH & ENGAGEMENT TEAM determines best way to engage and encourage client to utilize necessary services

* After hours, call 911 ask for CIT-trained Officers

MAY MENTAL HEALTH MONTH!

INFORMATION BOOTH INVITATION

Hello!

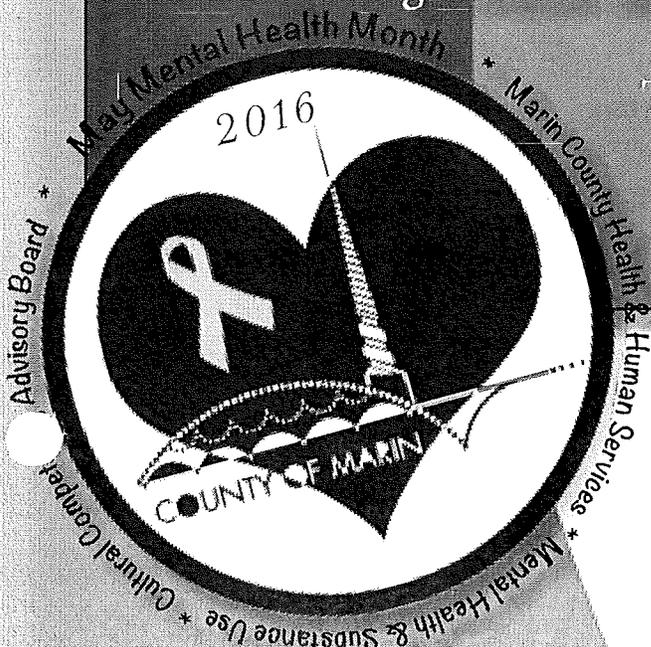
On behalf of the Cultural Competence Advisory Board for Mental Health and Substance Use Services, we would like to invite you to outreach your organization's literatures and service descriptions by tabling at this year's day-long event commemorating May Mental Health Month event.

We are asking organizations to host a table which we will provide between 11am-2pm at the Wellness Campus, 3240 Kerner Blvd., San Rafael, CA. If you choose to participate, please plan on arriving at least 30 minutes early to set up.

If you are interested and/or have any questions, please RSVP and contact/or contact Jackie Germaine at :

germaine-bewley@marincounty.org.

Thank You!



May Mental Health Month: Each Mind Matters

Program Budget

Stigma Stew

• Director's honorarium	\$750
• Costumes/props	\$400
• Actors' honorarium	\$175

	\$1,325

Voices Tool Kit

• Toolkit	\$460
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Honorarium

• Planning Coordinator	\$800
• Folk Dancers	\$100
• Zumba Instructor	\$50
• Music Medicine	\$100
• BOS Rapper	\$100
• Youth Poetry	\$575

	\$1,725

Food

• Mi Pueblo	\$500
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Printing

• County	\$450.04
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Total

\$4,460.04

EACH MIND MATTERS

“Green Ribbon Weekend of Worship”

For the African American Faith Community

May 19– May 22, 2016

Thank you for agreeing to participate in this important event to better engage the African American faith communities as we work to bring mental health awareness to our community. As we face a dark time in our country around racial injustices it is important People of African Descent draw upon the strength and resiliency we have utilized through out our history in this country. Through the Mental Health Friendly Communities Campaign we have made great strides. Each Mind Matters Weekend of Worship; May 19-22, 2016 will support the African American community to continue participating in California’s Mental Health Movement designed to reduce stigma and discrimination.

We have included Lime Green Ribbons for you to disseminate to all in attendees at your service during this special weekend. We ask you to encourage your members to log into their Facebook acct. and let folks know they are participating. We also ask you to share the following message;

“Black Minds Matter 2! Every day in California, and across the Nation African Americans like many others struggle with emotional pain, thoughts of suicide and display a need for help. Though the warning signs may look different and may be subtle, they are there. By recognizing the signs, finding the words to start a conversation and reaching out to local resources, you have the power to make a difference. The faith community has the power to save a life.”

Please consider showing one of these short videos:

Story: Monique

<http://www.eachmindmatters.org/story/monique/>

Story: Oscar

<http://www.eachmindmatters.org/story/oscar/>

Feel free to contact Gigi Crowder at
gigicrowder0283@comcast.net or
925-238-0870 with any questions you may have.

Blessings,

Gigi R. Crowder, L.E.



May Mental Health Day: Each Mind Matters

“For hope, recovery,
and resilience”

Where: Wellness Campus
3240 Kerner Blvd.,
San Rafael CA.

When: Wednesday, May 18th, 2016
9:00 am - 5:00 pm

What: A FREE day-long event to raise awareness for mental health and substance use. Join us for music, exhibits, food, and much more.



All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473 - 4381 (Voice) / (415) 473 - 3232 (TTY) or by emailing at disability-access@marincounty.org at least four work days in advance of the event. Copies of documents are available in alternative formats, upon written request.



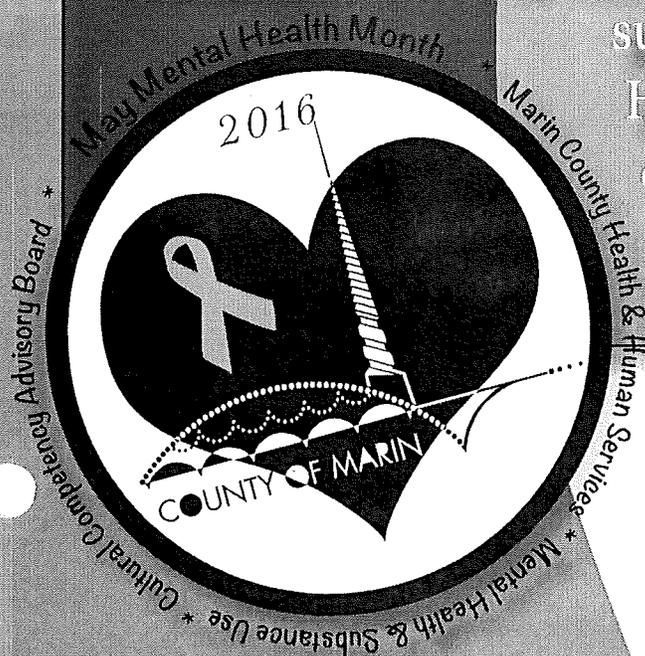
Día de Salud Mental en Mayo: SanaMente

“Para la esperanza,
la recuperación, y
la fortaleza”

Cuándo: Miércoles 18 de mayo de 2016
9:00 AM - 5:00 PM

Dónde: Marin Health and Wellness Campus
3240 Kerner Blvd
San Rafael, CA 94901

Qué: Un día GRATIS de eventos para crear conciencia sobre la salud mental y el uso de sustancias. Únase a nosotros. Habrá música, exposiciones, comida, y mucho más.



Todas las reuniones públicas y eventos patrocinados o realizados por el Condado de Marin se llevan a cabo en lugares accesibles. Las solicitudes de alojamiento pueden hacerse llamando al (415) 473 - 4381 (Voice) / (415) 473- 3232 (TTY) o por correo electrónico a disability-access@marincounty.org al menos cuatro días hábiles de anticipación del evento. Las copias de los documentos están disponibles en formatos alternativos, previa solicitud por escrito.



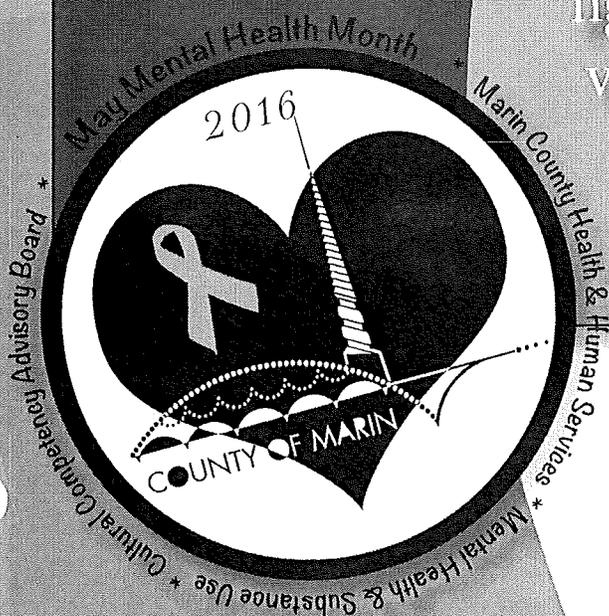
Ngày Tháng Năm là Ngày sức khỏe tâm thần: Mọi suy nghĩ đều được ghi nhận

“Cho sự hy vọng, sự hồi phục và không bỏ cuộc”

Vào ngày thứ 4, 18 Tháng Năm, 2016
9:00 am - 5:00 pm

Tại Trung tâm bảo vệ sức khỏe, 3240 Kerner Blvd., San Rafael CA

Vô cửa miễn phí. Mục đích của chương trình là để cao cảnh giác về sức khỏe tâm thần và nghiện ngập. Có thức ăn, triển lãm, và nhạc sống.



All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473 - 4381 (Voice) / (415) 473 - 3232 (TTY) or by emailing at disability-access@marincounty.org at least four work days in advance of the event. Copies of documents are available in alternative formats, upon written request.



May Mental Health Month 2016

Hearing Voices Simulation Description and Budget

Vision:

Participants of May Mental Health Month will gain insight into the experience of people who struggle with mental health challenges and learn about and promote mental health recovery.

Mission:

By May 2016, we will have completed the first MHSUS voices simulation exercise which will demonstrate daily challenges faced by individuals who hear voices. This training will be ready to be reproduced at future trainings of CCAB and MHSUS.

Project Execution:

During May Mental Health Month, there will be a simulated experiential exercise for participants to learn of the challenges that individuals who hear voices face. This experience will include audio and visual aids, experiential exercises and discussion. This event will take place at the Connections Center in room 109/110 during business hours. Invited participants may be community members, County of Marin employees (not only MHSUS), Board of Supervisors. Volunteers and facilitators will be sought by CCAB and MHSUS to help execute this training. Jessica Diaz is one identified facilitator; one more is needed. Participants are encouraged to be vetted before participating due to sensitivity of material and community role. Participants encouraged to stay the entire length of program to ensure that debrief and discussion is thoughtful and thorough to meet all participant's needs. Special attention will be given by facilitators and volunteers to provide their own feedback about exercise in order to reproduce at a later date at another CCAB or MHSUS event. Light refreshments will be served.

Description:

The Hearing Voices Simulation is a groundbreaking empathy-building exercise that helps individuals, students, and professionals understand the challenges faced by people with psychiatric disabilities.

During the Simulation, participants listen to distressing voices through headphones while completing a series of tasks, such as taking a mental status exam in a mock emergency room. During the debriefing, even veteran mental health workers say that they have gained new insights into the strength and resilience of those of us with psychiatric disabilities.

Watch CNN's [Anderson Cooper](#) undergo the Simulation.

Here is a research study on the effects of the Simulation on nurses.

Toolkit

- Introductory video (55 minutes) by Pat Deegan on:
 - The subjective experience of hearing distressing voices
 - How police, doctors, nurses, EMTs, families, and other first responders can help
 - Coping strategies
- USB flash-drive with:
 - MP3 file of the 45 minute voices simulation
 - Trainers Guide
 - Group Exercises
 - Room Set-up Diagrams
 - Handouts

How it's used

The Hearing Voices Simulation is used by the federal, state and local law enforcement, academic institutions, medical schools, managed cared companies, and advocacy organizations across the United States.

Mental Health Organizations – programs use it to train new employees, to foster empathy and increased knowledge of the experience of hearing voices, to help staff learn more about the types and varieties of voice hearing experiences, and to learn more effective ways of helping individuals who hear distressing voices.

Academia - psychology, social work, nursing, and medical schools use it to introduce the next generation of providers to recovery, and to help students learn more about the experiences of people who hear voices so they are better prepared to enter the workforce, and support people in recovery.

Criminal Justice Systems - court systems, jails/prisons, police departments, parole/probation departments, and first responders use it to increase awareness and

empathy for the experiences of people who hear distressing voices, and to learn more effective engagement skills.

Content taken from

<http://store.patdeegan.com/collections/simulation/products/hearing-voices-simulation>

What is needed to perform this exercise for May Mental Health Month 2016:

- **Materials can be used for up to 40 participants and repeated many times.** This means that once we purchase the materials, we do not need to purchase this tool kit again in order to do the exercise again.
- At minimum there should be 2 facilitators and 5 volunteers, however depending on how the exercise is set-up, there may be need for more volunteers to help participants in small groups complete the exercises.
- 2 facilitators: Jessica Diaz and another clinician volunteer
 - Facilitator's responsibilities include: introducing activity, guiding participants through the exercises, being available to help with participant's reactions to exercises during the simulation, guiding a discussion and debrief after the simulation- discussion of resources (for clients, clinicians and family members), and how this event connects to overall vision of reducing stigma around mental illness.
- 5 volunteers (more may be needed once we view the materials to see how it is set-up. This # does not include the 2 facilitators who can jump in as additional volunteers for simulation exercises).
 - Set-up/Clean-up
 - Helping pass out materials
 - copying the mp3 onto several devices, or in a shareable format for iPhone/iPod
 - Answering questions during exercise about the flow of the day/schedule
 - These volunteers have met with facilitators at least 1-3 times before the exercise to become familiar with the materials
- CCAB and MHSUS staff members to donate "for use during the exercise-only" iPods, or hand-held music devices and earphones. (depending on the # of participants this could range from 10-15 devices and earphones).
 - May need to contact local libraries if they have MP3 players that can be requested for use during the training.
 - volunteers and facilitators will find out if an MP3 can be downloaded onto smartphones or tablets for use during the exercise and instruct participants how to do this beforehand. Tech support may be needed from Marin County IT dept.

Budget:

Budget 1: \$400

- **Toolkit: \$350.00**
- Purchased from patdeegan.com
 - Introductory video (55 minutes) by Pat Deegan on:
 - The subjective experience of hearing distressing voices
 - How police, doctors, nurses, EMTs, families, and other first responders can help
 - Coping strategies
- USB flash-drive with:
 - MP3 file of the 45 minute voices simulation
 - Trainers Guide
 - Group Exercises
 - Room Set-up Diagrams
 - Handouts
- Printed material: \$0 (use county printers/paper supply)
- Hand-held iPod/iPhone and similar MP3 platers: \$0
 - Needed: volunteers to donate use of their iPod or MP3 player or other music device.
- Food: **\$50-75**
 - coffee and tea
 - light snacks
- Facilitators: \$0
 - MHSUS clinicians will donate their time
- Volunteers: \$0
 - CCAB members and County of Marin Volunteers will donate their time
- Total: \$400-\$475

Budget 2: Toolkit purchased from National Empowerment Center Inc. \$499

- A one hour video lecture featuring Dr. Patricia Deegan, exploring the literature and the experience of hearing distressing voices.

- Recorded simulation of what "voices" sound like available as an MP3 download or **40 CDs**; to be used in the simulation activities portion of the curriculum. (Track 1 is 45MB, 39 minutes, 32 seconds. Track 2 is 45.7MB, 39 min, 59 seconds)
- Instructor's Guide.
- Instructors Manual for Police Training - An adaptation of the simulation activities adapted by the Salt Lake City Police Department to be relevant to law enforcement officers who may encounter people who "hear voices" or who may be experiencing an altered state.
- Bibliography
- Booklet: Coping with voices \$15
 - Self-help guide that may be helpful for resources and more discussion and coping strategies
- Printed material: \$0 (use county printers/paper supply)
- Hand-held iPod/iPhone and similar MP3 platters OR CD players: \$0
 - Needed: volunteers to donate use of their iPod or MP3 player or other music device.
 - OR ask participants to download MP3 onto their smartphone for use during the exercise, tech support may be needed: \$0 for volunteers
 - May need to contact local libraries if they have MP3 players that can be requested for use during the training.
- Food: **\$50-75**
 - coffee and tea
 - light snacks
- Facilitators: \$0
 - MHSUS clinicians will donate their time
- Volunteers: \$0
 - CCAB members and County of Marin Volunteers will donate their time
- Total: \$564-589

Cierra Hayneworth – MC \$100
Cordell Coleman-Features Speaker \$100

Poets-\$50

Darielle Reed

Ta'Naejah Reed

Kenya Roary

Azariah Donaldson

Cheyenne Sykes

Karim Shakur

Set up & Clean up \$25

Mary Jane Davis

Zaahirah Majid

Madeline Crawford

MAY MENTAL HEALTH MONTH!

MAY CALENDAR INVITATION

Hello!

On behalf of the Cultural Competence Advisory Board for Mental Health and Substance Use Services, we would like to invite you to partake in our 'Master Calendar'. The calendar is a collection of activities hosted by mental health and substance use service agencies in May that are open to community members.

If you are interested in having your activity or event advertised in our calendar commemorating May Mental Health Month, please send us:

1. the name of your activity or event
2. brief description of the activity or event (5 sentences or less)
3. the date, time, location and contact person for the event or activity

Please submit your announcement no later than Friday, March 25th, to Jackie Germaine at jgermaine-bewley@marincounty.org.

Thank you!





May Mental Health Month
 “For hope, resilience, and recovery”

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	1		1	10		1
2	1	3	1	6		8
9	1	10	1			15
16	1, 8, 9	10	1			22
23	1, 8	12	1			29
30	1, 8	31	1			



1 **Name:** "Work Independent Network (WIN)" Orientation
Date: Tuesdays at 12:00 pm: 555 Northgate Drive
Date: Thursdays at 1:00 pm: Goodwill Industries:
809 Lincoln Blvd
Contact: Tamahtra McClure (415) 456-9350 ext.148

Name: May Mental Health Day
Date: May 18th, 9:00 am - 5:00 pm
Location: 3240 Kerner Blvd. San Rafael, CA.
Wellness Campus.
Description:
A FREE day long event to raise awareness for mental health and substance use. Join us for music, food, exhibits, food, and much more.

2 **Name:** Marin Communications Forum
Date: May 23rd, 10:00 -11:30 am
Location: 1010 Northgate Dr, San Rafael, CA 94903
(4 Points by Sheraton)
Contact: Marisol Munoz – marisolmunozk@gmail.com
Description:
Discussion about local mental health services for families with children.

3 **Name:** Interfaith Breakfast
Contact: Carol Havis - chovis@marinifc.org
Date: May 4th, 8:00 -10:00 am
Location: Congregation Kol Shofar.

5 **Name:** REAL: Conversations about Mental Health and Mental Illness
Date: May 19th, 7:00 - 9:00pm
Location: Congregation Rodef Sholom
170 N. San Pedro Rd.
Contact: please RSVP to MHI@rodefsholom.org or 415.479.3441. joanne@rodefsholom.org
Description:
Rodef Sholom is hosting a free lecture evening with local author Mary Widdifield and her sister Elin Widdifield, authors of 'Behind the Wall'; the true story of mental illness as told by parents. They will be speaking about the value of community for mental health recovery. Free and open to the public.



8

Name: Suicide Prevention and Community Counseling Course

Date: Tuesday evenings 7:00 - 10:00 pm, May 17-June 21
One required class, Saturday, June 11, 10:00 am - 5:00 pm.

Location: Family Service Agency of Marin.

Contact: For more information or to register: 415-499-1193x3003 or email fsa@fsamarin.org

Description:

Suicide Prevention & Community Counseling is looking for volunteers for our 24/7 hotline. Hotline volunteers counsel people in a personal crisis, those concerned about friends and family, and community members grieving a loved one. To become a volunteer, individuals must successfully complete our Hotline Training Class. Training is comprehensive & supportive, includes training in active listening skills, crisis intervention & how to assess suicide risk. Fee \$25. Registration required.

6

Name: Town Hall Meeting

Contact: Barbara Coley - bcoley@camarin.org

Date: May 6th from 3:00 - 5:00 pm

Location: Rm 109 and 110 at the Wellness Campus. 3240 Kerner Blvd. San Rafael.

Description:

Town Hall Meeting - The goal is to get feedback and to move forward to create an Advisory Committee consisting of peers and family members for CAM's Mental Health Programs. Sponsored by Community Action Marin's Steering Committee.

7

Name: Music with Ron Corral

Date: May 18th, 1:00 - 2:00

Location: The Enterprise Resource Center

Description:

The Enterprise Resource Center will open its doors with some healthy snacks and will present the original music of guitarist, Ron Corral.

9

Name: Board of Supervisors Resolution

Date: May 17th

Location: Civic Center, Marin BOS Chamber 3501 Civic Center Dr, San Rafael.

Description:

Resolution commemorating May Mental Health Month.



- 10** **Name:** Mental Health Shabbat
Date: April 29 th, 6:15 - 7:15 pm
(pre-ong starts at 5:45 pm)
Location: Congregation Rodef Sholom;
170 N. San Pedro Road
Contact: joanne@rodefsholom.org
Description:
Join us on April 29th for a Mental Health Shabbat where we will celebrate the amazing accomplishments of Congregation Rodef Sholom's Mental Health Initiative. At the service, we will launch our stigma-reducing program for Mental Health Awareness month. The service will feature a sermon by Rabbi Stacy Friedman, the unveiling of our interactive community art installation, personal stories from congregants and a special thank you and blessing for members of our Mental Health Initiative team. Everyone is welcome.

- 11** **Name:** Mental Health First Aid Training
Date: May 21st 8:30 am - 5:30 pm
Location: First Congregational Church of San Rafael
8 North San Pedro Road, San Rafael, CA. 94903
Contact: Edtiana Rockwell -
(ERockwell@marincounty.org)
Description:
A First Aid course for first responders, students, teachers, leaders of faith communities, service providers, and caring citizens on how to help others experiencing mental illness or crisis . Registration is required. Contact Edtiana Rockwell (ERockwell@marincounty.org)
- 12** **Name:** A Silent Auction
Contact: Barbara Coley - bcoley@camarin.org
Date: May 25th, 5:00 - 8:00pm
Location: Falkirk Mansion
Description:
"A Silent Auction" to raise funds for the 1108 Gallery. Sponsored by Community Action Marin's Mental Health Programs. The goal is to raise funds (\$20,000) to staff the 1108 Gallery that supports artists that are mental health clients.

May Mental Health Month – 2nd Meeting

Next Meeting: Friday Nov. 6th - 3 pm

Discussed:

- A need to meet regularly to solidify our roles and responsibilities until we can work independently to meet those goals.

Discussed:

Goal:

As a part of community engagement and broadening outreach a plan was discussed to raise awareness of our current May Mental Health Month Event as well as to start dialogue about mental health throughout the month of May.

Rough Proposal / Idea:

Similar to the yellow 'livestrong' bands, green 'Mental Health' bands would be sold and distributed to the community throughout the months leading up to May. Supporters who purchase a band will be given a wallet size schedule of local businesses and restaurants that have partnered with the community to donate 10-15% of sales from community members wearing a band back to mental health services in Marin county. The wallet size schedule would inform consumers of the days in which businesses would be donating 10-15% of sales back to the community. The green bands would also serve to start dialogue around mental health. The take away message would be to engage community members who would not normally attend or discuss mental health events/issues.

Volunteers:

Volunteers would set up near grocery stores, farmers markets, and other high traffic areas to sell green 'Mental Health' bands and distribute information about the upcoming May Mental Health event. This would include the screening of movies like 'inside out' (English/Spanish/ Vietnamese) as well as the other projects we are currently working on.

Engagement:

Local Schools, Businesses, Restaurants, NAMI etc. would be informed of both the event and the bands. Those who choose to partner with us would be given a poster or sign to display in front of their business to identify themselves as community contributors on the day in which they would be donating back. Flyers would be distributed throughout the community containing the schedule and information about the event.

2/26/16

In summary of today's meeting:

1) We reviewed the Event Schedule. For the 'informational booth' section of the event we identified agencies we would like to be present and inviting other agencies as well. We plan on having a total of 15 tables available. Setup will take place at 10:30 am and will be available to the public from 11 – 2 pm.

* Confirmed – Buckelew, NAMI, CAM/ERC, Promotores

* Identified – BACR, Homeward Bound, TAY Sunny Hills, SENECA, MHHS, Faith Community, Canal Welcome Center, Canal Alliance

* Other – We will send out a flyer with a 'Call to Action' to community agencies inviting them to present information regarding their services during the event on a first come first serve basis. The flyer will be sent to Cesar by March 1st.

2) Preparations for the event – We will need to meet on Tuesday May 17th, the day before the event, to setup tables and chairs for the following day.

3) Individual Goals

* **Robbie** – We would like to know what kind of space / room you need, It'll be important to coordinate with facility management at the wellness center to find out if you can hang things on the wall and if so where? Please follow up with facilities at the wellness campus about what you can / plan to do.

* **Jessica** – As we talked about, you will be looking into the Zumba classes with Marisol as well as Folk Dancing.

* **Cheryl** – We need to look into the Speakers Bureau hosted by NAMI, the Promotores Role-play (what kind of space/ setup they will need), and music with Ron Karel?

* **Cesar** – You'll be looking into interpretation services for the day, Poetry Slam, reaching out to Faith Organizations, asking Douglas for Volunteers, and Food

* **Jackie** – Will send out the master calendar invitation and ask for agency participation, I will coordinate with her on the invitation. Jackie, can you coordinate with Cesar to place room numbers next to the events? The link to the google doc is listed above.

* **Gustavo** - I will make a Flyer for a Call to Action, asking agencies to partake in the informational booths. The Master Calendar layout of all events throughout May, and the Event Schedule for May 18th to be sent out.

We have plenty to do but this is an exciting opportunity to host our very own Culturally Competent May Mental Health Month Event!!!

Our next meeting is set for **Friday, March 4th at 3:30pm at the Wellness Campus**. I hope to see you all there. As we agreed, we would like to have all elements of the event confirmed by March 15th

Volunteers	
Lavie, Taffy	<TLavie@marincounty.org>
Jaragosky, Darby	<DJaragosky@marincounty.org>;
Gardner, Kristen	<KGardner@marincounty.org>
Munoz-Kiehne, Marisol	<MMunoz-Kiehne@marincounty.org>
Gray, Erin	<EGray@marincounty.org>
Cheryl August	<journeyom@yahoo.com>
Diaz, Jessica	<JDiaz@marincounty.org>
Carey Maccarthy	<careymaccarthy@gmail.com>
Cammie Duvall	<cammieduvall@gmail.com>
Boldrick, Eleanor	<EBoldrick@marincounty.org>
Hall, Jordan	<JHall@marincounty.org>
Douglas Mundo	
Agency	
Unity Marin	stephanie@unityinmarin.org
Canal Alliance	sandyp@canalalliance.org
Center for Domestic Peace	aweikel@c4dp.org
Sunny Hills TAY	ltaylor@sunnyhillsservices.org
SPAHR Center	JMajdoubi@thespahrcenter.org
Homeward Bound	abuck@hbofm.org
First 5 Marin	michelle@first5marin.org
Marin County	Erockwell@marincounty.org
Carol Hovis	chovis@marinifc.org
Community Action Marin	bcoley@camarin.org

May Mental Health Day: Each Mind Matters

“For hope, recovery,
and resilience”

Wednesday,
May 18th, 2016
9:00 am - 5:00 pm

Wellness Campus,
3240 Kerner Blvd.,
San Rafael CA.



Mental Health Day Schedule

Doors Open 9:00 am

Opening Remarks 9:30 - 9:40 am [Room 109/110]

Dr. Grant Colfax, Director of Health and Human Services, and Dr. Suzanne Tavano, Director of Mental Health and Substance Use Services

Classical Music to Start the Day 9:40 - 10:00 am [Room 109/110]

Beethoven was the first of the romantic period composers who dominated classical music during the 19th century. He was a passionate man who carried his feelings on his sleeve. Beethoven had episodes of depression accompanied by suicidal thoughts, and also episodes of elation with flights of ideas. This moodiness is reflected in his music. Artists, Krisanthly Desby (Cello) and Elizabeth Prior (Viola) will perform Ludwig von Beethoven eyeglass duet in e flat major, composed in 1796.

Stigma Stew Live! 10:00 - 11:00 am [Room 109/110]

A live theatrical piece produced by Cheryl August. Stigma Stew is a stigmatized chef from overseas who is confronted by local chefs, kitchen staff and even vegetables who plot and protest against him. This inspirational tale shows us how obstacles and interpersonal conflicts are met with spirit, experience, and hope. The most amazing things come from the most unexpected places.



The cast and crew of Stigma Stew!

Agency Information Tables 11:00 - 2:00 pm [Lobby]

Community Agencies offer information about their services and experiences as mental health and substance use providers in Marin County. Come and learn about resources in our community.

Berkeley Folk Dancers 11:00 - 11:45 am [Room 109/110]

Join the Berkeley Folk Dancers as they lead participants in a series of informal folk dances from around the world (Bolivia, Scotland, among others). All are welcome to participate.



Zumba 12:00 - 1:00 pm [Outside]

Get fit with a musical experience of Latin flavors that will surely brighten up your day!

Music Medicine 11:00 - 2:00 pm [Lobby]

Enjoy original music by Michael Reiss and Mark Lerner to motivate and celebrate your spirit. Songs like 'Perfect Imperfection' reminds us of the little imperfections that make each of us, uniquely, us.

Promotores Role Play 1:00 - 1:45 pm [Room107]

Join us with 'Los Promotores' as they perform 3 skits on the common myths about accessing mental health services. Offered in Spanish!

Meaningful Mental Health & Latinos en la Casa 1:00 - 2:30 pm [Room 105]

An original television series produced by the Cultural Competence Advisory Board (CCAB) in collaboration with Community Media Center of Marin (CMCM). Learn about youth mental health, crisis intervention, suicide prevention and the unique stories of community members as they work with local agencies towards recovery.

Hearing Voices 1:00 - 2:30 pm & 2:30 - 4:00 pm [Room 109/110]

Sign up spots are limited! Participants must sign up on the day of the event, registration is on a first come first serve basis. For an opportunity to experience first-hand what it is like to hear voices. Facilitators Jessica Diaz, ASW Mental Health Practitioner, and Erin Gray, LMFT Mental Health Practitioner from the Adult Case Management Team, lead us through up to 40 minutes of simulated voices, resembling that of someone with a psychotic mental health diagnosis. Participants will engage in everyday tasks and interact with the public. At the end of the exercise, facilitators will lead a discussion on the experience.

Speakers Bureau 3:00 - 4:00 pm [Room 110]

The Marin National Alliance on Mental Illness members share their personal and inspiring stories about their journey through mental health diagnosis to recovery.

Youth Poetry Slam 4:00 - 5:00 pm [Room 110]

Marin City Teen Council invites you to showcase your artistic talent! Bring and share your poem, rap, songs and artistic story in an effort to encourage, inspire and educate the audience about the meaning of mental health and substance use in the lives of young people. This session is designed to encourage the honest narratives of young people who often struggle silently in the shadows of stigma. Step up to the mic and express yourself!

Tabling Organizations

Bay Area Community Resources (BACR)

Buckelew Programs

Canal Alliance

Center for Domestic Peace

Community Action Marin (CAM)

Enterprise Resource Center (ERC)

Homeward Bound

Marin Interfaith Council

Marin Outpatient & Recovery

Services (MORS)

Mental Health & Substance Use

Services Division

National Alliance on

Mental Illness (NAMI)

Promotores del Bienestar -

Emocional

Project Avary

Rodef Sholom

Spahr Center

Sunny Hills -TAY

Voter Registration

and many others



COUNTY OF MARIN

All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473 - 4381 (Voice) / (415) 473 - 3232 (TTY) or by emailing at disabilityaccess@marincounty.org at least four work days in advance of the event. Copies of documents are available in alternative formats, upon written request.

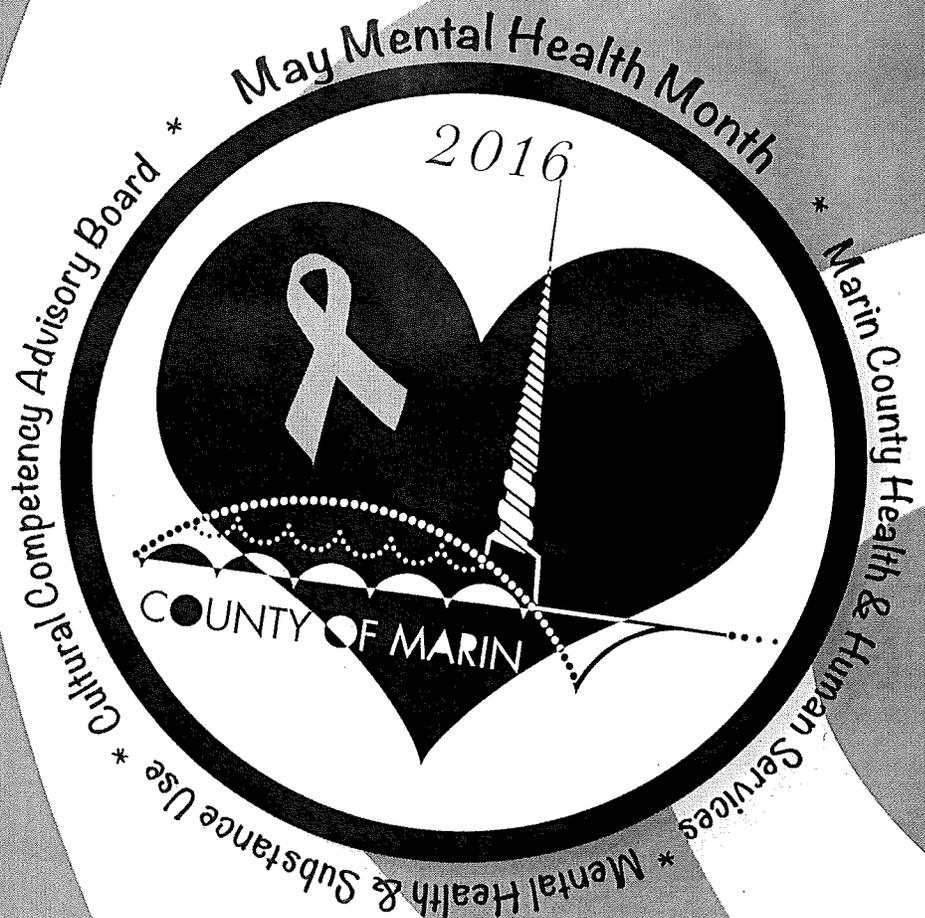


● Día de Salud Mental en Mayo: SanaMente

“Para la esperanza,
la recuperación, y
la fortaleza”

Miércoles
18 de mayo, 2016
9:00 am - 5:00 pm

Wellness Campus
● 3240 Kerner Blvd.,
San Rafael CA.



Horario del Día de la Salud Mental

Puertas se abren 9:00

Comentarios Iniciales 9:30 - 10:00 [Sala 109/110]

Dr. Grant Colfax, Director del departamento de Salud y Servicios Humanos y Dra. Suzanne Tavano, Directora de Servicios de Salud Mental y de Uso de Sustancias, hablarán de la importancia de los servicios en el condado de Marin.

Música Clásica 9:30 - 10:00 [Sala 109/110]

Beethoven fué el primero de los compositores románticos a dominar la música clásica en el siglo XIX. Beethoven era un hombre apasionado que se expresó libremente. Tenía episodios de depresión acompañados de ideas suicidas, y también tenía episodios de euforia. Estos cambios en el estado de ánimo se reflejan en su música. Dos artistas presentarán el dúo de las gafas en viola y violonchelo en e bemol mayor, compuesto en 1796.

¡Obra de Teatro en Vivo Stigma Stew! 10:00 - 11:00 [Sala 109/110]

Stigma Stew es una obra de teatro en vivo sobre un chef extranjero que es estigmatizado por los chefs locales, trabajadores de la cocina e incluso las verduras que protestan contra él. El Stigma Stew es un cuento inspirado de cómo los obstáculos y conflictos interpersonales se conquistan con espíritu, experiencia, y esperanza. Las cosas más sorprendentes pueden venir de los lugares más inesperados.

Mesas de Información de Agencias 11:00 - 2:00 [Vestíbulo]

Las agencias de la comunidad ofrecerán información sobre sus servicios y experiencias como proveedores de salud mental y uso de sustancias en el condado de Marin. Venga y aprenda sobre los recursos disponibles en nuestra comunidad.

Danzantes Berkeley Folk Dancers

11:00 - 11:45 [Sala 109/110]

La actividad física puede reducir el estrés, la ansiedad, y promueve la salud. Berkeley Folk Dancers guiarán 2-3 bailes populares (Bolivia, Escocia, entre otros). Ellos demostrarán y enseñarán cómo bailar su música. Todos están invitados a participar.



Zumba 12:00 - 1:00 [Afuera]

Póngase en forma con una experiencia musical segura de animar su día!

Medicina Musical 12:00 - 12:45 [Sala 109/110]

Disfrute de música original de Michael Reiss y Mark Lerner para motivar y celebrar su espíritu. Canciones como 'Perfecta Imperfección' nos recuerdan las pequeñas imperfecciones que hacen que cada uno de nosotros, de forma única, seamos nosotros.

Teatro de Promotores 1:00 - 1:45 [Sala 107]

Únase a nosotros con 'Promotores del Bienestar Emocional' que realizan 3 parodias sobre los mitos comunes sobre el acceso a los servicios de salud mental. ¡Ofrecido en español!

Programas de TV 1:00 - 2:30 [Sala 105]

Una serie de televisión original, Latinos en la Casa y Meaningful Mental Health son programas de televisión originales producidos por el Consejo Asesor de la competencia cultural (CCAB) en colaboración con el Centro Comunitario de Medios de Marin (CMCM). Obtenga información acerca de los servicios para la prevención, el tratamiento y la recuperación de las enfermedades mentales.

Oyendo Voces 1:00 - 2:30 & 2:30 - 4:00 [Sala 109/110]

¡Inscríbese, pues los asientos son limitados! La participación será por orden de llegada. Tenga la experiencia de lo que se siente al oír voces. Las facilitadoras, Jessica Díaz, MSW profesional de la salud mental, Erin Gray, LMFT, nos llevarán a través de 40 minutos de voces simuladas, parecida a la de una persona con un diagnóstico de psicosis. Los participantes realizarán tareas de la vida diaria y tendrán interacciones. Al final del ejercicio, las facilitadoras dirigirán una discusión sobre la experiencia.

Oradores 3:00 - 4:00 [Room 110]

Miembros de La Alianza Nacional de Enfermedades Mental comparten sus historias personales e inspiradoras acerca de su viaje a través del diagnóstico de salud mental hasta la recuperación.

Youth Poetry Slam 4:00 - 5:00 [Room 110]

¡El Concilio de Jóvenes de Marin City le invita a mostrar su talento artístico! Traiga y comparta su poema, rap, canciones ó cuento artísticos, en un esfuerzo para alentar, inspirar y educar al público sobre el impacto de la salud mental y consumo de sustancias en la vida de los jóvenes. Esta sesión está diseñada para alentar las narrativas honestas de los jóvenes que a menudo luchan en silencio en las sombras del estigma. Acerquese al micrófono y exprese sus emociones!

Agencias Representadas

Bay Area Community Resources (BACR)

Buckelew Programs

Canal Alliance

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MH & SU Simulation

Option 1: CCAB coordinates and pays for a 'kit'.

Cost: estimated ~\$1800

Steep learning curve

Volunteers

Option 2: Receive a proposal for the simulation to done by Tiela Chalmers on Mental heath.

Cost: ~\$1000

Who organizes volunteers/materials etc.?

Option 3: TBD

Poverty / Mental Health Simulation (Tiela Chalmers)

Missouri Community Action Kit -

<http://www.marketplace.org/topics/wealth-poverty/could-you-live-438-week>

Brochure - <http://www.caastlc.org/pdf/povertysimulation.pdf>

1. Requirements:

- a. ~1000 sq. ft. Room
- b. Min. 40 - Max 90 participants
- c. 11 - 18 staff members
- d. Resource Tables
- e. Profile Packets
- f. 3 hr. window
- g. Headphones & Audio player

2. Simulation:

- a. 4 Week scenario of living with mental health, substance use, poverty issues.
- b. Assign names/families to incoming participants
- c. Distribute a scenario packet with family and personal information
- d. Each week families learn how to prioritize and navigate through agencies for services - resource tables, social security, school, etc. represent agencies.
- e. Break-away - participants discuss their feelings and ideas on the experience and ways to improve the community.

May Mental Health Month – 2nd Meeting

Next Meeting: Friday Nov. 6th - 3 pm

Discussed:

- A need to meet regularly to solidify our roles and responsibilities until we can work independently to meet those goals.

Discussed:

Goal:

As a part of community engagement and broadening outreach a plan was discussed to raise awareness of our current May Mental Health Month Event as well as to start dialogue about mental health throughout the month of May.

Rough Proposal / Idea:

Similar to the yellow 'livestrong' bands, green 'Mental Health' bands would be sold and distributed to the community throughout the months leading up to May. Supporters who purchase a band will be given a wallet size schedule of local businesses and restaurants that have partnered with the community to donate 10-15% of sales from community members wearing a band back to mental health services in Marin county. The wallet size schedule would inform consumers of the days in which businesses would be donating 10-15% of sales back to the community. The green bands would also serve to start dialogue around mental health. The take away message would be to engage community members who would not normally attend or discuss mental health events/issues.

Volunteers:

Volunteers would set up near grocery stores, farmers markets, and other high traffic areas to sell green 'Mental Health' bands and distribute information about the upcoming May Mental Health event. This would include the screening of movies like 'inside out' (English/Spanish/Vietnamese) as well as the other projects we are currently working on.

Engagement:

Local Schools, Businesses, Restaurants, NAMI etc. would be informed of both the event and the bands. Those who choose to partner with us would be given a poster or sign to display in front of their business to identify themselves as community contributors on the day in which they would be donating back. Flyers would be distributed throughout the community containing the schedule and information about the event.

Cultural Competency Advisory Board
 May Mental Health Month Planning
 A Tentative Overlook

Objective: To reduce stigma, engage the community, and increase access to services. Awareness, Hope, Recovery, Resilience

Research: Existing fundraiser models

Location: Wellness Campus Plaza & Conference Room (Tentative)

Flyer: To be discussed

Outreach:

- Bay Area Community Resources
- Community Action Marin
- SENECA
- Sunny Hills
- Canal Welcome Center
- Phoenix Center
- Enterprise Resource Center
- Odyssey
- Buckelew Programs
- STAR
- Police Department
- Spectrum
- Marin City Programs
- Women Helping All People
- St. Vincent de Paul Society

Community:

- Farmers Market
- Community Media Center of Marin
- Extra Food

Event Activities:

- Raffle
- Simulation
- Stigma Stu (~ two 25 min. performances)
 - Play about stigma and mental health
 - Outline
- Faces of Marin (Cinematographic Experience)
 - Photographer
 - Video Editing

Catering:

- Extra Food
- Farmers Market

In today's meeting with Cesar we were able to identify the next steps towards completing the proposal by the beginning of January.

The next meeting is tentatively set for next Friday, Dec. 18th at 3pm at the Wellness Campus. Please let us know if this time works for you.

We've done a great job so far by typing up the purpose and description of the events, below are the next steps in this project as identified in the meeting: (Please correct me if I'm wrong.)

<https://drive.google.com/folderview?id=0B8Obkr3cAerLRVN2OGxOcGpqU2M&usp=sharing>

- A clear and concise Goal, Description, and Outcome for each part of the event.

Ex. Goal: (2-3 sentences) Bring together community members and stakeholders to discuss mental health, learn skills around mental health first aid, safety and community resources.

Description: (View google doc for examples)

Outcome: (2-3 sentences) 50 participants will learn at least 1 new skill to bring back to their business, team, etc. in order to start dialogue about mental health.

- An itemized **budget** for the event. This includes, materials, food, stipends, props, etc.
- **A high cost / low cost version** of the proposal. The goal being to highlight the difference between how much more the community gets by investing in the high cost proposal as opposed to the low cost proposal.
- Perhaps most important of all, have fun with it!

Please try to complete the above as best you can by the next meeting.

NEWS RELEASE

www.marincounty.org/news

COUNTY OF MARIN



For Immediate Release

May 17, 2016

Contacts:

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Early Recognition Emphasized in Mental Health Month

What does it feel like to have a mental illness? Speaking out helps erase stigma

San Rafael, CA – The highly personal theme for May is Mental Health Month calls attention to what life with a mental illness feels like to someone going through it.

“We need to speak up early and in real relatable terms so that people do not feel isolated and alone,” said Suzanne Tavano, Ph.D., the Mental Health and Substance Use Services Director for Marin County Health and Human Services (HHS).

Tavano said research shows that by ignoring symptoms a person can lose 10 years in which specialists could intervene and change a life for the better. As suggested by the Life With a Mental Illness theme during May (with #mentalillnessfeels like as its social media hashtag), speaking out about what mental illness feels like can encourage others to recognize symptoms early on in the disease process and empower individuals to be agents in their own recovery.

Prevention, early identification and intervention, and integrated services work. Being open about how life with a mental illness feels can help build support from friends and family, reduce stigma and discrimination, and increase chances of recovery.

A website called Each Mind Matters includes information about mental health and the statewide initiatives to prevent suicide, eliminate stigma and discrimination, support school mental health programs, and promote prevention and early intervention. ReachOut.com is a helpful and engaging website with mental health content directed toward youths.

Join the County of Marin's Mental Health and Substance Use Services Division's Cultural Competency Advisory Board on May 18 from 9 a.m. to 5 p.m. at the Health and Wellness Campus, 3240 Kerner Blvd, San Rafael, to commemorate the May Mental Health Month: Each Mind Matters event!

Featured events include:

- folk dancers
- service agency information booths

PG. 2 OF 2

- Zumba
- music medicine
- skits by Los Promotores about accessing mental health services offered in Spanish.
- a youth poetry slam

For more information on May is Mental Health Month, check out the video featuring Marin HHS program staff and clients. Learn more at marinhhs.org/mhsus.

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Resolución

Dado que uno de cada cinco adultos en los Estados Unidos experimentarán una condición de salud mental diagnosticable en algún momento de sus vidas, y que la enfermedad mental no tratada es la principal causa de discapacidad en todo el mundo; y

Dado que las enfermedades mentales son tratables, que la recuperación es posible y lo vemos a diario, pero debido al estigma y la discriminación muchas personas no buscan tratamiento; y

Dado que toda persona y comunidad pueden hacer una diferencia para ayudar a acabar con el silencio y el estigma que durante demasiado tiempo ha rodeado a la enfermedad mental y desanimado a las personas a buscar ayuda; y

Dado que la educación pública y las actividades cívicas pueden fomentar la salud mental, y ayudar a mejorar la vida de las personas y familias afectadas por una enfermedad mental; y

Dado que la participación de personas con experiencia propia de problemas de salud mental es parte integral de la prestación de servicios acertados y de calidad; y

Dado que la buena salud mental es un componente integral de la salud y el bienestar general, y que mejoras en la colaboración con servicios de salud primaria es clave para que hayan mejoras en el acceso a los servicios; y

Dado que la identificación y el tratamiento temprano pueden hacer una diferencia significativa en el manejo de la enfermedad mental y la recuperación; y

Dado que el enfoque presente de los servicios de salud mental de Marin en mejorar la atención brindada a los jóvenes de 16 a 24 años debe ir de la mano con el empoderamiento de éstos a través de su elección y de su voz en sus servicios; y

Dado que los individuos, las agencias gubernamentales, las organizaciones, los proveedores de servicios de salud y las instituciones de investigación están llamados a crear más conciencia sobre la salud mental y a seguir ayudando a las personas a vivir vidas más largas y saludables.

Por tanto, se resuelve que la Junta de Supervisores del Condado de Marin proclama el mes de mayo de 2016 como el "Mes de la Salud Mental" en todo el condado de Marin.

Esta resolución fue aprobada y adoptada en la reunión regular de la Junta de Supervisores del Condado de Marin celebrada el día 7 de mayo de 2016.

RESOLUTION
of
 THE BOARD OF SUPERVISORS
 MARIN COUNTY

PROCLAIMING
 MENTAL HEALTH AWARENESS MONTH
 MAY 2016

WHEREAS, one in five adult Americans will experience a diagnosable mental health condition some time in their lives. Untreated mental illness is the leading cause of disability around the world; and

WHEREAS, mental illnesses are treatable and recovery is possible, we see it every day. Yet because of stigma and discrimination, many people do not seek treatment; and

WHEREAS, every citizen and community can make a difference in helping end the silence and stigma that for too long has surrounded mental illness and has discouraged people from getting help; and

WHEREAS, public education and civic activities can encourage mental health and help improve the lives of individuals and families affected by mental illness; and

WHEREAS, the use of peer providers who have lived experience of mental health issues is an integral part of providing quality and in-touch services; and

WHEREAS, good mental health is an integral component of overall health and well-being. Improved collaboration with primary care is a key to improving access to services; and

WHEREAS, early identification and treatment can make a profound difference in successful management of mental illness and recovery; and

WHEREAS, Marin's mental health services' present focus on improving care for 16-24 year olds is going hand in hand with empowering those youth through choice and voice in their services and community; and

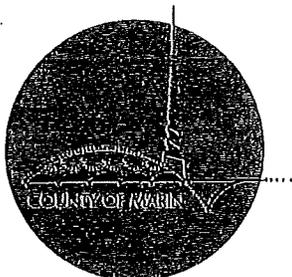
WHEREAS, citizens, government agencies, organizations, health care providers and research institutions are called upon to raise mental health awareness and continue helping people live longer, healthier lives.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Marin hereby proclaims the month of May 2016 as "Mental Health Awareness Month" throughout Marin County.

PASSED AND ADOPTED at a regular meeting of the Board of Supervisors of the County of Marin held this 17th day of May 2016.

STEVE KINSEY - SUPERVISOR, DISTRICT 4 - PRESIDENT

JUDY ARNOID - SUPERVISOR, DISTRICT 5





Amber Allen
Teen Center Program Coordinator 252
630 Drake Avenue
Marin City, CA 94965
Phone: (415) 332-1441
Fax: (415) 332-9225

Cesar;

The Marin City Teen Council/Center is grateful for the opportunity to participate in the program presented by the County of Marin's Mental Health and Substance Use Services Division for May Mental Health Month. Our teens would like to host an open mic forum to encourage the youth to speak about mental health and substance use issues. A member of the Marin City Teen Council will host the open mic event. There will be featured speakers who will share poems, raps, songs, and stories in an effort to encourage and inspire participation. We will have a featured youth speaker who will also give his own testament to the issue of substance abuse. The whole design of our production will be to encourage the brave, vulnerable, and honest narratives of other young people who struggle silently with issues of mental illness or substance use issues for themselves or within their families. We would like to eliminate the stigma of mental illness and encourage empowerment for young people in these matters. Thank you again for the opportunity.

Amber Allen

Cultural Competence Advisory Board

2016 May Mental Health Month Planning Committee

Workplan Timeline and Tasks

Co-Coordinator: Gustavo Goncalves, Jackie Germaine-Bewley

Committee Planners: Jessica Diaz, Robbie Powelson, Cheryl August

Project Manager: Cesar Lagleva

May 18th Event – Marin County Mental Health: Each Mind Matters

Objective #1: Develop event program

<u>Task</u>	<u>Who</u>	<u>By When</u>	<u>Accomplished (Y/N)</u>
<u>confirm activities and get description</u>		3/18/16	
-Keynote speakers (Katie, Grant, Suzanne)	Cesar	3/18/16	partial Grant/Suzanne
-Classical musicians	Cesar	3/18/16	yes/done
-Stigma Stew description	Cheryl	3/18/16	yes/done
- Folk Dancers description	Jessica	3/18/16	yes/done
-Zumba class description	Jessica	3/18/16	yes/done
-Ron Corral or Music Meds.	Cheryl	3/18/16	yes/done
-Voice exercise description	Jessica	3/18/16	yes/done
-Promotaras skit description	Cheryl	3/18/16	yes/done
-Speakers' Bureau description	Cheryl	3/18/16	yes/done
-Youth Poetry slam description	Cesar	3/18/16	yes/done
-Create program	Gustavo/Jackie	3/25/16	yes/done
-Create event flyer	Gustavo/Jackie	3/25/16	yes/done
-Community-wide electronic distribution	All	4/1/16	yes/done

Objective #2: Confirm tabling organizations

Task	Who	By When	Accomplished (Y/N)
Create flyer of invite <u>Contact:</u>	Gustavo	3/11/16	yes
1. Buckelew/FSA	Cheryl	3/25/16	yes/confirmed
2. NAMI	Cheryl	3/25/16	yes/confirmed
3. CAM/ERC	Cheryl	3/25/16	yes/confirmed
4. CA/Promotoes	Cesar	3/25/16	yes/confirmed
5. BACR	Cheryl	3/25/16	yes/confirmed
6. Homeward Bound	Cesar	3/25/16	yes/confirmed
7. Sunny Hills TAY	Cesar	3/25/16	yes/confirmed
8. Project Avary	Cesar	3/25/16	yes/confirmed
9. MHSUS	Cesar	3/25/16	yes/confirmed
10. Marin City	Cesar	3/25/16	yes
-CX3			
-Phoenix Project			
-Bridge the Gap			
-Hannah Project			
11. MORS	Cesar/Jackie	3/25/16	yes
12. Centerpoint	Cesar/Jackie	3/25/16	yes
13. Center for Domestic Peace	Cesar	3/25/16	yes/confirmed
14. Marin Interfaith Council/Rodef	Cesar	3/25/16	yes/confirmed
15. Spahr Center	Cesar	3/25/16	yes/confirmed
16. Voter registration	Cesar/Jackie	3/25/16	yes/confirmed
Include confirmed tabling Organizations on program	Gustavo/Jackie	3/25/16	

Objective #3: Obtain resources, materials, support for May 18th event

Task	Who	By When	Accomplished (Y/N)
Order food (\$500) Mi Pueblo	Jackie	5/6/16	
Secure event volunteers	Cesar/Robbie	5/13/16	
Interpreter Services	Cesar	4/1/16	yes
Print 200 copies of program	Cesar/Jackie	5/6/16	yes/done
Coordinate parking for event	Cesar	5/6/16	
Develop list of volunteer Assignments	Gustavo/Jackie	5/6/16	
Set up for event (5/17/16)	All	5/17/16	
Develop honorarium list	Cesar	4/15/16	yes/done
Submit honorarium request			

To fiscal

Cesar

4/22/16

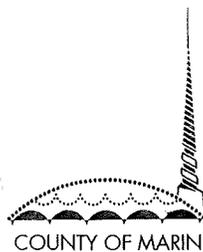
County-wide Master Calendar Development

Objective: Create a county-wide master calendar of events throughout May

<u>Task</u>	<u>Who</u>	<u>By When</u>	<u>Accomplished (Y/N)</u>
Create flyer	Gustavo	3/11/16	yes/done
Disseminate flyer	All	3/14/16	yes/done
Announcement flyer to Stakeholders (due date to Submit event date to planning Committee is 3/25)		<u>EXTENDED TO 4/15</u>	
Disseminate master Calendar county-wide	All	4/15/16	

Miscellaneous Tasks

Distribute Signage and fans used in previous years throughout the community	Jackie/Robbie Kristen/Kasey	4/29/16	yes
Develop press release	Cesar/Jackie	4/29/16	yes/done
Coordinate press/media Communication	Cesar/Kristen/Jackie	4/29/16	yes/done
Develop board resolution	Robbie	4/29/16	yes/done
Confirm Board of Supervisors Resolution presentation date	Robbie	3/25/16	yes/done



DEPARTMENT OF HEALTH AND HUMAN SERVICES
**MENTAL HEALTH AND
 SUBSTANCE USE SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Larry Meredith, Ph.D.
 DIRECTOR

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March 27, 2015

To: Marin County Faith Leaders

Fr: Cesar Lagleva-LCSW, Ethnic Services and Training Manager

Re: Faith Leaders' Meeting to explore collaboration with Marin's Mental Health and Substance Use Service System

Dear Faith Leaders,

My name is Cesar Lagleva, Marin's Health and Human Services Department's Mental Health and Substance Use Services Division's Ethnic Services and Training Manager. I am writing to invite you to please join me and other Marin County faith leaders in an initial dialogue and exploration of a possible collaboration between our county's mental health and substance use division and the faith community.

The purpose of the meeting is to discuss the important role that faith and the faith community play in the intervention, treatment, recovery and resiliency of our residents who suffer from mental illness and/or chemical abuse and dependency. The goal of the meeting is to discuss ways that we can build or strengthen relationships, explore possible collaborative opportunities, and to identify our common grounds and collective interests to better serve the vulnerable members of our Marin community.

The meeting will be generously hosted by Pastor Johnathan Logan Sr. at his church in Marin City **on Friday, April 24, 2015, between 1:00-3:00**. The exact address is:

Cornerstone Community Church

626 Drake Ave.

Marin City, CA.

415-332-4295

Lastly, please pass this invitation to other Marin County Faith Leaders in hopes that they can join us. **Please RSVP your attendance by emailing me**

PG. 2 OF 2

at clagleva@marincounty.org or at 415-846-3789. Thank you for your consideration and I hope to see on the 24th.

Warm Regards,

Cesar Lagleva-LCSW

Ethnic Services and Training Manager

Faith Leaders' Behavioral Health Meeting:
Exploring the Role of Spirituality in the Treatment of Mental Illness and
Substance Abuse Disorders

Friday, April 24, 2015, 1:00-3:00

Cornerstone Community Church

626 Drake Avenue

Marin City, CA. 94965

Agenda

- Welcome and Introductions
- Purpose and goals of the meeting
- Overview of regional and statewide campaigns and initiatives
- Group discussion
- Next Steps
- Adjourn

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Friday, April 24, 2015 (1-3)

Cornerstone Community Church

In Attendance: Terrie Green, Fay Griffin, Brian Finley, Mary Elizabeth Davis, June Farmer, Homer Hall, Sue Tracy, Antoinette Jackson, Gigi Crowder, Elberta Erickson, Ricardo Moncrief, Dr. Suzanne Tavano, Pastor Jonathan Logan Sr., Cesar Lagleva

- Cesar Lagleva-LCSW, Ethnic Services and Training Manager for County of Marin's Mental Health and Substance Use Services (MHUS) Division, facilitated the meeting.
- Attendees introduced themselves and their role(s) in the community.
- Cesar explained the purpose and the goals of the meeting. He discussed the importance and the desire of MHSUS to collaborate with the faith community to address stigma within the faith and broader community. Also, Cesar discussed the possibility of developing closer partnerships between the faith communities and the county's mental health and substance user services division by identifying collaborative opportunities in the prevention, intervention, treatment and recovery system of care.
- Gigi Crowder, Alameda County's Ethnic Services Manager, presented on a growing state-wide movement/initiative within the faith community that she and other faith leaders throughout the state are co-leading **called Mental Health Friendly Communities: One Congregation at a Time**. Gigi provided some anecdotal examples of the success experienced by the initiative since its inception. Also, Gigi shared some of the core values, principles and commitments of the initiative (see attachments).
- Attendees asked questions about the initiative and shared some of their thoughts, feelings and ideas about joining and/or participating in the initiative. Pastor Logan expressed interest to further explore the possibility of collaborating

with the county's mental health and substance use services division by supporting this initiative. Pastor Logan generously offered his church as a meeting location for subsequent working meetings.

- A general consensus was reached to develop a working group to further explore Marin faith communities' specific role and commitment to this process. Cesar has agreed to facilitate future meetings that will hopefully result in a working action plan. Cesar emphasized the importance of having this process driven by faith leaders and their congregants while Cesar (County representative) provides immediate technical assistance in the working group's process.
- Cesar, Dr. Tavano and Gigi announced that May is Mental Health Awareness Month. Gigi encouraged attendees to consider highlighting the subjects of mental health and substance use, and the stigma associate to mental illness and substance abuse in Sunday conversations, sermons and prayers for the month of May.
- **Next Steps:**

First working meeting will be held on Friday, May 8, 2015, between 1-3 at Pastor Logan's Church: Cornerstone Community Church, 626 Drake Ave. Marin City, CA. 94965
- Meeting Adjourned

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Friday, May 8, 2015 (1-3)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Sue Tracy, Sylvia Bynum, Lesia Knudsen, Antoinette Jackson, Mary Davis, Dr. Jonathan Logan, Rev. Carol Hovis, Elberta Ericksson, Cecilia Castro Garcia, Ricardo Moncrief

- Cesar Lagleva-LCSW, Ethnic Services and Training Manager for County of Marin's Mental Health and Substance Use Services (MHUS) Division, facilitated the meeting.
- Attendees introduced themselves and their role(s) in the community.
- Cesar provided overview of the initiative's overall purpose and goals for attendees who were unable to attend the first meeting that was held on April 24th.
- General discussion about the county's mental health and substance use service system. Also, identified some of the challenges around access to services due to stigma.
- Discussed the inter-dependent need to collaborate when faith alone cannot adequately address some of the congregants' severe mental health and/or substance use service needs, and the system's difficulty to transition mental health and substance use service consumers to re-integrate them into a strong support system such as the faith community. It was acknowledged that a system of protocol/referral could be developed that can hopefully achieve a collaborative system of care between faith centers and the mental health and substance use service system for congregants and/or consumers.
- Faith leaders suggested that they, along with lay leaders within faith centers, can function in a role of system's navigators while mental health and substance use professionals can work to better assess consumers' faith backgrounds in order to make referrals to faith centers, when appropriate/necessary.

- Group agreed to plan for an all-day Mental Health First Aid training for faith and lay leaders, and to plan for an interfaith event that will bring interested faith centers to participate in this growing movement. Group also expressed interest to have Gigi Crowder provide leadership and guidance in the near and distant future in order to broaden the partnerships within the Mental Health Friendly Communities: One Congregation at a Time state-wide initiative.
- Rev. Hovis has agreed to begin to make some announcements about this initiative/movement, while others will consider using one of the worship days to sermon around the issues of stigma among their congregants. Cesar has agreed to continue to provide facilitation support to the process which will hopefully lead to a short and long-term strategic action plan, driven by the faith community.
- The next planning meeting will focus on planning for a day-long Mental Health First Aid training. Also, the group will plan for an interfaith event for the purpose of continuing to outreach and engage the faith community about this movement. Lastly, the group has agreed to bring some of their ideas on a possible name for this county-wide initiative.
- Adjourn

Next Meeting: Tuesday, June 2nd, between 10am-2pm at Cornerstone Community Church, Marin City.

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Tuesday, June 2, 2015 (10-12)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Sue Tracy, Chaplain Paul Gaffney, Pastor Dr. Jonathan Logan, Rev. Carol Hovis, Elberta Eriksson, Ricardo Moncrief, Kristen Gardner, Brian Finley

- New attendees, Reverend Carol Hovis, Chaplain Gaffney and Kristen Gardner, introduced themselves to the group.
- Cesar provided overview of the initiative's overall purpose and goals to attendees who were unable to attend the first two meetings.
- Chaplain Gaffney introduced materials that he has used related to mental health and spirituality.
- Kristen provided an overview of Mental Health First Aid. Mental Health First Aid is an 8-hour training; teaches signs/symptoms recognition; teaches how to respond appropriately; addresses stigma; designed for lay people; is evidenced-based and cannot be altered/; suited for teens and adults; it can train adults who work with young people; and it can be provided in English, Spanish and Vietnamese.
- Group discussed possible dates for religious and lay leaders to participate in the training. Possible dates are 9/15, 9/29, 10/6, 10/13. Pastor Logan offered to have the training held at his church in Marin City or a somewhere in San Rafael.
- Cesar and Kristen will follow-up with certain tasks such as drafting a flier, finding an available trainer and funds for incidental costs.
- Cesar encouraged Rev. Hovis, Pastor Logan and Chaplain Gaffney to consider providing a training for mental health and substance use professionals on the effectiveness of faith and spirituality in the treatment of mental illness and addiction, as part of the mental health division's cultural competence training series.
- The next planning meeting will focus on follow-up tasks and begin to begin to have a discussion around a community-wide event.
- Adjourn

- Next Meeting: Tuesday, June 23rd, between 10am-2pm at Cornerstone Community Church, Marin City.

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Tuesday, June 23, 2015 (10-12)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Sue Tracy, Chaplain Paul Gaffney, Rev. Carol Hovis, Ricardo Moncrief, Carol Hovis

- Group continued to plan for a Faith Leaders' Mental Health First Aid Training. The training will be scheduled on Tuesday, September 29th, between 8:30-5:30. The maximum number of participants for the training is 30. Outreach, invitations, etc. will begin at the end of July. The training will be co-sponsored by the MIC, Cornerstone Community Church and the county's MHSUS Division.
- Group discussed having Rev. Hovis, Pastor Logan and Chaplain Gaffney provide a training for mental health and substance use service professionals. Cesar will work with all to outline recommended topics, goals and objectives. The purpose of the training will be to provide participants an understanding on the significance, role and effectiveness of faith and spirituality in the intervention and treatment of people who suffer from mental illness and/or substance abuse/dependence. Proposed dates to offer a 3-hour training is either November 19th or December 17th, between 1-4.
- Group agreed to schedule standing meetings for the remainder of the calendar year. Monthly meetings will be held every third Tuesday of each month between 10:30-12:00 at Cornerstone Community Church.
- Adjourn
- **Next Meeting: Tuesday, July 21st, between 10:30am-12pm at Cornerstone Community Church, Marin City.**

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Tuesday, July 21, 2015 (10:30-12:00)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Sue Tracy, Rev. Carol Hovis, Ricardo Moncrief, Terrie Green, Brian Finley, Elberta Ericksson, Monique Brown

- Cesar provided brief updates on some of the activities, events and other doings of the county's Mental Health and Substance Use Services Division (MHSUS)
- Monique Brown introduced herself to current initiative participants. She works for the Marin City Community Services District
- Group continued to plan for a Faith Leaders' Mental Health First Aid Training. Discussed possible collaborators and endorsers for the event. Cesar will continue to refine the draft flyer based on the feedback and suggestions given by people who were in attendance. Final draft of the flyer will be completed by July 31st or earlier. Thereafter, faith leaders who are participating in this initiative will work to encourage, recruit and/or invite identified clergy and lay leaders to participate in the training. The maximum number of participants for the training is 30. If there is a greater interest and/or demand for the training, future trainings can be planned for.
- Group continued to discuss the agreed upon training that Rev. Hovis, Pastor Logan and Chaplain Gaffney have agreed to provide on November 19th between 1:00-4:00 for mental health and substance use service professionals. Cesar provided some suggested topics to Rev. Hovis about some suggested themes and topics that could be helpful for mental health and substance use service providers to learn. Rev. Hovis will begin to convene the presenters in the near future to plan for the training.
- Adjourn
- **Next Meeting: Tuesday, August 18th between 10:30am-12pm at Cornerstone Community Church, Marin City.**

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Tuesday, August 18, 2015 (10:30-12:00)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Rev. Carol Hovis, Ricardo Moncrief, Elberta Ericksson, Pastor Logan

- Group continued to discuss and planned for upcoming Mental Health First Aid Training for Clergy and Lay Leaders. Cesar shared the outreach flyer for the training. All agreed to begin using the flyer by sharing it to participating congregations. All felt confident that the training will meet or exceed the training capacity of 30 participants. Rev. Hovis reported that she has already received 10 RSVPs. Cesar reported that he plans to conduct outreach by reaching out to clergy in the Latino community to inform them about this initiative and upcoming training.
- Group continued to discuss the agreed upon training that Rev. Hovis, Pastor Logan and Chaplain Gaffney have agreed to provide on November 19th between 1:00-4:00 for mental health and substance use service professionals. Cesar provided some suggested topics to Rev. Hovis about some suggested themes and topics that could be helpful for mental health and substance use service providers to learn. Rev. Hovis will begin to convene the presenters in the near future to plan for the training.
- Group discussed possible long-term outcomes of this initiative which includes creating a system of referral for participating congregations to work closely with the county's Mental Health and Substance Use Services Division if/when they are challenged to adequately address congregants' mental health and/or substance use problems. Follow-up discussion and exploration of this idea will get revisited after both trainings are conducted.
- Meeting adjourned

Next Meeting: Tuesday, September 15th, between 10:30am-12pm at Cornerstone Community Church, Marin City.

Faith Leaders' Behavioral Health Meeting

Meeting Minutes

Tuesday, October 20, 2015 (10:30-12:00)

Cornerstone Community Church

In Attendance: Cesar Lagleva, Antoinette Jackson, Ricardo Moncrief, Elberta Ericksson, Pastor Logan, Sue Tracy

- Group acknowledged and congratulated Pastor Logan for recently getting selected to become the jurisdictional Bishop of the greater Northern California-2nd jurisdiction. Consecration ceremony will take place on November 8th in St. Louis, Missouri, during the 108th Annual Holy Convocation of the Church of God in Christ.
- Cesar mentioned that his director, Dr. Suzanne Tavano, recently attended a policy forum in Southern California where she met the director of Behavioral Health Services of Los Angeles County who was a former priest. Los Angeles County is beginning to integrate faith-based organizations (FBOs) as key partners in their county's overall behavioral health care system, similar to the current function of many community-based organizations (CBOs) who provide counseling services. Dr. Tavano supports a similar collaboration to take place in Marin County.
- Group expressed its enthusiasm for Rodef Sholom's mental health speakers' series initiative. Similarly, the group also expressed its enthusiasm about the upcoming training that Pastor Logan and several other faith leaders will be conducting with many of the county's behavioral health system's staff and agency partners on November 19th at the Wellness Center in San Rafael.
- Group discussed the possibility of having an identified liaison between the county's behavioral health care system and faith community that will work to link congregants to mental health, substance use and other community services/resources. More discussion is necessary to determine what this would look like and if there is a community need.
- Group discussed the issue of homelessness in Marin. MOC continues to conduct great advocacy and a solution-focused process to find a permanent shelter. Cesar reported that the county's mental health and substance use system is also experiencing an increasing number of people with complex needs and barriers related to poverty and homelessness, and not necessarily mental health and substance use problems. However, many homeless individuals would come to Psychiatric Emergency Services hospital who are not experiencing a mental health crisis but only to secure food and shelter.

- Group evaluated last month's Mental Health First Aid training for clergy/lay leaders. Based on written evaluations and verbal feedback received and read by Cesar, the training was well received. The trainer was great and came from a faith background as well. Similar Mental Health First Aid trainings are available in the future if there's a strong request to offer it again for clergy/lay leaders.
- Meeting adjourned

**Next Meeting: Tuesday, November 17th, between 10:30am-12pm at Cornerstone
Community Church, Marin City.**

Cornerstone Community Church of God in Christ



Mental Health First Aid Training for Clergy and Lay Leaders

one-day training available

Tuesday September 29th
8:30 am – 5:30 pm
Cornerstone Community Church
626 Drake Ave.
Marin City, CA 94965

This course is brought to you by:
Marin County Mental Health and Substance Use Services
Mental Health Services Act – In collaboration with Marin county's Faith Community

- *Participants must attend the full day.*
- *Lunch will be provided.*

TRAINING REGISTRATION REQUIRED:

Complete the information below and email or mail it to: Carol Hovis at:
Chovis@marinifc.org or Pastorlogan@cccogic.org • 415.473.2543 ph • 20 N. San Pedro Rd., Suite 2021, San Rafael, CA 94903

Name: _____ Agency/Affiliation: _____

Phone number: _____ E-mail address: _____

We will email confirmation of your registration approximately two (2) weeks before the course date.

Who should attend? Leaders of faith communities. *This course is not intended for trained mental health providers.*

Someone you know could be experiencing a mental illness or crisis. You can help them.

You are more likely to encounter someone – friend, family member, co-worker, neighbor, or member of the community – in an emotional or mental crisis than someone having a heart attack. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care.

www.MentalHealthFirstAid.org

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.



All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473-4381(Voice)/(415) 473-3232 (TTY) or by emailing at disabilityaccess@marincounty.org at least **four work days** in advance of the event. Copies of documents are available in alternative formats, upon written request.

EACH MIND MATTERS

“Green Ribbon Weekend of Worship”

For the African American Faith Community

May 15 – May 17, 2015

Thank you for agreeing to participate in this important event to better engage the African American faith communities as we work to bring mental health awareness to our community. As we face a dark time in our country around racial injustices it is important People of African Descent draw upon the strength and resiliency we have utilized through out our history in this country. Through the Mental Health Friendly Communities Campaign we have made great strides. Each Mind Matters Weekend of Worship; May 15-17, 2015 will support the African American community to continue participating in California’s Mental Health Movement designed to reduce stigma and discrimination.

We have included Lime Green Ribbons for you to disseminate to all in attendees at your service. We ask you to encourage your members to log into their Facebook acct. and let folks know they are participating. We also ask you to share the following message;

“Black Minds Matter 2! Every day in California, and across the Nation African Americans like many others struggle with emotional pain, thoughts of suicide and display a need for help. Though the warning signs may look different and may be subtle, they are there. By recognizing the signs, finding the words to start a conversation and reaching out to local resources, you have the power to make a difference. The faith community has the power to save a life.”

Please consider showing one of these short videos:

Story: Monique

<http://www.eachmindmatters.org/story/monique/>

Story: Oscar

<http://www.eachmindmatters.org/story/oscar/>

Feel free to contact Gigi Crowder at
gigicrowder0283@comcast.net or
925-238-0870 with any questions you may have.

Blessings,

Gigi R. Crowder, L.E.



Job Title	Gender	Ethnicity
Mental Health Reg Nurse - Part-time-Day Shft	F	A
Department Analyst II	M	A
Licensed Mental Health Practitioner - Odyssey	M	A
Mental Health and Substance Use Unit Supervisor	M	A
Licensed Crisis Specialist	F	B
Licensed Mental Health Practitioner	F	B
Mental Health Program Manager (Adult Case Management)	F	B
Office Assistant III (Medical Records)	F	B
Senior Support Service Worker	F	B
Mental Health Practitioner Bilingual	F	H
Technology Systems Specialist III	F	H
Support Service Worker II Bilingual - Medical Clinics	M	H
Support Service Worker II Bilingual - MHSUS Access Team	M	H
Support Service Worker II Bilingual - MHSUS Access Team	M	H
Office Assistant III - Mental Health/Medical Records	M	U
Mental Health RN - Part-time-Night Shift (Filled)	U	U
Administrative Assistant II	F	W
Administrative Services Associate - H&HS	F	W
Administrative Services Manager - MHSUS	F	W
Clinical Psychologist II	F	W
Detention Registered Nurse	F	W
Division Director, Adult Mental Health Services	F	W
H&HS Planner/Evaluator (Alcohol & Drug Program)	F	W
Licensed Crisis Specialist	F	W
Licensed Mental Health Practitioner	F	W
Licensed Mental Health Practitioner - Access	F	W
Mental Health Practitioner - Odyssey	F	W
Mental Health RN - Part-time-Night Shift (Filled)	F	W
Mental Health Unit Supervisor - STAR	F	W
Senior Program Coordinator	F	W
Senior Program Coordinator - MHSUS	F	W
Senior Support Service Worker	F	W
Staff Psychiatrist	F	W
Utilization Review Specialist (MHP)	F	W
Licensed Crisis Specialist	M	W
Licensed Mental Health Practitioner	M	W
Mental Health Practitioner	M	W
Mental Health Registered Nurse - Psychiatric Emergency Services	M	W

Stats:***Total number of hires: 38***

Total Female hired: 26 (68.5%)

Total Male hired: 11 (28.9%)

Total Undisclosed hired: 1 (2.6%)

Total Caucasian hired: 22 (57.8%)

Total Asian hired: 4 (10.5%)

Total Hispanic hired: 5 (13.2%)

Total African-American hired: 5 (13.2%)

Total Undisclosed hired: 2 (5.3%)

Job Title	Gender	Ethnicity
Mental Health Reg Nurse - Part-time-Day Shift	F	A
Department Analyst II	M	A
Licensed Mental Health Practitioner - Odyssey	M	A
Mental Health and Substance Use Unit Supervisor	M	A
Licensed Crisis Specialist	F	B
Licensed Mental Health Practitioner	F	B
Mental Health Program Manager (Adult Case Management)	F	B
Office Assistant III (Medical Records)	F	B
Senior Support Service Worker	F	B
Mental Health Practitioner Bilingual	F	H
Technology Systems Specialist III	F	H
Support Service Worker II Bilingual - Medical Clinics	M	H
Support Service Worker II Bilingual - MHSUS Access Team	M	H
Support Service Worker II Bilingual - MHSUS Access Team	M	H
Office Assistant III - Mental Health/Medical Records	M	U
Mental Health RN - Part-time-Night Shift (Filled)	U	U
Administrative Assistant II	F	W
Administrative Services Associate - H&HS	F	W
Administrative Services Manager - MHSUS	F	W
Clinical Psychologist II	F	W
Detention Registered Nurse	F	W
Division Director, Adult Mental Health Services	F	W
H&HS Planner/Evaluator (Alcohol & Drug Program)	F	W
Licensed Crisis Specialist	F	W
Licensed Mental Health Practitioner	F	W
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Staff Psychiatrist	F	W
Utilization Review Specialist (MHP)	F	W
Licensed Crisis Specialist	M	W
Licensed Mental Health Practitioner	M	W
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Mental Health and Substance Use Services

Cultural Competence Advisory Board

Purpose

The purpose of the Cultural Competence Advisory Board (CCAB) is to serve as advisors to MHSUS' administrators, managers and line staff. The charge of the board is to examine, analyze and make recommendations about promising and current mental health policies, programs and practices that are culturally sensitive, appropriate and responsive to our diverse consumer community. Additionally, the board shall identify barriers and challenges within MHSUS' system that prevent consumers from adequately accessing needed mental health and substance use services. Barriers may include, but are not limited to, stigma and discrimination, language and/or lack of cultural awareness. Lastly, the board shall advocate for the rights of consumers and/or family members, when needed and appropriate, to ensure that consumers' civil rights are respected and protected.

Goals

Consistent to one of the state's high priority list to improve culturally competent mental health and substance use services, and to reduce stigma among the consumer community, the board will identify areas of MHSUS systems, policies, procedures, service delivery and practices that can be improved upon. Priorities and recommendations will be established by the board upon careful examination and analysis of MHSUS system.

Objectives

- The board will meet every other month for two hours. Additional committee meetings and tasks may get established, as appropriate/necessary
- MHSUS' Ethnic Services Manager will facilitate board meetings to ensure that the board are working to achieve its stated goals in an efficient manner
- The board will rely on individual and collective expertise of its members to make informed decisions and recommendations
- The board will be available for community and staff input, utilizing members of the board as liaisons to the entire stakeholder community
- Members of the board will work collaboratively to ensure that the interests of stakeholders are appropriately and effectively represented

Cultural Competence Advisory Board
Annual Team Building/Strategic Planning Retreat
Friday, January 9, 2015, 1:00-5:00pm

Agenda

- 1:00 Welcome, Lunch, Introductions**
- 1:30 Retreat Overview**
 - Purpose, goals and objectives of the day**
- 1:45 Team building exercises**
- 2:45 Break**
- 3:00 A Look in Rear View Mirror 2014**
 - Highlights**
 - Learning moments**
- 3:15 Committee break-out for planning**
 - Policy Committee**
 - Access Committee**
 - Training Committee**
 - Media and Outreach Committee**
 - Ad-hoc Committee**
- 4:15 Committee report back to entire board**
- 5:00 Adjourn**

Cultural Competence Advisory Board

First Annual Half-Day Retreat

Friday, January 9, 2015, 1-5pm

In Attendance: Kerry Peirson, Vinh Luu, Leticia McCoy, Gustavo Goncalves, Cammie Duvall, Rafael Tellez, John Ortega, Kristen Gardner, Cecilia Guillermo, Robbie Powelson, Cheryl August, Sadegh Nobari, Cat Wilson, Darby Jaragosky, David Escobar, Rafael Tellez, Maria Donnell-Abaci, Ngoc Loi, Kristine Kwok, Vinh Luu, Douglas Mundo, Laurie Hunt, Cesar Lagleva

Absent: Jessica Diaz, Sandy Ponek, Leah Fagundes, Robert Harris, Brian Robinson

Minutes

- Meeting began with introductions of new CCAB members—Rafael Tellez, Cammie Duvall and Sadegh Nobari
- Board reviewed and approved retreat's goals and objectives

Team Building Exercise

- Board members spent time in pairs to get to know each other. Each board member then introduced their partner to the board by sharing what they learned about their partner.

Review of 2014 Accomplishments and Lessons Learned

- Planned for, and implemented two (2) all-day cultural competence trainings that included consumer and family member voices in the trainings. Both trainings were well attended (100 participants in each training).
- Improved work environment at MHSUS division as evidenced by the level of safety that some staff experienced when talking about complex/difficult issues related to race, class and other forms of discrimination.
- MHSUS first-ever formal participation in the Canal neighborhood's Dia De Los Muertos by having a community altar dedicated to suicide victims and survivors due to mental illness/substance use.
- Increased influence to increase MHSUS staffing diversity. Two (2) bilingual nurse practitioners were recently hired.
- Increased consumer and family member engagement in various committees throughout the county's mental health and substance use system.
- Recent permanent hire of a full-time Ethnic Services and Training Manager in MHSUS

- Due to time constraint, board was unable to identify all achievements in 2014. However, Cesar noted that there are more items that CCAB accomplished. He will provide a more extensive list to the board in the upcoming weeks

Lessons Learned

- Increasing diversity in staffing is a challenge due to a shortage of qualified/credentialed candidates for various positions in the mental health and substance use field.
- Board acknowledged the importance of service providers/staff receiving appropriate support from their workplace in order to prevent/reduce burnout. Equally important, board acknowledged the importance of having consumer and family member voices throughout the county's mental health and substance use system, and getting acknowledged for their role and contribution to improving many aspects of the system.
- Board acknowledged that there are no services that adequately serve the LGBTQ communities.
- Board acknowledged that data collection and analysis should be considered when discussing policy, program and practice issues.

2015 Workplan Goals and Objectives

Policy:

- Develop a policy recommendation to the MHSUS director to increase diversity and consumer/family member involvement to existing MHSUS committees, boards and/or commissions, and to continue to offer incentives for participation to volunteers who are economically disadvantaged (Darby, David, Kerry)
- Advocate for a policy in MHSUS where a system can be created to equalize the distribution of workload among and between clinicians, particularly among bilingual staff (Ngoc, Kristine)

Access:

- Continue to work to improve access to mental health and substance use services by Latino and African American inmates at the county jail. Additionally, advocate for a continuity of care system from jail to community upon discharge of inmates from county jail. (Cesar)
- Advocate in hiring qualified bilingual/bicultural (Latino/a, African American) service providers in the STAR program (all)
- Advocate for an increase in prevention and early intervention programs/services within the African American communities to reduce the African American's overrepresentation in the adult system of care (all)

- Continue to improve outreach and engagement activities in West Marin's Latino community. (Cesar)
- Explore the feasibility of piloting peer-to-peer counseling programs in two targeted high schools in Marin. Additionally, explore the feasibility of developing vocational/internship opportunities to identified school(s) as a means for students to consider careers in behavioral health. Schools targeted TBD (Cesar, Cammie, Robbie)
- Advocate for an increase/improvement in mental health and substance use services for the LGBTQ community (Cesar, Robbie, Cammie, Rafael)

Training:

- Plan, coordinate and implement monthly 3-4 hour cultural competency trainings beginning in April-May and throughout the calendar year. (TBD)
- Offer and/or be available to provide county-wide trainings/consultation to agency partners and stakeholders around cultural competence (Cesar)
- Attend state-wide conferences, as appropriate/feasible, to learn culturally competent best-practices and approaches that will improve Marin's mental health and substance use system of care. (TBD)

Media and Outreach:

- Continue to advocate for the development and launch of a consumer/user-friendly website for MHSUS (all)
- Continue to work on current Spanish/English TV program (Cesar, Marisol, Douglas, Cheryl, Cat, Gustavo, Jessica, Kristen)
- Continue to participate in, and/or plan for, a Dia De Los Muertos event (all)
- Continue to engage in the community by attending community events/activities, as appropriate, necessary and feasible. (all)

Ad-Hoc:

- Volunteer consumers/family members will explore the possibility of starting a suicide attempt survivors' initiative. The initiative can possibly get trained as public speakers (speakers' bureau) as part of CCAB's outreach and education campaign to reduce stigma and improve outreach and engagement. (Cesar, Robbie)

Next CCAB meeting: Tuesday, March 10th, between 11-1, at the Wellness Center #109, San Rafael

Cultural Competence Advisory Board

Second Annual Board Retreat

January 22, 2016 (12:00-4:00), Wellness Center room 109

Agenda

- 12:00 Welcome/social moment
-Lunch
- 12:30 Review of 2015 Accomplishments and Challenges
-Policy
-Media/Outreach
-Trainings
-Access
-Ad-hoc
- 1:30 2016 Goal Setting
-Current and new projects/initiatives/policies
-Workforce diversity (recruitment, screening, interview and selection)
-others
- 2:30 Break
- 2:45 Work plan development
- 3:45 Evaluation of retreat
- 3:55 Next steps
-2016 CCAB meeting schedule
- 4:00 End

2016 Work Plan and Goals:

Access

Need: Continue to improve access to services for Latino/a, TAY, and other underserved communities (i.e. LGBTQ, African Americans, etc.)

Strategy: Workforce Development

- a. Develop at least two (2) volunteer/internship/paid positions for culturally/racially diverse peer and drug alcohol counselors in MHSUS division
- b. Promotoras – Increase number of Promotoras to approximately seventeen (17) in hard-to-reach/serve Latino communities. Similarly, advocate for the development of a similar outreach approach in Marin City also known as Community Health Workers.
- c. Fund CBO clinicians - Increase number of bilingual/bicultural clinicians to meet the increasing demands of mild/moderate Spanish speaking consumers to access mental health services
- c. Improve recruitment, screening, interview and hiring practices of MHSUS division to highly consider qualified African American managers, supervisors, line staff (clinical and non-clinical positions) **only three (3) African American staff in MHSUS division with a staff of approximately 185**
 - Actively advocate for the inclusion of CCAB members and MHSUS consumers in the application screening and interview processes of job openings to reduce the risks of implicit biases by hiring authority and to improve transparency
 - Collect and analyze job applicants' demographics in all job postings to determine effectiveness of current recruitment practices

Outreach and Engagement

Need: Continue to participate in at least three (3) community events, gatherings and activities to provide information about mental illness and substance use challenges, services and resources, and to reduce stigma

- a. Continue to market/outreach TV Series – monitor and tracking of popularity and viewership
- b. Plan for, coordinate and sponsor a county-wide May Mental Health Month Event series in May 2016

Policy

Need: Promote the concept and implementation of equity-related initiatives, efforts and activities that will reduce behavioral healthcare disparities in Marin.

- a. Draft and submit a resolution to the Board of Supervisors during May Mental Health Month that outlines the need for equity-related initiatives, efforts and activities to reduce disparities and stigma
- b. Draft and submit a policy/procedure recommendation to MHSUS director to allow CCAB members and/or consumers/family members to participate in the recruitment, screening and interview process in certain MHSUS job openings, particularly in job openings where access to culturally appropriate services can be enhanced.

Service Delivery

Need: Continue to advocate for, and support existing culturally appropriate services

- a. Provide monthly cultural competency-related clinical consultation to MHSUS staff, agency partners, peer specialist and volunteers.
- b. Advocate for the development and implementation of volunteer/internship opportunities for recently graduated students of peer and drug/alcohol counseling programs with lived experience to existing MHSUS programs

****** All decisions and strategies recommended in 2016 and beyond shall be data driven**

Cultural Competency Advisory Board Meeting 1/22/16

Members present:

Laurie Hunt

Leala Fayudu

Cesar Lagleva

Jackie Bewley

Robert Harris

Kerry Peusa

Maria Donnell-Abacia

Cammie Duvall

Kristine Kwok

Ngoc

Cheryl

Cecilia Guillermo

Gustavo

Ellie Bolduck

Sadegh

Douglas

Leticia May

Viv Q. L

Kristen Gardner

Meeting called to order at 12 pm

12:30pm Introductions and desires for 2016 year

2015 Accomplishments and Challenges

Policy Accomplishments

- Laura's Law (incomplete – board of supervisors to vote)
- Interpretation policy
 - o Removal of children being interpreters

- Interpretation via telecommunications

Media and Outreach Accomplishments

- Television Series
 - “Meaningful Mental Health” and “Latinos en la Casa”
- Marin City and Performing Starts held community information fair in November 2015
 - Surveys were conducted concerning community needs
 - Public defender working with community and their criminal records
- Engaged faith and spirituality community and leaders concerning mental health of their congregants
- *Movement in West Marin centered around housing and bringing in more basic services (ex. Food and protein access)
 - NOT ENOUGH but a start

Training Accomplishments

- Conducted 15 cultural competency training programs in 18 months
 - All were well attended and well received
- Spiritual training workshop in November 2015

Access Accomplishments

- Website relaunch
- Pilot interview board (Carey)
- Creation of some diversity on interview panels
- Vocational counselors
 - Scholarship program for people with lived experience – 3 programs
 - Mental health peer counseling
 - Domestic violence counseling
 - Substance use counseling

2016 Goal Setting

- Resolve/update position on Laura’s Law
 - Hybrid version of Laura’s Law? Give it another name?
 - Concerns/Issues/Complexities:
 - Latino population could face deportation
 - Funds spent on this process could be spent somewhere else in the department
 - Fear tactic of accepting help
 - Takes resources away from public defender’s office, sheriff’s office etc.
 - ~ \$125,000 – 300,000 per individual who uses resource
 - Medical vs. privately insured

- Laura's law does not discuss where the funding for housing will come from
 - Proposed by Cesar: Postpone of implementation of Laura's Law in Marin until evidence of whether or not the program is working arises from other counties who have implemented this law
 - Proposed by Cecelia: Once evidence of Laura's Law comes to light the board will then revisit the implementation of the law
 - ***4 options put to a vote by the board***
 - Option 1: Abandon/reject Laura's Law – 5 persons
 - Option 2: Accept Laura's Law as it is written – 0 persons
 - Option 3: Postpone until further evidence is collected from other counties: 12 persons
 - Option 4: Create a pilot program and run program for 1 year – 0 persons
- Workforce Diversity
 - Recommendation: Dr. Colfax attend one of our meetings
 - Transparency in screening and recruiting process
 - Recruitment is currently conducted through the website and/or a recruiter is used for finding higher department heads
 - Hiring: demographic questions are not presented to hiring manager or department looking to fill a position

Group agreement on follow up meeting on February 9, 2016 from 11 am -1 pm to specifically talk about the board's goals for 2016

- Members must get specific about accomplishing 3 major goals in the next year
- Email to Jackie Bewley (jgermainebewley@yahoo.com) so she can start creating the list

4pm meeting is adjourned

Cultural Competence Advisory Board

Tuesday, November 8, 2016

11:00-1:00

3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

-Introductions of guest(s)

11:05 Marin County Annual Cultural Competency Plan Update and Discussion

11:15 MHSA 3-year Community Planning Update

11:20 January strategic planning retreat

11:30 Committee updates

Policy

-BHRS/HR Application review pilot project (Maria Abaci)

Access

-Update on peer classification and job descriptions

-Penetration rates of ethnic communities in STAR and HOPE programs follow-up

-Increase in Latino service providers to serve mild/moderate consumers (Kristen Gardner)

Training

-Consumer Advocacy Training Pilot Project Update

-Cultural competency case consultation Update

Media and Outreach

-TV show updates Update

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Expansion of consumer/family membership into CCAB

12:45 General Announcements/Updates

1:00 Adjourn

Next Meeting: January Retreat—date/time/location TBD

Cultural Competence Advisory Board (CCAB)

Minutes

Tuesday, November 8, 2016, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Kerry Peirson, Marta Flores, Leticia McCoy, Kristen Gardner, Cammie Duvall, David Escobar, Sandy Ponek, Vinh Luu, Cheryl August, Maria Donnell-Abaci, Ellie Boldrick, Cat Wilson, Gustavo Goncalves

Members Absent: Marisol Munoz-Kiehne, Brian Robinson, Cecilia Guillermo, Laurie Hunt, Jessica Diaz, Robbie Powelson, Ngoc Loi, Douglas Mundo, Sadegh Nobari, Leah Fagundes, Brian Robinson, Darby Jaragovsky, Robert Harris

UPDATES

- Asking the members for possible ideas: 8 criterions, suggestions for MHSA 3 year Community Planning before submission in December 3rd
- **Prop 63 (Mental health Service Act)** 3 year plan—3 community meetings Nov. 10th, 13th, Dec 5th. Followed by possible focus groups (intended to be engaging for the consumers, hear directly from them)
- **January Strategic Planning Retreat:** who will be available or willing to do that retreat again? As a group? (Friday, mid-afternoon, supply lunch, until around 4pm is preferred by most—comfortable setting with lots of parking space)
=Around 27th, 12pm to 4pm, lunch provided
=Agenda: possibility for Mental Health Month? Projects/events/activities we want to take on?
- Need to look closely at **Complaints** from consumer—review the data and how to evaluate those information—nature of the complaints, grievances (What is it about? Tx? Follow-up?), the patterns of data—how to actively address them? Give us the base-line, and what areas to improve
- Use the friends and family of the membership to take a closer look at the consumers
- Stipends and the issues: changes in policies, funds towards the volunteers, consumers (require all consumers and family members so much instead of breaking barriers, created more barriers). SSIA, audit issues. =Now consumers must go and self-advocate for themselves—people in Cesar's level has already tried
=Inappropriate, disrespectful, unfair treatment by the county towards consumers who are volunteering to serve the country and communities. (Those who want to advocate, contact: C. Allen. Suzan Turvano)
=Those that are nonemployee should collectively come together and write letters/requests (Meeting with Suzanne, Talk with Suzanne)/follow-up, coordination by Cesar

Policy

BHRS/HR Application Review Pilot Project

- Main agenda: recruitment, interview, panels, hire—application reviewers with culturally diverse viewpoints (Diverse requirement for certain positions reviewed by diverse group of people). Counter the implicit biases and blind-spots within the workplace—embrace diversity (qualified applicants are overlooked because of that).
- Tactic in recruiting candidates: use of social networking (e.g. Facebook), word-of-mouths
- Support Service worker, Social service worker recruitments—**people of color & lived experience/BA,BS or no lived experience with MA (minimum qualification)** were the two main factors they looked for (provided as **supplemental questions**) + bilingualism
=Broader recruitment, bigger applicant pool
=**Definition of “lived experience” is needed** (some are confused; those who has not had PERSONAL but family member thought they did not qualify even though they actually do)
- Interview panel: Diverse age, gender, race (All people of color—differences of opinions that were respected mutually)
- Results of who they picked! **Internal candidates** who are **bilingual** and has had **lived experiences**
Human resources department=make this process as policy? **The diversity/underserved of the reviewer** is as important as diverse applicants.

Access

Update of Peer Classification and Job Descriptions:

- The positions should be approved and formalized by Jan. 2017—how many peer-counselor does BHRS want to have/could have? Peer-counselor supervisor position?
- Possible conflict between these “paid”, county-based workers vs. Non-profit workers?
- Peer-counselor position—demands? Promotion? Competition with other positions?—needs driven/funding allocation
- How to differentiate support service workers (SSW) and peer counselors (PC)?
=PC—hired based on their lived experience (rather than educations, case-management experience), explicit lived experience—stigma and discrimination reduction
--High school diploma/GED is basically only need in addition to lived experience
=SSW—lived experience is not prominent nor absolute requirement
- Caser will be doing presentation on the use of PC from Jan and June 2017

Penetration Rates of Ethnic Communities in STAR and HOPE programs follow-up:

- Ad-hoc committee: identity and discuss the challenges of recruitment and penetration
- New advisor Paula
- Follow-up meeting with Darby, Paula, Alana, and David (Drug court, STAR court)

- HOPE: lack of community education and out-reach around the criteria for admission/referral to the program; lack of data, lack of information about PC program; increase in Latino population/CASA group; changes and possible issues with ACM; shift in access
--Accountability by the Health and Human services? Questions should be raised by non-profit organizations

Increase in Latino service providers to serve mild/moderate consumers (Kristen Gardner):

- Highest priority: increase clinical staff (expanding to canal alliance?)
- Considering the Latino culture and stigmatization, proper training of the providers is needed (dysfunctional process of care)
- West-Marin, need for service (esp. population with mild-moderate severity) with bilingual and bicultural workers
- Need for therapists?? (Currently only 1) therapy vs. case management (office base will not work)—want from 4 to 6 therapists
- Need for greater integration/embedded of programs in Marin City (e.g. Latino program, Vietnamese program) + fold-in substance use issues
- Novato as penetration area for Spanish community? Spanish-speaking clinicians?
- Mobile unit in West Marin (rural area of Marin)—need for expand, show auditors our services is broader (e.g. psychoeducation)
- Marin City: from Jan to June—scoping sessions to look at Mental Health and Substance Use needs, what attempt failed, and what could work for the community?
--Hope to employ community residents, recovery oriented model, community oriented, culturally appropriate movement
--Hope to get community response and enthusiasm
- Lack of cultural sensitivity=lose African American population/consumers

Training

Consumer Advocacy Training Pilot Project Update: provide 8 courses towards adult consumer advocacy (setting up by Kerry)—in four locations (Marin City, Novato, San Rafael).
--Out reach and recruitment are planned—5 to 10 people to closely work with (call Kerry, whoever want to learn advocacy)

Cultural Competency Case Consultation Update: best consultation is done over the phone (timing issues)—what about creating the list and use that resource directory consultants—document the calls so that we can show the community that call is available in reach for support (rather than drop-ins)

Media and Outreach

TV Show Updates: Topic discussed in retreat: Cheryl, Cat—by January data of viewers of the show (number and who are watching, where)

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- Will be discussed further at the retreat

General Announcement

- Alana is leaving!!!!
- Nov. 11th Vietnamese free lunch!
- Suicide support group search on Facebook

Feedback & Recommendation**Meeting Adjourned**

Next Meeting January 27th from 12:00 to 4:00 pm (Lunch served) RETREAT

Cultural Competence Advisory Board

Tuesday, September 13, 2016

11:00-1:00

3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

-introductions of guests and potential board member

11:10 Marin County Annual Cultural Competency Plan

11:30 Committee updates

Policy

-AOT update

Access

-Update on peer classification and job descriptions

-Penetration rates of ethnic communities in STAR and HOPE programs

Training

-Consumer Advocacy Training Pilot Project

-Cultural competency case consultation

Media and Outreach

-TV show updates

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Update on TAY advisory council for INNOVATION grants program

12:45 General Announcements/Updates

1:00 Adjourn

Next Meeting: Tuesday, November 8th, between 11-1

Cultural Competence Advisory Board**Tuesday, June 14, 2016****11:00-1:00****3240 Kerner Blvd., San Rafael, room 109****Agenda****11:00 Welcome**

-introductions of guests and potential board member(s)

11:10 May Mental Health Month event de-brief and evaluation**11:30 De-brief of last month's meeting with Dr. Colfax and Dr. Tavano****12:00 Southern Marin Services 2016/17 and 3-year MHSA community planning process****12:30 Committee updates****Policy**

-Update on application review pilot project

Access

-Update on peer classification and job descriptions

-Update on vocational drug/alcohol and mental health peer specialist student graduates

Training

-MHSUS team development process with diversity a lens

-Cultural competency case consultation

Media and Outreach

-County Fair outreach

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Update on TAY advisory council for INNOVATION grants program

12:45 General Announcements/Updates**1:00 Adjourn****Next Meeting: Tuesday, September 13th, between 11-1**

Cultural Competence Advisory Board**Tuesday, May 10, 2016****11:00-1:00****3240 Kerner Blvd., San Rafael, room 109****Agenda****11:00 Welcome**

-introductions of guests and potential board member(s)

11:15 Last minute planning for May 18th Each Mind Matters event**11:30 A dialogue with Dr. Colfax and Dr. Tavano****12:30 Committee updates****Policy**

-Update on application review pilot project

Access

-Update on peer classification and job descriptions

-Update on vocational drug/alcohol and mental health peer specialist student graduates

Training

-MHSUS team development process with diversity a lens

Media and Outreach

-May Mental Health Month outreach

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Establishment of INNOVATION TAY Advisory Council

12:45 General Announcements/Updates**1:00 Adjourn****Next Meeting: Tuesday, June/July 2016?**

Cultural Competence Advisory Board

Tuesday, March 8, 2016

11:00-1:00

3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

-introductions of guests

11:05 Review of 2016 CCAB Work plan

11:10 Membership to CCAB, board structure and capacity

11:20 Visit by Dr. Colfax and Dr. Tavano at the next CCAB meeting

11:30 Committee updates

Policy

-Update on AOT

-Development of resolution for May Mental Health Month for the Board of Supervisors

Access

-Identification of Vietnamese-speaking service providers and development of service directory (Vinh)

-Recent graduation celebration of drug/alcohol counselors

-Use of mental health peer specialists, drug/alcohol interns and Promotoras in MHSUS and among agency partners

Training

-Update on monthly Cultural Competence consultation in 2016

-Marin Advocates Network's request for trainings

Media and Outreach

-TV program update

-Deployment of MHSUS staff for crisis response in Marin City

Ad-Hoc Volunteer Consumer/Consumer Advocates

-May Mental Health Month activities/events planning

12:45 General Announcements/Updates

-INNOVATION grant

1:00 Adjourn

Cultural Competence Advisory Board**Tuesday, November 10, 2015****11:00-1:00****3240 Kerner Blvd., San Rafael, room 109****Agenda****11:00 Welcome****11:05 Annual half-day retreat****11:20 Committee updates****Policy**

- Update on AOT
- BOS' and H&HS 5-year strategic plan
- Policy Link Equity Summit de-brief

Access

- Grow Your Own Workforce Initiative-Scholarship awards for people with lived experience
- Mobile Crisis Response Team

Training

- Faith/Spirituality Initiative
- Next steps for Cultural Competence training series in 2016
- Cultural competency Team Development workshops among supervisors/managers

Media and Outreach

- TV program update
- Marin City/Phoenix Project event
- Canal Welcome Center's Dia De Los Muertos

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Stigma Challenge Initiative/May Mental Health Month planning

12:30 General Announcements/Updates

-INNOVATION grant

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, September 8, 2015
11:00-1:00
3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

11:10 Committee updates

Policy

- Outcome of policy committee meeting (David, Robbie, Maria)
- Announcement of AB1421 (Laura's Law/AOT) Informational meeting (David)

Access

- Recruitment and hiring of culturally diverse workforce for current job openings (?)

Training

- What types of cultural competency trainings would you like to see in 2016? (David)

Media and Outreach

- TV program update (Cat)
- Website update (David)

Ad-Hoc Volunteer Consumer/Consumer Advocates

- Stigma Challenge Initiative (Robbie, Jessica, Cheryl)

12:30 General Announcements/Updates (David)

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, July 14, 2015
11:00-1:00
3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

11:10 Committee updates

Policy

-Use of Interpreters at MHSUS

Access

-Recent MHSUS Interview process for vacant supervisor positions
-Mental Health Loan Assumption Program
-Use of peer professionals in the workforce

Training

-Cultural Competency Training Series 2015 update
-DSM V training
-WET's CBO Intern Program

Media and Outreach

-TV program update
-Faith Community Initiative
-Website update

Ad-Hoc Volunteer Consumer/Consumer Advocates

-Stigma Challenge Initiative

12:30 General Announcements/Updates

-County Cultural Competence Plan Requirement

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, May 12, 2015
11:00-1:00
3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

11:10 Committee updates

Policy

-AOT/Laura's Law

Access

-Workforce development and upcoming opening positions
-West Marin update

Training

-Cultural Competency Training Series 2015 update
-Interpreter and Service Providers' trainings update
-WET scholarship awards update

Media and Outreach

-TV program update
-Faith Community Initiative
-May Mental Health Month

Ad-Hoc Volunteer Consumer/Consumer Advocates

-LGBTQ Initiative update
-Stigma Challenge Initiative

12:15 General Announcements/Updates

-County Cultural Competence Plan Requirement

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, March 10, 2015
11:00-1:00
3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome

11:10 Committee updates

Policy

- Review and discuss recommended draft policy positions
- WET Steering Committee and MHB recruitment

Access

- Website development
- Workforce development
- Youth and Family Services Strategic Planning
- West Marin

Training

- Cultural Competency Training Series 2015
- System-wide trainings 2015
- Interpreter and Service Providers' trainings

Media and Outreach

- TV program
- Faith Community Initiative (Stigma Conference)
- Meeting w/MHSUS and agency partners, and Marin City residents
- Vietnamese New Year

Ad-Hoc Volunteer Consumer/Consumer Advocates

- LGBTQ Initiative

12:30 General Announcements/Updates

- Office of Health Equity-California Reducing Disparities Project's Strategic Plan
- Call for reviewers of scholarship applications
- Substance Use Services Strategic Planning Community Meeting
Tuesday, 3/17, 8:30-10:30 at Marin County Office of Education

1:00 Adjourn

Cultural Competence Advisory Board
Annual Team Building/Strategic Planning Retreat
Friday, January 9, 2015, 1:00-5:00pm

Agenda

- 1:00 Welcome, Lunch, Introductions**
- 1:30 Retreat Overview**
 - Purpose, goals and objectives of the day**
- 1:45 Team building exercises**
- 2:45 Break**
- 3:00 A Look in Rear View Mirror 2014**
 - Highlights**
 - Learning moments**
- 3:15 Committee break-out for planning**
 - Policy Committee**
 - Access Committee**
 - Training Committee**
 - Media and Outreach Committee**
 - Ad-hoc Committee**
- 4:15 Committee report back to entire board**
- 5:00 Adjourn**

1. What are you most proud of this past year? What makes you most excited about working with CCAB?
2. What was CCAB's most important outcome in 2014?
3. What did we learn in 2014? How has the mental health system changed in terms of services, programs, engagement and access for underserved, unserved and inappropriately served populations of Marin County? If so, how has that change impacted CCAB's role and overall priorities? strategies?
4. What should be CCAB's role and priorities in 2015?
5. What should be our top 3 objectives?
6. What should be our 2015 strategies?
7. Given CCAB's objectives, what would be the most effective strategies?
8. What will our 2015 key successes look like?
9. What strategies should we avoid?
10. Given CCAB's objectives, what are the key tactics, tasks, or activities?
11. How will those activities impact CCAB as a board (time, money, commitment, volunteer time)?

Cultural Competence Advisory Board
Tuesday, October 14, 2014
11:00-1:00
3240 Kerner Blvd., San Rafael, room 109

Agenda

11:00 Welcome and Introductions

New members and guests

11:05 Committee updates

Policy committee

- Laura's Law/Assisted Outpatient Treatment: Recommended position
- Mental Health Board Meeting: Tuesday, 10/14, 10 North San Pedro Road, San Rafael, room 1018
- Recruitment and hiring practices policy to increase staffing diversity

Access committee

- Website development
- Language line testing
- Marin County Jail mental health services
- Performance Improvement Project: West Marin needs assessment

Training committee

- Cultural Competency Training, October 27th
- Interpreter training

Media and Outreach committee

- Partnership w/CMCM to create a local TV program: Review proposal
- Promotion of Each Mind Matters state-wide campaign
- Dia de Los Muertos event

Ad-Hoc Volunteer Consumer/Consumer Advocates committee

12:05 Presentation: Opening the World

12:35 General Announcements/Updates

MHSA Advisory Committee

MHSA RFPs: Innovation meeting

Board retreat

1:00 Adjourn

Cultural Competence Advisory Board**Tuesday, August 6, 2014****11:00-1:00****3240 Kerner Blvd., San Rafael****Agenda****11:00 Welcome and Introductions**

New members and guests

11:15 Committee updates

Policy committee

-Laura's Law/Assisted Outpatient Treatment

Access committee

-Interpreter training

Training committee

-Cultural Competency Training, October 29th

Media and Outreach committee

-Partnership w/CMCM to create a local TV program

-Promotion of Each Mind Matters state-wide campaign

Ad-Hoc Volunteer Consumer/Consumer Advocates committee

-STAR program

12:30 General Announcements/Updates

Performance Improvement Projects

Recruitment and hiring practices to increase diversity in staffing

MHSA RFPs

Board retreat

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, June 10, 2014

Agenda

11:00 Welcome and Introductions

11:15 Committee updates

Community Health Advocates committee
Access committee
Training committee

12:00 Board Structure and Governance

Committee formation

12:30 Board Retreat and frequency of board meetings

12:45 General Announcements/Updates

Laura's Law
June audit
Board of Supervisors' approval of MHSA recommended budget

1:00 Adjourn

Cultural Competence Advisory Board
Tuesday, April 8, 2014

Agenda

- 11:00 Welcome and Introductions**
- 11:15 Committee break-out groups**
Community Health Advocates committee
Access committee
Training committee
- 12:00 Committee report back**
Board discussion
- 12:30 General Announcements/Updates**
Grant writing workshops
Laura's Law
June audit
- 1:00 Adjourn**

Cultural Competence Advisory Board
Tuesday, February 11, 2014

Agenda

- 11:00 Welcome and Introductions**
- 11:15 Review of Cultural Competency Plan and Framework for Eliminating Disparities**
- 11:30 Priority Setting**
 - Areas of interest(s) to improve MHSUS based on plan
- 12:00 Action Planning**
 - Develop recommended plan based on priorities established
- 12:50 Announcements/Next Steps**
- 1:00 Adjourn**

Cultural Competence Advisory Board
Tuesday, December 10, 2013

Agenda

11:00 Welcome and Introductions

11:15 Overview

Review of purpose and goals of the board

11:20 Overview MHSUS and Mental Health Plan

System

Programs and services

11:50 Assessing Strengths, Challenges and Needs

Policy

System

Procedures

Practices

12:30 Priority setting

12:50 Announcements/Next Steps

1:00 Adjourn

Cultural Competence Advisory Board

Service Recommendation to Improve Access for Latino Consumers

Barriers to Accessing Services for Latino Consumers

- Advocates and underserved/unserved Latino consumers have repeatedly reported the difficulty in getting their needs met when contacting MHSUS' Access line. Reported examples include:
 - callers feel intimidated by calling, especially recently arrived immigrants
 - callers are often referred to Beacon after a phone assessment, requiring them to repeat the purpose of their call and nature of their needs, which leads to frustration and discouragement to receive services
 - lack of bilingual/bicultural staff, especially during the summer months
 - system and protocols to get seen by a clinician is not culturally appropriate. Organizations who work primarily with this population have simpler and more consumer-friendly ways to provide services with very little bureaucracy
 - undocumented and uninsured consumers are generally mistrustful of the system.
 - some bilingual/bicultural MHSUS clinicians in certain programs are under-utilized
 - not enough bilingual/bicultural clinicians to serve mild/moderate consumers
 - callers report that there's a waiting list or it takes a long time to get a bilingual clinician

Recommendations

- Increase funding for CBOs who specialize in working with the Latino community to hire BICULTURAL/bilingual clinicians to work with mild/moderate consumers, including undocumented and uninsured. These clinicians can have rotation schedules on a drop-in schedule format at specific specialty CBOs who serve the Latino community. This addresses cultural responsiveness and appropriateness as many ethnic communities typically rely on informal approaches/practices in receiving services
- Increase and retain bilingual interns, especially during the summer months
- Better position bilingual/bicultural MHSUS clinicians to provide services and to maximize productivity to serve Spanish speaking SMI consumers

- Encourage Promotoras and specialty CBOs to refer mild/moderate consumers to her/his faith and/or spiritual community that are culturally appropriate/acceptable to the consumer

Cultural Competence Advisory Board

STAR and HOPE Ad-Hoc Committee Meeting

September 26, 2016, 1-3pm

Minutes

Present: Paula Astalis, Alana Rahab, Cesar Lagleva, Maria Abaci, Robert Harris, Leticia McCoy, Cheryl August, Gustavo Goncalves, Darby Jaragosky, Kerry Peirson

- Meeting started by CCAB members introducing themselves to newly hired STAR supervisor, Paula Astalis. Paula also introduced herself and her professional background
- Cesar stated the purpose of the meeting and provided context on the subject matter. It was reported that CCAB was formed in 2014 and found that the STAR and HOPE programs have struggled to adequately serve underserved (African American, Latino, Asian, Native American and LGBTQ) communities. Advocacy efforts were made by members of CCAB at the time, however, it was met with resistance from the former STAR supervisor as evidenced by his lack of collaboration and hostile behavior towards a family member representative of the board who played a major role in addressing the disparities in access of both programs by underserved communities.
- All agreed that the penetration rates of both programs for underserved communities must improve. However, due to the unavailability of the HOPE supervisor to attend this meeting, it was decided to concentrate on working to improve the STAR's penetration rate of underserved communities.
- Alana and Paula provided a description of the STAR's referral process and its multi-agency referral system. Committee members engaged Alana and Paula in a Q's and A's session to further clarify and understand the inner workings of STAR program.
- Sub-committee agreed that the solution will need to be addressed on multiple levels. The recommended next step actions are:
 - Alana, Paula and Darby will contact David Escobar, newly hired Substance Use Service Policy Analyst, to strategize on how to bring this issue to the STAR team
 - As a family member and county resident, Kerry will consider contacting the Board of Supervisors to express his

concerns about the disparity in access to care in the STAR program.

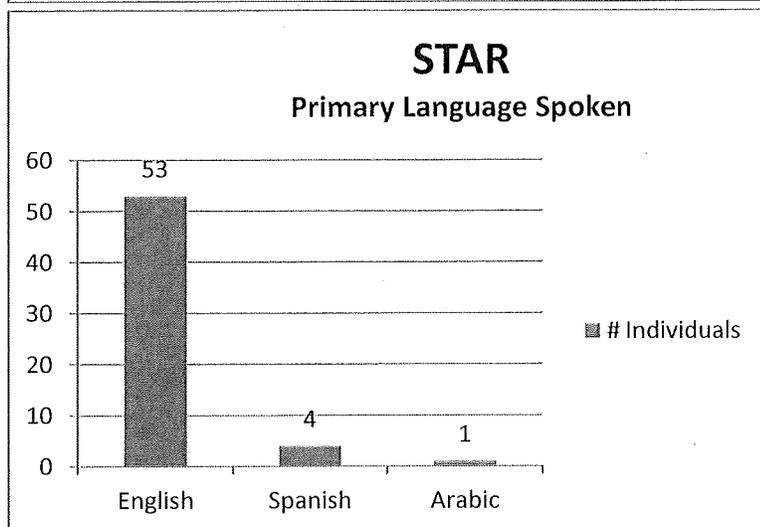
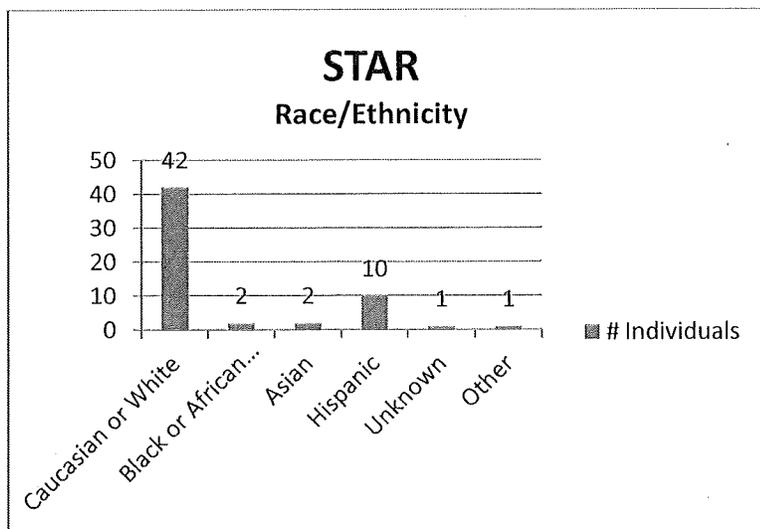
- Alana will invite the HOPE interim supervisor, Alex Dang, at the next Ad-hoc committee meeting to discuss similar concerns about penetration rates of underserved communities

Next meeting: Monday, 10/31, between 1-3 at the Wellness Center

Support and Treatment after Release Program - STAR

Marin's Support and treatment after Release (STAR) Program is a Full Service Partnership (FSP) providing culturally competent intensive, integrated services for mentally ill offenders. The STAR Program operates in conjunction with Marin's Jail Mental Health Team and the STAR Court.

In Fiscal year 2012-2013 the STAR Program and STAR Court served 58 individuals. 12.1% percent were transitional aged youth. 76.2% were adults and 10.3% were older adults.



Mental Health Screening Day(s):

Marin County Jail

Submitted by: Ashley Oddo and Cesar Lagleva

ABSTRACT

Jails have become de facto mental health facilities, however, they lack the capability and resources to properly assess and handle mental illness. Marin County has implemented the Support and Treatment After Release ("STAR") Court, a type of Mental Health Court, as a step in addressing these disparities. Unfortunately, people of color do not seem to be accessing the STAR Court at the same rate as Caucasians are. The proposed Mental Health Screening Day(s) in the Marin County Jail will serve the goals of (1) increasing inmate knowledge about mental illness and mental health services and (2) further examine existing and future needs for mental health services in the Marin County Jail. The program will be two-fold through the use of a presentation and an oral interview screening, using the Psychiatric Emergency Services ("PES") assessment tool. Specifically, Ashley Oddo and Cesar Lagleva will go into the Marin County Jail and present information to inmates raising awareness of mental health and the available resources. Next, the duo will be conducting voluntary individual screenings through the use of the PES test. The data collected from the screenings will be analyzed to determine what needs exist and propose recommendations on how to incorporate those needs into sustainable programs for the future.

BACKGROUND:

In 1997, in Broward County, Florida, the first mental health court in the country was established.

¹ This court was started due to the recognition that standard methods of punishing mentally ill defendants by cycling them in and out of the system were ineffective.² Since then, numerous mental health courts have popped up nationwide. A February 2011 study of four mental health courts reported in the Journal of the American Medical Association found that those who had gone through the mental health court process were drastically less likely to be arrested in the eighteen months following graduation than those who had not participated in the mental health courts.³

In 1998, Marin County responded to this nationwide push towards mental health services by forming the Marin County Forensic Multi-Disciplinary Team utilizing a grant from the Mentally Ill Offender Crime Reduction Grant (MIOCRG).⁴ The Team created the STAR program as a service for mentally ill offenders.⁵ The STAR Program then created the STAR Court with the purpose of providing an alternative to incarceration and traditional supervised probation for those who have been diagnosed with specific mental illnesses.⁶

In a May 1, 2013 report from the Marin County Civil Grand Jury, four suggestions were made to the STAR Court in order to increase the effectiveness of the program and the goals it aims to achieve.⁷ These included, “(1) increase outreach to family members of Court participants, (2) develop ways to reach, engage, and increase minority population, (3) provide more extensive preparation for graduation from the court specifically related to how to maintain progress and avoid relapse after graduation, and (4) assign a dedicated attorney from the District Attorney’s office in order to reduce turnover of staff.”⁸ The proposed Mental Health Screening Day(s) will specifically focus on the 2013 proposed improvement of developing ways to reach and engage with minority populations.

The recommendation provided in the above-mentioned 2013 report in regards to engaging minority populations suggests, “Minorities are underserved in STAR Court. This may be due to cultural factors, distrust of the system, issues of language or reluctance to be labeled mentally ill. We recommend that the Handbook provided to participants be translated into Spanish, and that there be increased outreach and engagement with inmates of color by the STAR Treatment Team

¹ *STAR Court: A Restorative Justice Success Story*, May 10, 2013, available at http://www.marincounty.org/~media/files/departments/gj/reports-responses/2012/laj_starcourt_final2.pdf.

² Id. at pg. 2.

³ Id. at pg. 2.

⁴ Id. at pg. 2-3.

⁵ Id. at pg. 3.

⁶ Id. at pg. 1.

⁷ Id. at pg. 7.

⁸ Id. at pg. 7.

to broaden the referral base.”⁹ While this recommendation holds some merit, merely translating the Handbook is not sufficient to engage inmates of color.

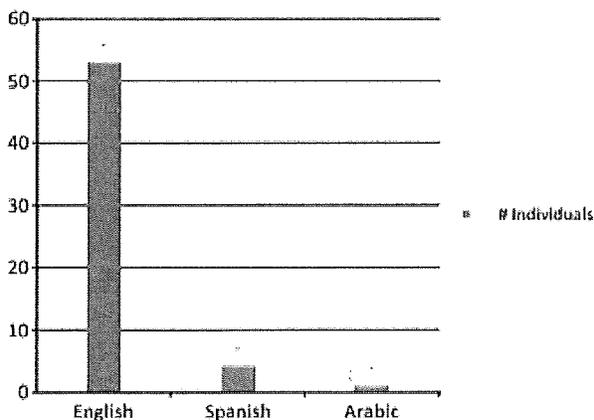
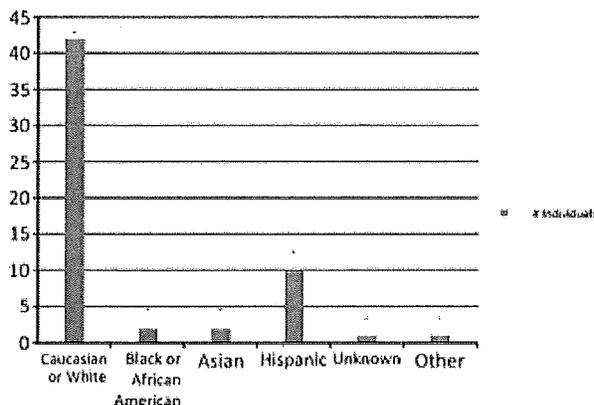
The two bar graphs below, compiled by the Marin County Health and Human Service Department’s Mental Health and Substance Use Services Division, bolsters the proposition that minorities are unrepresented in the STAR Court. Specifically, Caucasian, English speakers dominate the STAR Program population.

The proposed Mental Health Screening Day WILL, however, focus specifically on engaging minority populations by providing culturally sensitive information regarding mental health and screening inmates for mental health services on a one-to-one basis.

Support and Treatment after Release Program - STAR

Marin’s Support and treatment after Release (STAR) Program is a Full Service Partnership (FSP) providing culturally competent intensive, integrated services for mentally ill offenders. The STAR Program operates in conjunction with Marin’s Jail Mental Health Team and the STAR Court.

In Fiscal year 2012-2013 the STAR Program and STAR Court served 58 individuals. 12.1% percent were transitional aged youth. 76.2% were adults and 10.3% were older adults.



⁹ Id. at pg. 8.

STATEMENT OF NEED:

Jails have in effect become mental health facilities; however, they are unable to properly provide the services necessary to treat mental illness. Those who suffer from mental illness and are not receiving adequate care often end up coming back into the jails. We need to be disrupting the pattern of criminal behavior by getting to one root of the problem – mental illness.

People of color, particularly Latinos, are accessing mental health services at a much lower rate than Caucasians. This is, in part, due to cultural stigma surrounding mental illness, particularly among Latino and African American communities. Additionally, the lack of culturally and linguistically competent or sensitive services further hinders inmates of color from receiving treatment.

Either way, it is not adequate to write off this disparity due to “cultural stigma.” Stopping the analysis and outreach there fails the communities it leaves behind. Quite simply, we cannot stop our analysis and outreach there. We must go further at providing knowledge to inmates, evaluating existing and future needs, as well as assessing the level of need.

A 2010 report requested by the Marin County Sheriff’s Office and prepared by the JFA Institute (a team that evaluates criminal justice practices and designs research-based policy solutions) looked at the Marin County jail population and assessed the mental health care system therein.¹⁰ Among others, the report found that, a standardized risk assessment instrument in determining which inmates should be referred for mental health assessment by the custody staff was needed along with a standardized system for doing so.¹¹ The report notes that all inmates are screened for mental health issues at booking; however, at no time in the process does staff utilize a standardized risk assessment instrument to determine an inmate’s eligibility for a mental health referral.¹²

The purpose of the Mental Health Screening Day(s) Proposal in the Marin County Jail is to provide such an assessment as suggested by the 2010 report. Additionally, the efforts will be to not only recommend expansion of culturally and linguistically appropriate mental health services in county jail, but to focus on the whole component of reducing recidivism and engaging communities of color in terms of accessing mental health services.

PROGRAM DESCRIPTION:

The program will be implemented through the use of a two-step process. First, Ashley Oddo and Cesar Lagleva will go into the Marin County Jail and present information to inmates raising awareness of mental health, cultural issues related to mental health, and the available resources.

¹⁰ The JFA Institute, *Marin County, California Jail Population Projections and Assessment of the Mental Health Care System*, September 2010, available at <http://www.marincounty.org/~media/files/departments/bs/district-1/criminaljustice/jail-study-marin-final-report.pdf?la=en>

¹¹ Id. at pg. 3-4.

¹² Id. at pg. 30.

Next the duo will be conducting voluntary individual screenings through the use of the PES test. The data collected from the screenings will be analyzed to determine what needs exist and make recommendations on how to incorporate those needs into sustainable programs for the future.

GOALS AND OBJECTIVES:

1. ***Organizational Goal*** – Increase inmate knowledge about mental illness and mental health services.
2. ***Operational Goal*** – Further examine and review existing and future needs for mental health services in the Marin County Jail.
3. ***Assessment Goal*** – Asses the level of need based on the results from the PES testing.

TIMELINE:

Activities	Date
Present rough draft of proposal to the Board of Supervisors of the County of Marin	October 2014
Send proposal to the following for approval: <ul style="list-style-type: none"> • Marin County Board of Supervisors, Steve Kinsey • Marin County Mental Health and Substance Use Services Department • Marin County District Attorney • Marin County Public Defender • Marin County Probation Department • Marin County Sheriff Department, Josh Todt and Dave Estes • Marin County Judicial Officer, Judge Simmons • STAR Treatment Team 	November - December 2014
Roll out the Mental Health Screening Day(s) in Marin County Jail	January 2015
Compile data and release recommendations based on our findings	March 2015

EVALUATION PROCEDURES:

We will be using the Psychiatric Emergency Service Assessment (PES) for purposes of evaluating inmates.

Psychiatric Emergency Service Assessment

The Psychiatric Emergency Service Assessment is already used by Marin County to evaluate patients dealing with a mental health crisis. We will be using this same assessment to conduct our evaluations. This assessment looks at a client's appearance, behavior, speech, affect, mood, thought process, and a variety of other factors in order to make a recommendation regarding the client's mental status. Once we collect the data, we will be compiling and analyzing it in order to make immediate, short and long-term sustainable long-term suggestions to aid those with mental health issues in the Marin County Jail.

Please see pages 7-11 of this proposal for a sample of the PES Assessment.

County of Maui

Department of Health and Human Services

Division of Community Mental Health

PSYCHIATRIC EMERGENCY SERVICE ASSESSMENT: Crisis Stabilization - Urgent Care

See also: PES-AH for medical status and medications

Services provided in language of choice: Interpreter present	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Client request family as interpreter: Interpreter present	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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DESCRIPTION OF EMERGENCY

DESCRIPTION OF ACUITY OF INDIVIDUAL/SITUATION REQUIRING IMMEDIATE SERVICE INTERVENTION

PSYCHIATRIC HISTORY

High Risk Psychiatric History	<input type="checkbox"/>	None	<input type="checkbox"/>	Fire Setting
	<input type="checkbox"/>	Violence or endangering others	<input type="checkbox"/>	Self-harm or suicide attempt
	<input type="checkbox"/>	Treatment non-adherence	<input type="checkbox"/>	AWOL attempt
	<input type="checkbox"/>	Other:		

FAMILY/COLLATERAL HISTORY & INFORMATION RELEVANT TO PRESENTING PROBLEM

Client Name	Date	Client Number
PES-A		

Confidential Patient/Client information. See W&I Code §328

CMH 511 (10/09)

Page 1 of 5

County of Marin

Department of Health and Human Services

Division of Community Mental Health

Mental Status Exam (pg 1)

APPEARANCE:

<input type="radio"/> Appears stated age	<input type="radio"/> Adequately dressed	<input type="radio"/> Adequate grooming
<input type="radio"/> Appears older	<input type="radio"/> Incompletely dressed	<input type="radio"/> Poor hygiene
<input type="radio"/> Appears younger	<input type="radio"/> Bizarrely dressed	<input type="checkbox"/> Disheveled

Description of abnormal or unusual findings:

BEHAVIOR:

Attitude	Eye Contact	Psychomotor Activity	Abnormal Movements	Gait
<input type="radio"/> Cooperative	<input type="radio"/> Normal	<input type="radio"/> Normal	<input type="radio"/> Absent	<input type="radio"/> Normal
<input type="radio"/> Hostile	<input type="radio"/> Avoidant	<input type="radio"/> Decreased	<input type="radio"/> Present	<input type="radio"/> Abnormal
<input type="radio"/> Indifferent	<input type="radio"/> Staring	<input type="radio"/> Increased		

Description of abnormal or unusual findings:

SPEECH:

Rate	Volume	Rhythm	Fluent	Pressured
<input type="radio"/> Normal	<input type="radio"/> Normal	<input type="radio"/> Normal	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Rapid	<input type="radio"/> Loud	<input type="radio"/> Abnormal	<input type="radio"/> No	<input type="radio"/> Yes
<input type="radio"/> Slow or halting	<input type="radio"/> Soft		<input type="checkbox"/> Poverty of speech	

Description of abnormal or unusual findings:

AFFECT:

Range	Intensity	Stability	Appropriateness
<input type="checkbox"/> Full	<input type="radio"/> Normal	<input type="radio"/> Stable	<input type="radio"/> Appropriate
<input type="checkbox"/> Restricted	<input type="radio"/> Reduced	<input type="radio"/> Labile	<input type="radio"/> Inappropriate
<input type="checkbox"/> Explosive	<input type="radio"/> Increased		

Description of abnormal or unusual findings:

MOOD (DOMINANT EMOTION):

<input type="checkbox"/> Incongruent with affect	<input type="radio"/> Depressed	<input type="checkbox"/> Anxious
<input type="radio"/> Euthymic	<input type="radio"/> Euphoric	<input type="checkbox"/> Irritable

Client's description of mood (optional):

THOUGHT PROCESS:

<input type="checkbox"/> Linear	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Flight of ideas	<input type="checkbox"/> Word salad	<input type="checkbox"/> Perseverative
<input type="checkbox"/> Goal directed	<input type="checkbox"/> Tangential	<input type="checkbox"/> Loose associations	<input type="checkbox"/> Rhotting	<input type="checkbox"/> Concrete

Description of abnormal or unusual findings:

DISTURBANCES OF THOUGHT CONTENT:

<input type="checkbox"/> None	<input type="checkbox"/> Delusional	<input type="checkbox"/> Ideas of reference / influence	<input type="checkbox"/> Paranoid reaction
	<input type="checkbox"/> Poverty of content	<input type="checkbox"/> Phobias	<input type="checkbox"/> Preoccupation or obsessions

Description of abnormal or unusual findings: include specifically described words, phrases, thoughts and activities

SUICIDAL IDEATION:

<input type="checkbox"/> None	<input type="checkbox"/> Active ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Method available	<input type="checkbox"/> Recent attempt
<input type="checkbox"/> Mordid thoughts	<input type="checkbox"/> Passive ideation	<input type="checkbox"/> Intent	<input type="checkbox"/> Taking steps	

Description of abnormal or unusual findings:

AGGRESSIVE AND HOMICIDAL IDEATION:

<input type="checkbox"/> None	<input type="checkbox"/> Active ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Method available	<input type="checkbox"/> Recent assault
<input type="checkbox"/> Violent thoughts	<input type="checkbox"/> Contingent ideation ("I may")	<input type="checkbox"/> Intent	<input type="checkbox"/> Taking steps	<input type="checkbox"/> Victim identified

Description of abnormal or unusual findings:

Client Name _____ Date _____ Client Number _____

County of Marin

Department of Health and Human Services

Division of Community Mental Health

Mental Status Exam (continued)

PERCEPTUAL DISORDERS:
 None
 Responding to external stimuli
Experiences of sensations or unusual feelings; describe other perceptual disorders

Auditory hallucinations
 Visual hallucinations

Tactile hallucinations
 Olfactory hallucinations

Command hallucinations
 Obeys commands

Obeys

IMPULSE CONTROL:
Description of abnormal or unusual behavior

No gross impairment Impaired (Describe)

COGNITIVE FUNCTION:

Oriented to: Person Place Time Situation

Memory: WNL Poor historian Amnesic Confabulates

Estimated Intelligence: Average Below average Above average

INSIGHT: Good/WNL Limited Impaired Absent

JUDGMENT: Good/WNL Limited Impaired Absent

MOTIVATION FOR TREATMENT: Motivated Unmotivated Ambivalent Opposed

Additional MSE Notes:

SUBSTANCE USE/ABUSE

1. **Recent Alcohol Use** None
 Date of Last Use: _____
Description of recent use Freq. of Last Use: _____

2. **Recent Drug Use** None
 Date of Last Use: _____
Description of recent use Freq. of Last Use: _____

3. **Alcohol and Drug Use History** None
Description

3. **Alcohol and Drug Treatment History** None
Description

RISK ASSESSMENT

Assessment of Danger to Self		Yes	No	Unknown	Notes
1	Current thoughts of self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	Current or recent attempt at self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	Family or friend who has committed suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	History of self-harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	Restricted cognition, feeling trapped, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	Current substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	Increased anxiety or agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	Changes in sleep patterns (hypo or hypersomnia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	History or current evidence of impulsive behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	Recent loss (physical, sexual, emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11	Co-morbid physical health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	Access to means (e.g. weapons, pills, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13	Psychotic symptoms or significant depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14	Little or no social support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15	Command auditory hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Demographics					
16	Elderly or young adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17	Male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18	White/Caucasian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
19	Same-sex sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assessment of Protective Factors		Yes	No	Unknown	Notes
1	Future plans and goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	Responsibility to family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	Children in home or client is pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	Spirituality or religious faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	Life satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	Reality testing is intact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	Positive coping skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	Adequate problem solving skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	Positive therapeutic relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assessment of Danger to Others		Yes	No	Unknown	Notes
1	Current thoughts of hurting others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	Threats made against other in past months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	Current or Hx of violence to family or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	Current or Hx of property destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	Current or Hx of violence to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	Current or Hx of arrests/citations for violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	Access to weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	Current or Hx of domestic violence (including as a victim)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	History of physical or sexual abuse of client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Legal issues					
10	Tarasoff warning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11	APS or CPS involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	Restraining Order	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13	Criminal Justice History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Assessment of Behavioral Escalation		Unknown	Notes		
1	Early warning signs of behavioral escalation	<input type="radio"/>			
2	Triggers/precipitants of behavioral escalation	<input type="radio"/>			
3	Techniques that help client control behavior	<input type="radio"/>			
4	Tools that help client to control behavior	<input type="radio"/>			
5	Known Hx of abuse (do not query client)	<input type="radio"/>			

CASE FORMULATION

INITIAL TREATMENT PLAN

DIAGNOSTIC IMPRESSION

Staff Signature/Discipline: _____

Date: _____

Staff Name (printed): _____

Client Name: PES-A Date: Client Number: Confidential Patient/Client Information: See W&I Code 6328 CMH-611 (10/00) Page: 5 of 5

RESEARCH SUPPORT:

An estimated 44 million adults and 13.7 million children in America have a diagnosable mental disorder.¹³ Among the millions of affected Americans, fewer than half get help, even though 80-90% are treatable with medication and other therapies.¹⁴ Understanding the factors that contribute to mental illness is first, next is to shatter stigma, which ends up hindering and ultimately preventing those who need it from receiving mental health services.¹⁵

Sadly, our society has in effect criminalized mental illness as a result of insufficient community mental health care. The most disturbing trend has been growing incarceration of people with serious mental illness.¹⁶ Quite simply, people with mental illnesses have been swept up in the surge of imprisonment countrywide.¹⁷

Inmates with mental illness often experience unreasonable delays in their requests for mental health care.¹⁸ The United States Supreme Court in *Estelle v. Gamble* in 1973 analyzed the constitutional rights guaranteed to inmates and found that the right of access to care, the right to care that is ordered, and the right to professional medical judgment are basic rights.¹⁹ Since *Estelle*, circuit courts have considered treatment of mental illness to be a serious medical need.²⁰ However, treatment behind bars remains inadequate.

STAFF AND ORGANIZATIONAL INFORMATION:

Ashley Oddo, third year law student at the University of San Francisco School of Law, is extremely interested in the intersection between mental health services, specifically in the lens of incarceration. She holds a Bachelor's Degree in Business Administration from California Lutheran University. Throughout law school, she has interned at four different public defender offices (Washoe County Public Defender, San Francisco County Public Defender, Los Angeles County Public Defender, and Marin County Public Defender; respectively) as well as participated in USF's Criminal and Juvenile Justice Clinic. She interned at the Mental Health Court for the Los Angeles County Public Defender's Office and saw first-hand the issues with adequacy of mental health services in county jail.

¹³ Susan Blumenthal, M.D., *Overcoming Stigma and Improving Mental Health in America*, May 25, 2012, available at http://www.huffingtonpost.com/susan-blumenthal/mental-health_b_1546676.html

¹⁴ See Blumenthal, *supra* note 10.

¹⁵ See Blumenthal, *supra* note 10.

¹⁶ Sherry A. Glied & Richard G. Frank, *Better But Not Best: Recent Trends in the Well-Being of the Mentally Ill*, available at 28 *Health Affairs* 637, 646 (2009).

¹⁷ *Id.* at 646.

¹⁸ Jessica Burns, *A Restorative Justice Model for Mental Health Courts*, 23 *S. Cal. Rev. L. & Soc. Just.* 427, 433 (2013-2014).

¹⁹ *Id.* at 433, *See generally* *Estelle v. Gamble*, 429 U.S. 97 (1976).

²⁰ *Id.* at 433, FN 40.

Cesar Lagleva, Licensed Mental Health Practitioner and Interim Ethnic Services Manager, works for the Marin County Health and Human Services Department's Mental Health and Substance Use Services Division. Under his role as the Interim Ethnic Services Manager, he is assessing Marin County residents' experiences and challenges to access of mental health and substance use services. More specifically, he is interested in exploring how county jail inmates are accessing mental health and substance use services while in custody. He will then be making policy and service recommendations to the Marin County Health Director about the type(s), level(s), and scope of services that could benefit inmates of color. The Mental Health Screening Day is one of those recommendations.

CONCLUSION:

Ashley Oddo and Cesar Lagleva are dedicated to addressing and putting a halt to this nationwide epidemic of jails becoming mental health facilities despite their lack of appropriate resources. Specifically, the two will be researching minorities' use of mental health services in the Marin County Jail. The proposed Mental Health Screening Day(s) in the Marin County Jail will increase inmate knowledge about mental illness and mental health services as well as further examine existing and future needs for mental health services therein. We are confident that the Mental Health Screening Day(s) two-fold implementation of a presentation and voluntary oral interview screenings through the PES test will yield quantifiable results in which suggestions can be readily made. We appreciate your support in making this proposal a reality.

. Caucasian or White	Female	No	Caucasian or White	Caucasian or White
. Other	Female	No	Other	Other
i Caucasian or White	Female	No	Caucasian or White	Caucasian or White
i Caucasian or White	Female	No	Caucasian or White	Caucasian or White
i Unknown / Not Reported	Female	Yes	Hispanic	Hispanic
: Other	Female	Yes	Hispanic	Hispanic

Cultural Competency Advisory Board Meeting

Notes:

- A need was expressed for explicit terminology on cultural competency and congruency. So that our actions as a board may reflect these terms.
- A need was expressed for a more focused mission statement, recommendations were made for a policy committee to adopt broader scope of policy.

Members were interested in:

- CCAB strategic planning process
- Need for diversity in new access teams, bicultural staff in jail
- Multi-disciplinary team
- The new 'voice stress test' in jail was identified as a barrier for minority applicants who want to work/serve in the marin county jail.
- As a means of defining our terminology, it was suggested that we compare measures of cultural competency in other counties
- Recommended training – internalized stigma (acknowledgment & stigma reduction)
- Marin City population needs
 - Generational stigma
 - Law enforcement
 - Microaggressions
 - Individual cultural identity exploration with individuals

Information on

- Bias explained scientifically (video)
- Include CCAB presentation to staff meetings
- How to use interpreters

Media Outreach

- Website
 - CCAB member's to review/edit language
 - Job button
 - Presentation for the CCAB?
- TV Show
 - Waiting on website completion to air with working links

Ad-Hoc

- Experiential experience
 - Listen to voices while working through daily routine
- Skit (Stigma Stew)

Prepared by: Robbie Powelson and Gustavo Goncalvez

CCAB Meeting Minutes 2/9/2015

Members present:

Cesar Lagleva

Sandra Ponak

Ellie Boldrick

Cammie Duvall

Kerry Peirson

Maria Donnell – Abaci

Leticia McCoy

Cheryl August

David Escobar

Kristine Kwok

Jackie Bewley

11 am meeting called to order

- May meeting Dr. Colfax and Suzanne attending
- Other supervisors attend meeting and simply observe
 - o Give insight to our function
- Safety mechanisms in place – Cesar
 - o Measures of amnesty
 - o Supervisors not allowed to actively participate
 - Possibly create agenda

Cultural Competence Advisory Board (CCAB)

Minutes

Tuesday, September 13th, 2016, 11am-1pm, Wellness Center room 109

Members Present: Cesar Lagleva, Gustavo Goncalvez, Sadegh Nobari, Leticia McCoy, Kerry Peirson, Marta Flores, Vinh Luu, Julie Lehman, Cat Wilson, Ngoc Loi, Kristen Gardner, Cheryl August, Robert Harris, Maria Donnell-Abaci, Darby Jaragosky, Douglas Mundo, Sandy Ponek,

Members Absent: Brian Robinson, Cammie Duvall, Cecilia Guillermo, David Escobar, Eleanor Boldrick, Jessica Diaz, Kristine Kwok, Leah Fagundes, Marisol Munoz-Kiehne, Alana Rahab,

Guests: Nick Avila, Amanda Araki

- Cesar introduced his intern to the board, Amanda Araki. Amanda will be taking minutes of the meeting.
- Nick Avila requested to join the board. Nick introduced himself to the board. Board approved his membership.

Marin County Annual Cultural Competency Plan

- **EQRO:** emphasis on cultural competency (“Cultural Competence Plan”)—audit—need for updated, comprehensive plans for goals (not since 2010, too old). Need to create new version with timeline and guideline starting from 2015-2016. The committee/advisory board will be central for this work. Must be submitted by December 2016. Participation in the audit in next January may be requested.
- Add members’ thoughts about the plan, by November 1st
- For funding and to be successful, members must adhere to this “Plan”

Policy

- **AOT (Laura’s Law):** What is the impact of the law in other counties and regions?
 --Supervisors want events in October to evaluate
 --Bench-mark in February 2017
 --Novato: voting to support the law? Must be executed by state, not by city (they have 1 year to implement the law).
 --We (this advisory board) are in oppositional stance.
- Dr. Colfax and Dr. Tavano create policy based on evidence and data.

Access

- Cesar is working with human resources for the **classification system** to create job opportunities for peer professionals/counselors—hopefully by January/February 2017.
 --In the field of Public health, Behavioral health, Mental health
 (Three levels: high school diploma/GED, six-months course work (level 1), one year of course work and experience (level 2)).

- Attempt to **remove artificial barriers** (ex. course work can be replaced by volunteer, internship etc. Either/Or, not BOTH).
- Integrate **model by Riverside or Napa county** that are already well established
- Hope to be able to provide salary
- Common thread: *Lived Experience*

- Plan for **education, training in communities about peer specialists and counselors**, to provide information—clarify the actual role and demystify misunderstanding (~6/30/2017).
- Provide billing system
- **Recruitment target:** lived experience in the area of mental health, DV, substance abuse
 - Suggestion of including Trauma
 - Survivor of violence, trauma, abuse—new focus
- **Community Action Marin (CAM):** houses peer counselors
- **Supervision** of clinicians and peer counselors: using the model of CAM program—supervised within the system/resident supervisors dedicated solely on supervising
- **STAR and HOPE programs**—penetration rates: advocating in the past for ethnic minorities (2014)—any shift or change in penetration rates?
 - =Data shows demographic served are disproportionate (ex. Majority is White)
 - Cesar asked the members to share information for services that were provided for consumers in 2015-2016 (but at least we now have access to data)
 - Our goal is to advocate
 - Funding for programs: Medi-cal driven—possible disqualifiers
 - No available bilingual staffs and nature of crimes = two major barriers
 - Need for people who are actually making the decisions (ex. Judges) to make the changes (public defenders, probations, DA are in charge of referrals)
 - Prop 36: treatment or jail (requirement differences)=STAR is for people with mental illness
 - Invite supervisors from both programs to communicate the issues regarding the demographic disparity, and solicit to solve the issues together=partnership
 - Cesar asked members to join as a specific role to become advocates for these two programs, to continue the conversation, recommendation for new plans, discussions to be have in the future with the board
 - =Robert, Mark, Maria, Gustavo, Letitia, Cheryl, Darby, and Kerry
- Cesar suggested for the **plan of “improvement recommendation”** of these two programs in **EQRO:** enforced by state, it can monitor for improvement
- STAR program: after program, individuals go through STAR court system, check-in with judge about treatment plans (those with “lifestyle crimes”)—substance abuse, mental illness issues. Need to be referred by the STAR court/If declined, STAR program, those

can get ask STAR directly to be accepted (services are still available).

--1st ever county based/operated, outpatient, voluntary treatment program for drug and alcohol problems (hope for peer counselors to be involved in the future)

--Four departments

--New supervisor (Ms. Paula) showed interested in getting involved with our board and is aware of the issues discussed in our meeting

--People served 59, female 20, male 39; race (Caucasian 45, Hispanic 5, other 3, black 2, unknown 2, American Indian 1, Chinese 1)

- *HOPE program*: specialized in provide substance abuse and alcohol treatment assistance for elderly (60 years ~), similar functioning to STAR
 - Asked members for any suggestions in helping this population
 - People served 76, female 48 male 28; race (Caucasian 61, Hispanic 5, Black 4 Vietnamese 2, other 2, American Indian 2, unknown 1)
 - Even though all elderly should be eligible, in actuality there is many issues putting people into the program—growing number of elderly population
 - How and Who decide who goes to ACM or HOPE?
 - Is the program for life? Or to help in transition? Should provide for full-service but only for intensive clients.

Training

- **Cultural competency consultation**: Cesar invited those interested to put themselves out to give specialized knowledge/expertise for cultural competency—should answer basic questions provided online by Cesar (ex. consultation for in-depth analysis, info about specific culture etc.)
 - Phone-call session
 - Part of resource packet?—part of building resources
- **Consumer Advocacy Training Pilot Project**: increased demand for adult consumer platforms, acknowledgement of adult consumers (vs. focus on family member interests)
 - Teaching adults to self-advocate, priorities (elimination of stigma), understanding of policies, systems
 - Cesar asked Kerry to come up with the program to train adult consumers, especially minorities, to become advocates (“advocacy training”)—starting his own class
 - Need for training how to advocate in the immediate environment (ex. Societal issues)

Media and Outreach

- TV shows: viewership for English shows=1000 views, but needed 1500=need more efforts to publicize/goal is to get to 2000 viewers
 - Ask members to go to Facebook “give it 24”, increase use in social media (found effective in increase youth population, getting more information about the statistics)

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- **INNOVATION grants program:** newly hired facilitator and evaluator, as well as advisory counselor. Beginning soon—focus on group bonding and getting ready for assessment, well-mixed representation (diverse LGBT, ethnicity, geographic), about 14-15 confirmed members/youth (16 to 25 years old). About 3 year-long program.
--Working on new policy, action plan
=Part of Outreach efforts to engage young, underprivileged people.

General Announcement

- Latino community (Latino En La Casa) TV show—disseminating postcards with information, links (Tuesday and Sunday, channel 26)
--Creating postcard for our boards?

Meeting Adjourned

Next Meeting 11/8//16, between 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

Tuesday, May 10, 2016, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Kerry Peirson, Marta Flores, Leticia McCoy, Kristen Gardner, Cammie Duvall, David Escobar, Sandy Ponek, Vinh Luu, Cheryl August, Maria Donnell-Abaci, Robert Harris, Jessica Diaz, Darby Jargosky, Douglas Mundo, Cecilia Guillermo, Robbie Powelson

Members Absent: Marisol Munoz-Kiehne, Brian Robinson, Laurie Hunt, Ngoc Loi, Sadegh Nobari, Leah Fagundes, Brian Robinson, Gustavo Goncalves, Ellie Boldrick, Cat Wilson

Guests: Julie Majdoubi, Dr. Suzanne Tavano, Dr. Grant Colfax

- Robbie submitted and announced his resignation from the board due to other pressing commitments and priorities in his life. Board expressed their appreciation for his contributions to the board and community. Cesar also announced the resignation of Laurie Hunt due to changes in her schedule which has become difficult for her to attend meetings.
- Cesar introduced Julie Majdoubi of the Spahr Center. Julie expressed interest in joining CCAB. Members of the board asked her a few questions about her interest. Board unanimously approved and accepted Julie into the board.
- CCAB's May Mental Health Month Event planning committee provided updates on the May Mental Health Month: Each Mind Matters event scheduled on May 18th. Things are moving forward according to plan. Several board members agreed to volunteer on the day of the event.
- Cesar introduced Dr. Colfax and Dr. Tavano to CCAB members. General discussion around mental health and substance use services division, cultural competency/humility, workforce development by prioritizing diversity that reflects the consumers whom we serve. Several members of the board asked broad and specific questions to Dr. Tavano and Dr. Colfax.

Meeting Adjourned

Next Meeting Tuesday, June 14, 2016, between 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

Tuesday, March 8, 2016, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Kerry Peirson, Marta Flores, Leticia McCoy, Kristen Gardner, Cammie Duvall, David Escobar, Sandy Ponek, Vinh Luu, Cheryl August, Maria Donnell-Abaci, Ellie Boldrick, Cat Wilson

Members Absent: Marisol Munoz-Kiehne, Brian Robinson, Cecilia Guillermo, Laurie Hunt, Jessica Diaz, Robbie Powelson, Ngoc Loi, Douglas Mundo, Sadeh Nobari, Leah Fagundes, Brian Robinson, Darby Jaragosky, Robert Harris, Gustavo Goncalves

Guests: Tamara Bransburg

- The board reviewed the final draft of the 2016 work plan. All felt that plan's goals are realistic and achievable. Minor edits will be made to clarify some of the language under Workforce Development.
- Cesar discussed membership to be on the board. He reported that there have been several inquiries from people in the community who would like to join. Discussed possibly entertaining interested people to join the board. Cesar will assess current board members' participation, especially with board members who have not had great attendance, to determine their continued interest and participation. Currently, there are twenty seven (27) board members.
- Cesar announced that Dr. Colfax and Dr. Tavano will be attending the next CCAB meeting to get to know its members and its work, and to entertain any questions that our board may have about the direction of the division and department.

Committee Updates

Policy

- Cesar discussed the possibility of having a board resolution for May Mental Health Month. All agreed that it was a good idea. Robbie and David will work to draft a resolution and coordinate a date/time at the BOS that the division can present.
- Cesar reported that the BOS voted to not implement AOT/Laura's Law at this time. Dr. Colfax provided a thorough analysis of the AOT and found that there's not enough evidence on the effectiveness of the law if implemented. The BOS will re-visit the issue at a later time when there's greater data and results from other counties who have already implemented it to analyze.

- Cesar announced that MHSUS will pilot a new set of procedures in the application screening and interview phases of the division's hiring process. The pilot will entail the development of an application review team of the division who will work closely with Human Resources to assist in reviewing applications and applicant qualifications. Also, the board advocated for the inclusion of consumers/family members and other MHSUS staff who are not in the hiring authority in interview panels. Cesar will bring these recommendations up to the MHSUS director and Human Resource staff.

Access

- Vinh inquired about contact information of Vietnamese staff in HHS whom clients can contact directly for services. Due to difficulties in accessing services based on language barriers, Vinh and the Vietnamese community would prefer to have a contact list of Vietnamese-speaking service providers in Marin. Members of the board will send names/contact information of providers to Vinh.
- Cesar reported that he was authorized by the department and MHSUS directors to draft job classifications for the county's first-ever Peer Specialist positions in the county government. Cesar will keep this board updated on any new developments.
- Cesar reported that twenty two (21) drug/alcohol scholarship awardees recently completed their coursework to become drug/alcohol counselors. A graduation celebration was held at the BOS chambers and it was well attended by the graduates' families, members of the public, including the Board of Supervisors, HHS director and MHSUS director. New set of students will be starting next month. Of the twenty one who graduated, three graduates will serve as mentors to the incoming students. This whole effort is, in part, a strategy to increase cultural diversity in the county's behavioral healthcare system and to promote the importance and benefits of creating career/employment opportunities to current/former consumers/family members.

Training

- Cesar reported that he has not had time to set up monthly cultural competency consultation clinics as planned. Cesar will begin to offer monthly clinics in August. Any members of CCAB who belong to underserved/unserved communities and who are interested in providing consultations are welcome to inform Cesar of her/his interest.
- Cesar reported that he will be conducting a two-hour cultural competency training for Marin Advocates Network. This training will be sponsored by CCAB.

Media and Outreach

- Media team members provided updates on the progress of the 6 TV shows. Final clean-up and edits are still being made. Thereafter, an outreach/advertisement plan will be developed to ensure wide viewership.

- Cesar reported that he, the division director and staff of the Mobile Crisis Response Team responded to tragic loss of lives in Marin City by offering support to the community and family members. MHSUS will be working with Marin City residents, leaders and organizations to find more sustainable ways to provide ongoing mental health and substance use services and support in the community.

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- Cheryl provided updates on the planning development of this year's community event for May Mental Health Month: Each Mind Matters. Planning and coordination are going smoothly and is on schedule to meet specific deadlines. This board will be the sponsoring entity who will host the event on May 18th. Members of this board are urged to volunteer and provide support when the event date nears.

General Announcement

- none

Meeting Adjourned

Next Meeting Tuesday, 5/10/16, between 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

November 10, 2015, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Kerry Peirson, Kristine Kwok, Leticia McCoy, Kristen Gardner, Sadegh Nobari, Cammie Duvall, Gustavo Goncalves, David Escobar, Leticia McCoy, Sandy Ponek, Vinh Luu, Robert Harris, Leah Fagundes, Cheryl August, Darby Jaragosky,

Members Absent: Marisol Munoz-Kiehne, Brian Robinson, Cecilia Guillermo, Laurie Hunt, Jessica Diaz, Robbie Powelson, Ngoc Loi, Maria Donnell-Abaci, Cat Wilson, Rafael Tellez, Ellie Boldrick, John Ortega, Douglas Mundo

Guests: Jamie Murray

Committee Updates

Policy

- Cesar reported that he was selected to be on an inter-departmental advisory team to analyze the cost/benefits of Laura's Law/AOT that was convened by the department director, Dr. Grant Colfax. The team looked at the facts of the AOT and its results from other counties that have implemented the law. A public forum was also held to discuss the findings and to answer the public's questions. Dr. Colfax will discuss the findings and his recommendations with the Board of Supervisors in the near future.
- Cesar discussed MHSAs Innovation funds. Innovation funds will aim to engage grassroots organizations who have historically and currently not been funded by the division, and who are or have been providing support to transitional-aged youth (TAY). Based on the nature of who these funds will serve and the type of organizations that it hopes to partner with, it is aligned with the county Board of Supervisors' 5-year equity strategic plan. Some members encouraged the division to consider narrowing the TAY population to be more specific (i.e. foster youth, TAY on probation, etc.). Cesar will discuss this suggestion with the Innovation planning committee that Cesar is a part of.
- Continued discussion about the lack of racial diversity in the workforce, particularly African Americans. Members voiced their frustrations with poor outreach and recruitment, flawed application and interview process. Kerry who participated in an interview panel for the STAR's and other two vacant supervisors' positions criticized the process as the panel of interviewers were predominantly white and consistent to the predominantly white applicants who were interviewed. He recommended that the board continue to advocate for an improved outreach and recruitment, application and interview process in the upcoming year 2016. Cesar will discuss this issue with the division director.

- Cesar and David reported their experience recent attendance of PolicyLink's Equity summit in Los Angeles. It was attended by over 3,500 people throughout the country. A delegation of approximately 20 people from Marin, including Board of Supervisor, Steve Kinsey, also attended. The delegation will begin to develop a long-range strategic plan that will further the equity movement in Marin.

Access

- Cesar announced the establishment of the Mobile Crisis Response Team and encouraged board members to consider using this service and to let others know. Some members indicated that this service does not reach out to the Latino community as it does not have a Spanish-speaking staff nor is it culturally responsive. It was also reported that many residents and providers in Marin City, a predominantly African American community, have not heard of this service. It was recommended that the response team go directly into these communities to make its presence and build relationships. Cesar will discuss this issue with the division director.
- The board discussed updates on the use of peer specialists within the division. Some peer specialists reported to some members of this board that they feel disrespected by clinicians of the division who make them feel subordinate to them and not treated as partners or equals when working together on specific cases. Cesar will discuss this issue with the division director.

Training

- Cesar reported that all WET scholarship awardees are doing well. Some students who are attending drug/alcohol certification vocational training program have already obtained jobs while in school while others are on pace to graduate early next year. Field placements for these students will soon be identified and coordinated at or near the same time that the students graduate from school. This WET initiative is also being considered by the County Administrator's Office (CAO) as part of the county's 5-year equity strategic plan as it promotes vocational, training and employment opportunities for consumers/family members in the behavioral health field, diverse peer specialists and drug/alcohol counselors is a growing system's need, and that it creates local workforce.
- Cesar announced that the upcoming Faith and Spirituality training is scheduled later this month. Due to popular demand additional training room was added to accommodate people who were placed on the waiting list. To date, approximately 65 people RSVPd. The original capacity for the training was for only 30 participants.
- Board discussed its next step in providing continuing cultural competency trainings in 2016. Cesar recommended that the board consider creating a monthly cultural competency consultation group where division and agency partner staff can bring specific cases to discuss culturally relevant issues in the workplace and/or within their scope of work (i.e. client cases). Will further discuss and plan for this idea at the upcoming board retreat in January.

Media and Outreach

- Media team members provided updates on the progress of the 6 TV shows. Final clean-up and edits are still being made. Thereafter, an outreach/advertisement plan will be developed to ensure wide viewership.
- Cesar provided updates on the faith initiative. He reported that approximately 35 clergy and lay leaders throughout Marin participated in this all-day training and that it was unanimously well received as evidenced by the positive responses in the training evaluations. There are no immediate next steps at this time that the initiative will plan for. Instead, initiative core members will re-convene in January to set the agenda for 2016.
- Cesar reported that the division's website is now functional and can be easily accessed and used by consumers and the general public. He encouraged board members to let others know about this source of information.
- Some members of the board tabled at a recent Marin City information fair. Information provided was well received by people who visited the table. Depression screening was also offered, however, no community members used this service. It was also noted that a sheriff's officer expressed concern to one of the board members that the Mobile Crisis Response Team was difficult to engage with when they needed help. It was brought to the director's attention shortly after this concern was raised.

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- Gustavo and Cheryl reported that their subcommittee on an anti-stigma campaign is evolving as new ideas, goals and objectives are continually generated. As of date, the subcommittee will most likely transform into a subcommittee that will plan for a lively Mental Health Month in May which will highlight various activities and events throughout the month.

General Announcement

- Cesar briefly discussed the upcoming board retreat. Details of the retreat will begin to get planned in December.

Meeting Adjourned

Next Meeting (Half Day Retreat): Friday 1/22/2016, 12-4, Wellness Center

Cultural Competence Advisory Board (CCAB) Minutes

Tuesday, June 14, 2016, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Kerry Peirson, Gustavo Goncalves, Marta Flores, Leticia McCoy, Kristen Gardner, Cammie Duvall, Sandy Ponek, Cheryl August, Maria Donnell-Abaci, Robert Harris, Jessica Diaz, Darby Jargosky, Cecilia Guillermo, Cat Wilson, Sadegh Nobari, Ngoc Loi, Ellie Boldrick, Julie Majdoubi

Members Absent: Marisol Munoz-Kiehne, Leah Fagundes, Brian Robinson, David Escobar, Vinh Luu, Douglas Mundo

Guests: Alana Rahab, Mary Roy

- Alana introduced herself to the board and expressed her interest to become a member. Board welcomed her as a new member of the board.
- CCAB May Mental Health Month Planning committee led a briefing and evaluation discussion. Board generally felt that the event and other events in May were successful. However, an inappropriate incident occurred in which an individual in the community used the event for political purposes by getting petition signatures to support AOT. Some members of the general public and agency partner reps. who tabled at the event filed complaints against this person. Cesar assured the board that this complaint has been brought to the director's attention. In the future, any and all CCAB-sponsored public events cannot include political-related activities, per the instructions of county counsel.
- In light of the recent tragic event in Orlando, Florida, Cesar led a discussion about the board's general thoughts and feelings about the incident and the impact that it has had on the board, individually and collectively. Due to time constraints and the complexity of the issues, thoughts and emotions that surfaced during this discussion, board agreed to have a follow-up discussion next week for interested board members. This discussion and process group will be voluntary.
- Sandy announced Canal Alliance's upcoming recruitment event for interested adult residents to possibly become legal guardians to care for undocumented children in order to obtain residency status.
- Cesar introduced Mary Roy to the board. Mary was recently retained as a county contractor to fill the MHSA vacant role that Kasey Clarke vacated due to her promotion. Mary engaged the board about the upcoming MHSA 3-year community planning process by describing some possible processes to implement that would engage culturally diverse consumer communities. Board gave some suggestions in accessing culturally underserved/unserved communities. Mary appealed to the board about possibly providing support the planning and implementation of the community planning process. Details of the type and level of support given by CCAB to the process TBD.

- Cesar brought Kristine Kwok's request to fund Adult Case Management Team's (ACM) cultural events and celebrations that have been taking place for the past few years which include Lunar New Year, Day of the Dead and Black History Month. Maria indicated that Black History Month is not necessarily in need of funds as the county's affinity group, COMEA, typically leads community events which have collaborated with other groups in the past to host/sponsor events. However, the board supported the idea of looking for funds to support the Lunar New Year and Dia De Lost Muertos events on the condition that these events will be sponsored/hosted by CCAB, not ACM. Additionally, the board wants to see collaboration between and among agency partners, some of whom are board members of CCAB, by sharing of resources and delegation of duties. Lastly, the board requested that planning committees get established within CCAB if/when events are planned for. Cesar will convey these responses and feedback to Kristine prior to securing funds.

Meeting Adjourned

Next Meeting Tuesday, September 13th, between 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

July 14, 2015, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Jessica Diaz, Robbie Powelson, Kerry Peirson, Kristine Kwok, Ngoc Loi, Leticia McCoy, Maria Donnell-Abaci, Kristen Gardner, Cat Wilson, Sadegh Nobari, Rafael Tellez, Cammie Duvall, Gustavo Goncalves, David Escobar, Ellie Boldrick, John Ortega, Leticia McCoy, Douglas Mundo, Sandy Ponck

Members Absent: Darby Jaragosky, Marisol Munoz-Kiehne, Brian Robinson, Vinh Luu, Cheryl August, Robert Harris, Cecilia Guillermo, Leah Fagundes, Laurie Hunt

Guests: Dawn Hensley, Jessica Jones, Marta Flores, Tran Nguyen

Committee Updates

Policy

- Cesar reported that he is in the process of revising current language of the division's policy on the use of interpreters as it is outdated, and that some of the contained language is inappropriate (e.g. the use of children as interpreters). There was a general discussion about the use of staff as interpreters but not as medical interpreters. It was clarified that bilingual staff are not necessarily trained to provide medical interpreting which was verified by members of this board who are bilingual staff of MHSUS. David Escobar mentioned that he has worked with Kaiser's Diversity Officer around this issue. He will inquire about possible medical interpreter programs that Kaiser may offer to its staff. Sadegh and Kristine expressed interest to work with David on this issue.

Access

- Kerry shared his experience with the recent interview process for the three vacant supervisor positions. He reported that there was very little cultural and racial/ethnic diversity among the candidates. He recommended to the interview panel, Ethnic Services Manager (Cesar) and Division Director (Suzanne) to re-open the application process, and to improve outreach to underserved communities. Kerry also mentioned that future interview processes for vacant MHSUS should include consumers, consumer advocates and/or family members to improve transparency and objectivity while promoting equity.
- Cesar announced that the state's Mental Health Loan Assumption Program is accepting applications from mental health professionals who are members of underserved communities who work in hard-to-fill positions. He described the purpose and goals of the program.
- Cesar reported his recent involvement in state-wide initiatives and pending legislation that are promoting the use of consumers and/or caregivers/family members as peer

specialists in the mental health system. CCAB members expressed enthusiasm and support for this initiative as many believe that it is empowering and works towards equity and inclusion.

Training

- Cesar provided updates on the cultural competence training series. All trainings have been well attended and the evaluations received from participants have mostly given positive comments and feedback. He announced that one of our board members, David Escobar, will be conducting a training on cultural considerations for indigenous immigrants from the Americas.
- A series of DSM V trainings will be offered beginning later this month through September. Trainings are free and mandated for MHSUS clinicians. Agency partners will also be invited to attend.
- Cesar provided updates on the WET's scholarship awards for consumers to get in the behavioral health field. One awardee already graduated and received a certificate of completion in Domestic Violence Counseling. Cesar will begin to develop field placement sites for awardees in the next several months.

Media and Outreach

- Media team members provided updates on the progress of the 6 TV shows. The entire project is nearly complete. Cat and Gustavo have offered to coordinate an editing session with CCAB members before the shows officially airs on local TV and other social outlets.
- Cesar provided updates on the faith initiative. He reported that a Mental Health First Aid training is being planned for clergy and lay leaders. He also reported that faith leaders will offer a training to mental health and substance use service providers on the role and importance of faith among consumers who are members of the faith community.
- Cesar reported that the website continues to get developed. Consumer/family member representatives of the board expressed frustration by the slow pace of this process. Kerry will contact the Division Director to share the frustrations expressed during this meeting.

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- Cesar reported that there has not been any progress around the anti-stigma initiative due to his lack of capacity at this time. Robbie has volunteered to chair a subcommittee to jump start the process.

General Announcement

- Cesar reported that the County's Cultural Competence Plan Requirement will need to be revised later in the year. He reported new reporting requirements, particularly the addition of the CLAS Standards. More information on this topic will be provided as the state begins to roll out specific deadlines.

Meeting Adjourned

Next Meeting: Tuesday, September 8, 2015, 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

May 12, 2015, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Jessica Diaz, Robbie Powelson, Kerry Peirson, Robert Harris Jr., Kristine Kwok, Ngoc Loi, Leticia McCoy, Cheryl August, Maria Donnell-Abaci, Kristen Gardner Laurie Hunt, Cat Wilson, Sadegh Nobari, Rafael Tellez, Cammie Duvall, Gustavo Goncalves, Cecilia Guillermo, Leah Fagundes,

Members Absent: Douglas Mundo, Darby Jaragosky, Marisol Munoz-Kiehne, Brian Robinson, John Ortega, Sandy Ponek, Vinh Luu, David Escobar, Cammie Duvall, Leticia McCoy, Kristine Kwok

Guest: Ellie Boldrick

Committee Updates

Policy

- Cesar provided updates on Laura's Law as it relates to the advocacy of community members to have the Board of Supervisors adopt it. Board reviewed its policy position and re-enforced full support to the language and analysis of the position. Robbie indicated that there's a current bill in Sacramento (AB 1193) in which counties must opt out of Laura's Law if this bill passes. The board will continue to advocate for the civil rights of consumers by opposing Laura's Law as it is currently written.

Access

- Board discussed current and upcoming job opportunities in MHSUS that can potentially lead to an improvement in access by underserved communities if culturally competent staff is hired. A general consensus was reached to advocate for African American clinicians to be highly considered in the recruitment and hiring process. Also, board members supported the idea of having CCAB representative(s) to participate in the interview process. Cesar will ask the division director, Suzanne Tavano, to determine the appropriateness of this idea.
- Cesar provided updates on West Marin initiative to increase access to services by the Latino community. The expansion of Promotoras staffing, the recent hire of a school-based school resource specialist, and the continued and improved coordination of services in the area has made access to services more efficient. However, transportation continues to be a barrier in Tomales as it is the most remote town in West Marin which makes it difficult for residents to access services. Cesar will continue to monitor the situation by working with West Marin residents/stakeholders on how to effectively address this problem.

- Board discussed the development of the website which was requested nearly a year ago. Cesar reported that the website is still in the development phase but asked members of the board to provide feedback prior to having the website going live. Gustavo and Rafael volunteered to represent CCAB in providing feedback.
- Cesar asked for volunteers to be call testers for the access line. Ngoc and Gustavo volunteered to be testers.

Training

- Cesar provided updates on the cultural competence training series. All trainings have been well attended and the evaluations received from participants have mostly given positive comments and feedback.
- Members of the board who attended the 3-day interpreter training reported that the training went well, and that it was very useful. There were 7 staff who were certified as official interpreters. A one-day training for service providers who use interpreters will be offered on June 1st.
- Cesar provided updates on the WET's scholarship awards for consumers to get in the behavioral health field. Majority of awardees will be registering for drug/alcohol certification program. Majority of the 18 awardees are African Americans with a fair gender balance. Only two applicants were denied awards due to their lack of readiness.

Media and Outreach

- Media team members provided updates on the recent private screening of two TV shows (1 Spanish; 1 English) during MHSUS' Policy meeting. The team received great feedback and will continue to refine the TV shows based on the feedback received.
- Cesar announced that he will soon begin to engage the faith community by meeting with faith leaders in the county on the role of faith and spirituality in mental health and substance use treatment. There is a statewide campaign that is engaging faith communities throughout the state about the role of faith/spirituality in the treatment of mental illness and substance use. Cesar will provide continued updates on any new developments.
- Cesar announced several activities and events commemorating May as Mental Health month. He encouraged any and all to attend/participate in activities that he mentioned.

Ad-Hoc Volunteer/Consumer/Consumer Advocates

- Cesar brought an idea of an anti-stigma initiative. A general consensus was reached to further explore this idea.

General Announcement

- Cesar reported that the County's Cultural Competence Plan Requirement will need to be revised later in the year. He reported new reporting requirements, particularly the addition of the CLAS Standards. More information on this topic will be provided as the state begins to roll out specific deadlines.

Meeting Adjourned

Next Meeting: Tuesday, July 14, 2015, 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

March 10, 2015, 11am-1pm, Wellness Center

Members Present: Cesar Lagleva, Jessica Diaz, Robbie Powelson, Kerry Peirson, Robert Harris Jr., Kristine Kwok, Ngoc Loi, Leticia McCoy, Cheryl August, David Escobar, Maria Donnell-Abaci, Sandy Ponek, Kristen Gardner, Vinh Luu, Laurie Hunt, Cat Wilson, Sadegh Nobari, Rafael Tellez, Cammie Duvall

Members Absent: Gustavo Goncalves, Cecilia Guillermo, Douglas Mundo, Darby Jaragosky, Marisol Munoz-Kiehne, Brian Robinson, John Ortega

Guest: Ellie Boldrick

Introductions

- Guest, Ellie Boldrick, introduced herself and stated her purpose for attending the meeting. Board welcomed Ellie to the meeting and to the agenda discussion items.
- Cesar acknowledged the recent award that members of this board recently received as the Team of Quarter for the County of Marin. All congratulated board members who were present.

Committee Updates

Policy Committee

- Policy committee reported that it met on 2/3/15 to discuss possible policy issues to target in 2015. Reviewed all four(4) recommendations. After some suggested revisions to the language, all recommendations were unanimously approved.
- Cesar announced current vacant positions in the WET steering committee and Mental Health Board, with an emphasis on encouraging underserved members of MHSUS community (e.g. LGBTQ, communities of color, etc.) for the purpose of increasing diversity within the committee and the board.

Access Committee

- Discussed and provided updates on the division's website. Some expressed ongoing frustrations with the slow progress of this process as it has almost been a year since this issue was raised by consumer advocates of CCAB.
- Cesar discussed his attempt to provide consumers/family members training/vocational/educational opportunities as a means to encourage local residents to consider a vocation/career in the county's behavioral health system by offering scholarships to consumers/family members to get trained in the fields of peer

counseling, Drug/Alcohol and Domestic Violence certification programs. This initiative is being conducted through Cesar's role as the WET coordinator. Cesar encouraged board members to announce this opportunity among their contacts.

- Discussed AOD's and MHSUS Youth and Family Services programs' current strategic planning process. Cesar encouraged members to consider participating in either or both processes to provide input.

Training Committee

- Discussed and reviewed plans for the upcoming cultural competence training series. Cesar invited members of the board to consider being a trainer for one of the culture-specific trainings. Thus far, Darby Jaragosky will conduct a training on the CLAS standards. Cesar provided a summary of what the CLAS standards are, but encouraged everyone to attend the training and to support our fellow board member. Ngoc Loi also volunteered to conduct a training on an API-related topic. Cammie Duvall also agreed to conduct a training on LGBTQ-related topic. Cesar will begin to provide an introductory training on cultural competence beginning in April.
- Cesar invited the board to identify system-wide trainings for 2015 that are not necessarily cultural competence-specific. Trainings can include, but not limited to, evidenced-based and/or community-defined best practices.
- Announced and discussed the upcoming Interpreter and Service Providers' Interpreter training. Provided information about the distinction of both trainings. Seven (7) bilingual and bicultural staff from MHSUS will participate in the Interpreters' training. The participants are identified by senior management as staff who are often utilized to provide interpreter services. The Service Providers' Interpreter training will be open to MHSUS staff and agency partners. Announcements will be made some time in early May as the training will be conducted on June 1st.

Media and Outreach Committee

- Media team members provided updates on the progress of the Spanish and English TV programs. The project will hopefully be completed before June. A private invite-only screening will likely be organized sometime in May, during the Mental Health Month. All board members will be invited.
- Cesar shared some of his highlights from a recent anti-stigma conference that he attended. Due to this conference, he has begun to engage faith leaders around the role of faith and spirituality in the continuum of mental health and substance use treatment interventions and services, especially for underserved communities.

- Cesar announced an upcoming meeting between MHSUS managers, MHSUS-funded Southern Marin Service providers and Marin City residents/leaders to discuss ways to improve access to mental health and substance use services in Marin City. This meeting was requested by many Marin City leaders and residents who expressed confusion and/or lack of knowledge of services that are being provided by MHSUS and its agency partners in Marin City.
- Some members of this board attended this year's Vietnamese New Year celebration that took place on February 28th. Board members acknowledged Vinh Luu for his continued leadership in organizing this event and being an advocate for the API community.

Ad-Hoc Volunteer/Consumer/Consumer Advocates Committee

- LGBTQ members of this board and Cesar met to discuss ways to improve access and services to the LGBTQ community. Identified LGBTQ youth in the public schools as a possible target population, especially in light of the fact that five (5) high schools (Drake, Novato, San Rafael, San Marin and Tomales) were recently awarded funding to work on suicide prevention trainings and other strategies to reduce the suicide rate among LGBTQ youth. Another idea is to gather materials, literatures, flags, posters, etc. that represent LGBTQ identity/culture, and to place them in all waiting room areas of MHSUS and agency partner locations. Cesar will meet with Spectrum/MAP director to conduct outreach and possibly develop a collaborative working relationship. Cammie Duvall has agreed to conduct an in-service training for MHSUS' Youth and Family Services program.

General Announcement

- Cesar encouraged the board to go to the Office of Health Equity's website to review the draft of the California Reducing Disparities Project Strategic Plan.

Meeting Adjourned

Next Meeting: Tuesday, May 12, 2015, 11-1, Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

October 14, 2014, 11am-1pm

Members Present: Cesar Lagleva, Jessica Diaz, Robbie Powelson, Kerry Peirson, Gustavo Goncalves, Robert Harris Jr., Kristine Kwok, Ngoc Loi, Leticia McCoy, Cheryl August, Cecilia Guillermo, David Escobar, Maria Donnell-Abaci, Sandy Ponek, Douglas Mundo, Kristen Gardner, Vinh Luu, Laurie Hunt, Solange Echeverria (on behalf of Douglas Mundo), Darby Jaragosky, Cat Wilson

Guests: Angela Arenas, Jeannine Curley, Ashley Oddo

Introductions

- New member, Cat Wilson, was introduced to the board. Board approved Cat's membership.
- Guests introduced themselves and stated their purpose for attending the meeting.

Committee Updates

Policy Committee

- Policy committee presented its findings about possible negative impacts and implications of Laura's Law to ethnic communities and to existing funded programs and services. Committee recommended that CCAB accept a policy position to not implement Laura's Law due to its findings (see policy statement). Board unanimously accepted the committee's recommendation. Recommendation will be submitted to MHSUS director for consideration. Some members of this board will attend the next monthly Mental Health Board meeting to state its findings and recommendation.
- Policy committee recommended that a policy be developed and implemented that would allow CCAB's active involvement in the recruitment, interview and hiring processes of culturally competent/appropriate staff in the future as a means to address/improve access to services for underserved, unserved, inappropriately served communities. ESM will further discuss this matter with MHSUS director.

Access Committee

- Interim ESM submitted the board's recommendations on the content of the division's website development effort.
- Some members of the board reported participating in the divisions' Access team's language line testing. Board members who participated reported having a positive and easy experience.
- Guest and legal intern of Marin's Public Defender's Office, Ashley Oddo, and Interim ESM presented on the idea of conducting a mental health and AOD needs assessment at the county jail to determine if inmates of color and LGBTQ inmates are adequately

accessing existing services at the jail. (see draft report) Board supported the idea and requested that Ashley and Interim ESM keep the board updated on any new developments.

- Interim ESM reported that a core group of Latino/a providers in West Marin has steadily begun to conduct outreach and engagement efforts within the Latino community. Geographic locations and sites where there is a high concentration of Latinos are being identified to conduct outreach. Promotores workers are currently being recruited and hired to increase the outreach capacity and efforts in West Marin. The Interim ESM recommended to the core providers to conduct outreach in the form of conducting a needs assessment among/within the Latino community.

Training Committee

- Committee members provided updates and announced the upcoming cultural competence training on October 27th. This will be the second cultural competence training in the calendar year. Thereafter, the training committee will evaluate the success of the training, and to consider a change in format and frequency of this type of training for the upcoming calendar year.
- Committee members recommended that an Interpreter Training be considered in the calendar year. Kristine K. reported that she may have access to free trainings from the previous county where she had worked, and that she will share this possible resource to the Interim ESM for consideration.

Media and Outreach Committee

- Committee members announced that it has entered into a collaborative partnership with Marin's local community TV program (Community Media Center of Marin) to discuss, plan for and implement a TV show series (English and Spanish) around mental health/AOD topics. The purpose of this initiative is to expand Marin's mental health system's capacity to conduct outreach by utilizing TV as a vehicle to promote the county's mental health system, provide education and awareness among/within underserved, unserved and inappropriately-served communities about mental health/AOD services, programs and other topics, and to reduce stigma. Committee will provide updates on any new developments.
- Committee members recommended the board's and MHSUS' active participation in the Canal neighborhood's Dia De Los Muertos event on November 1st. This is a culturally appropriate diverse event, and is the biggest event of its kind in Marin, with about over 2,000 people attending or participating each year. Interim ESM will work with the event organizers and MHSUS director to determine this board's level of involvement.

Ad-Hoc Volunteer/Consumer/Consumer Advocates Committee

- A committee member reported that he is looking into the possibility of organizing a suicide attempt survivors' initiative (SASI) in Marin. He will provide updates on any new developments.

Presentation

- Guests, Angela Arenas and Jeannine Curley, presented on their organization's work to provide cultural, educational and volunteer opportunities to TAY of Marin. The organization's name is Opening the World which was founded by Jeannine Curley. Guests showed a brief video presentation of their accomplishments. Board members asked questions about the work and the organization.

General Announcement

- Interim ESM announced an opportunity to the board about an upcoming MHSA Advisory Committee that will soon be formed. Application deadline was announced and members of this board were encouraged to apply.
- Board discussed not having a December CCAB meeting due to the holiday season. Board agreed to have a half-day retreat in early January for the purpose of team building and developing a year-long strategic plan/agenda. Retreat is scheduled for Friday, January 9th, between 1-5.

Meeting Adjourned

Cultural Competency Advisory Board

Policy Committee Meeting Minutes

September 4, 2014

In Attendance: Vinh Luu, Kerry Peirson, David Escobar, Robbie Powelson

Agenda

- AOT/Laura's Law
- MHSUS Staff Recruitment/Interview/Hiring Strategies and Practices
- Marin County Jail Mental Health Services

Minutes

- Committee discussed and analyzed AOT by reviewing literatures that were in favor and opposed to the implementation of "Laura's Law". After much discussion, committee has decided to recommend a formal position to oppose implementation of "Laura's Law" or similar policies. Cesar will draft a policy statement and position on behalf of the committee. The committee will bring its recommendation to CCAB and MHSUS director. Cesar will encourage CCAB members to attend the upcoming Marin Mental Health Board (MMHB) meeting on October 14th, same day as the CCAB meeting is scheduled. As appropriate, and assuming that CCAB and MHSUS director supports this committee's position, it is the hope of this committee that members of CCAB publicly reads CCAB's position during the MMHB meeting on the 14th.
- Committee discussed MHSUS' need to improve its recruitment and hiring practices to achieve a culturally diverse workforce as part of efforts to improve access to mental health and substance use services. It was also discussed the role of CCAB's effort to assist with recruitment as it was acknowledged that HR should not be relied upon to solely recruit for a culturally diverse workforce. Kerry suggested the involvement of agency partners and stakeholders (consumers/family members) to be a part of certain

interview processes, especially when there are opportunities to improve access by hiring qualified staff of color. Vinh reported that this practice has proven to be effective as he went through a similar experience when the late Renee Mendez-Penate was still alive, which led to the hiring of Ngoc Loi. This committee will address this issue further with the Access committee for future consideration.

- Since Kerry has not had any success to further engage the supervisor of STAR about possible ways to improve access for Latino and African Americans in county jail, and that he does not believe that the STAR court and program is the only answer to address disparity in access to mental health by Latinos and Africans, the committee discussed alternative solutions to improve access to mental health services at county jail. Cesar and Kerry will continue to interview staff of the criminal justice system (public defenders, jail staff, court personnel and the District Attorney) to get their perspective on the issue of access to mental health service by under-represented groups.

Cultural Competence Advisory Board Meeting

Tuesday, August 12, 2014, 11am-1pm

Members In attendance: Leah Fagundes, Vinh Luu, John Ortega, Kerry Peirson, Robbie Powelson, Laurie Hunt, Leticia McCoy, Sandy Ponek, Maria Donnell-Abaci, Ngoc Loi, Robert Harris, Kristine Kwok, Cheryl August, Cecilia Guillermo, Douglas Mundo, Kristen Gardner, David Escobar, Brian Robinson, Cesar Lagleva

Absent Members: Darby Jaragosky, Marisol Munoz-Kiehne, Jessica Diaz, Gustavo Goncalves, Chantel Walker, Cat Wilson

Guests In Attendance: Suzanne Tavano, Dawn Kaiser, Denora Montalvan, Gloria McCallister

11:00 Welcome and Introductions

Cesar requested that Policy and Media Committee be moved to later in the meeting.

Committee updates

Access committee

-Interpreter training

1. Committee reported that Contra Costa had a mandatory interpreters training program, and proposes that an analogous program with modified materials could be implemented in Marin.
2. It was discussed whether a Performance Improvement Project (PIP) could be implemented around interpreting training. It was concluded that it was a worthwhile project, but that the format of PIP may not be conducive to seeing it realized.
3. It was stressed that the California Cultural Competency Plan articulates many pervasive issues that could be used for PIPs.
4. Cesar and Kristine will further discuss this topic and report to the board at the next meeting.

-Website

1. The Network of Care website has been closed.
2. The new HHS website is in the early stages of creation. The CCAB shall be in close consultation with the developers. The point of contact is Kasey Clarke.
3. Any recommendations about website content should be directed to Kasey.
KClarke@marincounty.org.

Training committee

-Cultural Competency Training, October 29th

1. It was corrected that the training would be on Monday, October 27th, not the 29th as stated on the agenda.
2. The Training Committee will be meeting every Friday in September and October, beginning on September 5th, between noon to 1:30pm at the Wellness Center to organize the next CCAB Training. Robbie, Kerry, Leticia, Maria, Ngoc and Cheryl have agreed to return as presenters.

Cesar will contact the remaining presenters from the last training to inquire about their interests and availability. Kristine has agreed to present on Older Adults and will recruit another co-presenter with lived experience for the training.

3. It was agreed that people who had been on the waiting list for the last training would be reached out to two weeks before advertisements were sent to the division, department and public.

Performance Improvement Projects

1. The group discussed what a Performance Improvement Project (PIP) is, how it is defined, and how they are typically carried out.
2. The group discussed potential Performance Improvement Projects:
 - a. Access improvement for Latino communities at Social Services.
 - b. Engagement for African American communities.
 - c. Cultural change to make society more peaceable so that there is less mental illness.
3. *It was stressed that the California Cultural Competency Plan articulates many pervasive issues that could be used for PIPs.*

Policy Committee

-STAR program

1. Kerry conducted a site visit to the STAR program, a special program run by many agencies for mentally ill people in the criminal justice system.
2. Found that the STAR program is very complex, with many institutions involved.
3. Stated that more of a mental health approach, vs a criminal justice approach, was needed in the program. Perhaps providing after-care services upon graduation from STAR program could be recommended, along w/increase in mental health staffing/services at the county jail that are culturally/racially diverse and appropriate.
4. One member stated that the STAR Program is unacceptably poor at referring people of color to its program, and alluded to a personal story of an African American individual with schizophrenia should, but was not, referred to the STAR Program.
 - It was further discussed that in general, people of color are sent to jail instead of psychiatric emergency services, which means they are often never referred to county mental health services.
 - It was found by CCAB members that the STAR program was extremely confusing to clients, family members, for whom English was a second language.
 - It was discussed how the new MH triage teams could help ending this disparity.
 - Kerry will follow-up w/STAR supervisor to continue to discuss ways to provide after-care services upon participants' graduation from the program.
5. There was some discussion that a "Joel Fay" model could be adopted across the county.

-Laura's Law/Assisted Outpatient Treatment

1. There was an open discussion about AOT and Laura's Law. It was agreed that the Policy Committee would scrutinize the issue moving forward. The policy committee will continue to monitor the emergence of this issue in Marin and will meet in the near future to write a position.

2. This topic will be further discussed at the next Mental Health Board meeting on October 14th. Board members were encouraged to attend.

Media and Outreach committee

-Partnership w/CMCM to create a local TV program

1. Two programs are being pursued, one will feature people as they interact with crisis, the other will focus on services being provided to the Latino community.

Due to time constraints, the following scheduled issues were not touched upon. Will table these outstanding issues for the next meeting.

Recruitment and hiring practices to increase diversity in staffing

MHSA RFPs

Board retreat

1:00 Adjourn

Next Board Meeting: Tuesday, 10/14/14, between 11-1 at the Wellness Center

Cultural Competence Advisory Board (CCAB)

Minutes

6/10/14

Members Present: Cesar Lagleva, Jessica Diaz, Robbie Powelson, Kerry Peirson, Gustavo Goncalves, Robert Harris, Jr., Kristine Kwok, Ngoc Loi, Leticia McCoy, Cheryl August, Cecilia Guillermo, David Escobar, Maria Donnell-Abaci, Sandy Ponek, Douglas Mundo

Introductions: New members

Agenda items request: Additional need for support- consumers in Board and Care's in Marin County including St. Michael's. May need to bring in the loop about Cultural Competency and provide support and connection when needed.

Committee Updates

1. Policy Committee

- a. Community Health Advocates
Feedback: Go into Ethnic communities and explore option or adopting "Promotoras Model". Ex: Marin city and African American community. Perhaps presentations on how CHA would look like in Marin City. There are health conductors who already exist however they do not focus on mental health.
- b. Update on West Marin- Sandy Ponek, Canal Alliance: They will expand the Promotoras program to include 2 individuals who will work with the ranch community in West Marin. There is a county partner already there. Currently there is a part-time psychiatrist bilingual, Dr. Quezada and a Psychologist Alejandra Diaz.
- c. Need for increased access for African Americans throughout the county, not just Marin City.
- d. Disconnect between public housing and the rest of Marin City
 - i. Where services go and do not go for example, : Manzanita vs. Golden Gate Village.
 - ii. Need for a plan to get services into Golden Gate Village
- e. Proposal for sub-committee on Increased Access for African-Americans in certain MHSUS programs/services.
- f. Proposal for there to be an all consumer and consumer advocate group, not just "token" members in each committee.

2. Access Team

- a. Presentation on highlights of 5 Bay Area county websites for comparison.
- b. Currently the body that is this for the county does not have a Cultural Competence layer to the conversation. This is a high priority of senior management. Since the audit there needs to be a corrective action/plan.

- c. Members to be added to Access Team. Gustavo, Maria, Cheryl, David, Kristine, Darby. (Mollie Heckel and Brian Robinson not in attendance.
 - d. Call to “fix it or take it down” referring to the website.
 - e. Call for subcommittee on customer service which is how residents are greeted and responded to by county workers. Also could be extended to community partners. The front line person reacting, taking the call. What is primary is how respectful they are or their attitude of welcome includes being cordial, proactive in assisting the community.
 - f. Appointed co-chairs for this committee: Maria Donnell-Abaci and Jessica Diaz.
 - g. Feedback about website: would be good to have links for all community partners on the website in order to start to break down siloes which make it difficult for consumers and their families to get help and support.
 - h. Gustavo brought up an idea to use Qualtrax a program that step by step helps with organization.
 - i. Change agents were the body of persons addressing “no wrong door policy” Change Agents have since ended.
 - j. When you call agencies and staff within MHSUS identify yourself as Cultural Competency Advisory Board Member.
 - k. Kristine Kwok advocating for Mental Health Interpreter training
 - i. Train all staff in using interpreters and bilingual employees on how to utilize interpretation effectively for the client and the worker. Interpretation presents a dual-role
 - ii. Should be mandatory
3. Training Committee
- a. Registration- currently more than 80 individuals on the waitlist
 - b. Feedback is to select presenters for break out sections ahead of time when registering so we can select room size.
 - c. All department heads including community partners should attend
4. Board structure and governance
- a. Currently 25 members
 - b. Call for true and authentic decision making
 - i. Consensus-Participatory Process
 - ii. Call to name “Consensus-Participatory Process” something different such as a Native American/Indigenous framework and model- David will work on this.
 - c. Move to keep meetings every other month, committees to meet in between board meetings.
 - d. Questions to board: how will new members be selected? We are currently seeking more consumers/consumer advocates. Will there be a mandatory 1-committee participation designation? Not currently. How often should meetings be attended for “active status”? No current requirement.
5. Media Outreach
- a. Marisol MK working with Marin TV for an access show

- b. Call for board members to contribute to this show by forming and developing agenda and goals
 - c. Bilingual television show
 - d. Outreach and marketing campaign
 - e. Committee members: Marisol, Jessica, Cheryl, Cesar, Douglas and Cesar.
 - f. SF Art Institute may have students from Cinematography and Videography to help partner with this project.
6. CCAB
- a. Day-long retreat will occur on a weekday from 9:00-5:00, principles of diversity, empowerment and social justice will be explored as well as structure of board, team-building
 - b. Cesar is compiling a CCAB library with resources such as Shakti Butler's film "Cracking the Code"
 - c. Interest in training led by Shakti Butler for CCAB
 - i. Jessica, Maria, Cheryl, Cecilia, Leticia, Gustavo, Robbie, Robert, Ngoc, Kristine, Sandy, Douglas, David, Darby all would like to participate.
7. Need for Consumer/Consumer Advocate Committee
- a. Board votes yes
 - b. Co-Chairs: Kerry and Cheryl
 - c. Will recruit members from Enterprise Resource Center to be on committee
8. Feedback from June Audit
- a. Good feedback from the state regarding the development of CCAB
 - b. State is looking forward to knowing what our strategic plan is
 - c. Our training may be a model for other counties to have similar training
9. Next scheduled board meeting is:
- a. **Tuesday, August 12 from 11:00-1:00pm at the Connections Center**

Cultural Competence Advisory Board (CCAB)

Minutes

4.8.14

Members Present: Cesar Lagleva, Laurie Hunt, Darby Jaragosky, Kerry Peirson, Robert Harris Jr., Kristen Gardner, Jessica Diaz, Leticia McCoy, Maria Donnell Abaci, Marisol Munoz-Kiehne, Douglas Mundo, Brian Robinson

Intros:

Phoenix Project: Works with at risk young men in Marin City to connect them to options – jobs, etc – and reduce incarceration.

Community Health Advocates (CHA) Committee

This committee is looking at implementation of Community Health Advocates in Marin regarding mental health. CHAs (or Promotores in Spanish) are natural community leaders who provide education, support and linkages to services for community members. They may be paid, volunteer, or receive stipends. The “Promotores” paper from CiMH was passed around, as it contains good information about applying CHAs/Promotores in the mental health field. Existing programs funded by Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) include:

- Vietnamese: Run by Community Action Marin’s (CAM) Marin Asian Advocacy Program (MAAP). It includes about 5 CHAs trained specifically in mental health, and coordinates with CHA’s working on health issues related to nail salons.
- Latino: Canal Alliance and Novato Youth Center run this program, including 7 Promotores in Novato and San Rafael. In FY14-15 they will add 2 Promotores in West Marin.

They provide outreach, psycho-education, support, connection to services, community events, ongoing drop-in groups and individual/family visits in the community. Marisol is the County liaison to these programs, assisting with ongoing training of the CHAs.

Feedback

- To reach those with highest need, it will be important to do outreach, such as door-to-door, not just attend existing events. With a broader understanding of the community need, the program can then prioritize the needs.
- Reaching Latino community in W Marin may be very challenging. However, the expansion of Promotores and the presence of the ESM may improve engagement of the Latino community.
- Marin City: CHA’s would be a good program. MH providers are currently within Multi-Disciplinary Team, Marin City Health and Wellness Center, Southern Marin Service Site, Phoenix, etc. A MH Triage worker will be located within Public Housing soon. Make sure all of the cultures in Marin City are being addressed.

Actions

- Take CHA model to Marin City orgs (Cesar, Leticia)

- Take ideas from this meeting to existing PEI CHA programs (Kristen)

Access Committee

The current website does not make it easy for individuals/families to find help, the numbers listed to call are not always helpful, and front desk staff often are not providing adequate assistance.

The Access Committee developed some recommendations regarding the website:

- Numbers for families/individuals to call should be clear on every page of the website (24/7 emergency number, access number – not extra numbers that link you to the main numbers)
- A welcoming statement should be included (diverse cultures, safe space logo, etc)
- Make it clear how to access the website in Spanish and Vietnamese

Feedback

- Consider taking down the website until it is fixed, as it leads people to more frustration
- Access line should be posted on every phone in MHSUS (HHS?)
- An email clarifying crisis and access numbers should go to All Staff from Suzanne

Actions

-

Training Committee

Registration for the cultural competency training “Unpacking our assumptions – Challenging our beliefs” will be online on Friday. Still looking for a few speakers:

- API: provider, consumer/advocate
- Native American: provider, consumer/advocate
- Mixed heritage: consumer/advocate

For the October training the CCAB members could be the experts – offering training and consultation.

Feedback

- It would be good to have a training/retreat for the CCAB to prepare for the role of trainer/consultant.

Next Mtg

- June 10 11am-1pm
- Agenda Item: Training/retreat for CCAB in preparation for being trainers/consultants/experts

Cultural Competency Advisory Board (CCAB)

Meeting on 2/11/14 from 11-1pm

Attendees: Cesar Lagleva, Darby Jaragosky, Mollie Heckel, Brian Robinson, Cesar Lagleva, Laurie Hunt, Kristen Gardner, Leticia McCoy, Vinh Luu, Douglas Mundo, Robbie Powelson, David Escobar, Kerry Peirson, Maria Donnell-Abaci, Jessica Diaz, Daniela DeVasques, Marisol Munoz-Kiehne, Lesia Kinsey

Absent: Connie Harris, Duy Vu, Celia Guillermo

Meeting began at 11: 04 am.

Introductions of members and their role in the county/community.

Presentation:

Cesar:

- Asked for thoughts regarding the Framework for Eliminating Disparities document. History of the document provided.
- Group role to advise the county on increasing inclusive of all groups of people.
- Reminded the group that the objective of the committee was to open it up to consumers, CBOs, etc. and to provide a place where everyone could get a voice, to support CBOs and to improve access to care and reduce stigma.
- Provided feedback to the group regarding the idea of a Consumer-run Cultural Competence training. MHSUS administration had been supportive and enthusiastic about the idea.
- Mentioned the Renaissance Center which provides loans for start-up businesses and is beginning a program for the TAY population.

Discussion:

- Vinh discussed the minority Mental Health Advisory Board which was in place years ago.
- Highlighted that different data regarding disparities is currently in different places and not combined yet.
- Kerry noted a disconnect between the clients and the providers in terms of needs.
- Darby notes a lack of monolingual/Spanish-speaking AOD providers in the community.
- Kerry proposed a survey to know what the community needs are and that for a survey to be done by someone familiar with the client base.
- Maria emphasized the importance of being inclusive.
- Kirsten briefly discussed the implementation Committee which is about to be dispersed and reformed.

- Kerry expressed concern about potential exploitation of the client population and lack of reimbursement.
- Discussion followed regarding volunteerism, cultural variation within the volunteer community, segregated barriers by institution. The Promotores model was discussed in depth of an example of community advocacy program.
- Highlighted the importance of developing policy-program-practice.
- Currently Adult probation has 300 identified TAY clients who are medium to high risk. Adult probation is developing a program to assist those clients.
- Robbie discussed some of the challenges for the TAY population (homelessness, accessing services, etc.)
- Jessica brought up Access. Discussion followed regarding the Access phone number, the need to make the MHSUS website more user friendly, in multiple languages, and in more consumer-friendly language. The Resource Manual needs to be updated to make it more user-friendly.
- Brian discussed steps the Access Team is currently taking to make it easier to track data and improve access to services.
- Discussion regarding the 1-888-818-1115 phone number. 211 needs to be updated by our system. This is done on the 211 website.

Next Steps:

Robbie wanted to invite participants on this committee to be a part of the Homeless Committee and assist with the HUD time survey for homelessness.

Three Workgroups have been formed:

1. Training- Leticia (chair), Maria, Jessica, Darby, Kerry, Cesar
2. Community Health Advocates- Vinh, Maria, Laurie, Kristen, Lesia, David, Marisol, Robbie, (chair-TBD)
3. Access- Mollie, Brian, Jessica, (chair-TBD)

Workgroups will meet at least once between now and the next meeting. Future CCAB meetings will have a large and small group component.

Next meeting will be 4/8/2014 from 11am-1pm at 3240 Kerner in Room 109

Cultural Competency Advisory Board (CCAB)

Meeting on 12/10/13 from 11-1pm

Attendees: Darby Jaragosky, Mollie Heckel, Brian Robinson, Cesar Lagleva, Laurie Hunt, Kristen Gardner, Leticia McCoy, Connie Harris, Vinh Luu, Douglas Mundo, Robbie Powelson, David Escobar, Duy Vu, Kerry Peirson

Meeting began at 11am.

Introductions of members and their role in the county/community.

Presentation:

Cesar:

- Brief review of the Cultural Competency Committee. The committee was started in 2000 and charged with making recommendations. Current role of CCAB is to engage the community to examine the facets of the system and to determine how to decrease stigma and discrimination and to help the inappropriately served.
- Review of MHSUS Organizational Chart and Systems of Care. Brief explanation of Child, Youth, TAY Adults, and Older Adult systems.

Discussion:

- Vinh inquired about the placement of the CCAB in the MHSUS Organizational Chart. Cesar stated he would follow-up.
- Members inquired about the Mental Health Board and how one becomes a member. Robbie provided brief explanation of MMHB. Vinh inquired about how many people of color and women were on the MMHB.
- Kerry suggested that we need to ambassadors to assist in navigating the system, especially in terms of financial issues. He suggested that there be voluntary financial management for clients.
- Robbie discussed the need of homeless youth and the stigma regarding clinics.
- Douglas stated that the Latino community does not think about Mental Health, as many members are concerned about getting their basic needs for themselves and their families met first. However, Douglas suggested mental health affects the community and the community needs:
 - More outreach
 - Access to services is hard.
 - Affordable services
 - Support in the community.

Discussion regarding indigenous people as “second class” citizens within the community. The Mayan community is an example of as discrimination within the Latino community.

Used to have outreach workers. Need more outreach workers from the county and CBOs. Outreach currently falls on the shoulders of the promotores program.

- Vinh commented in the Asian American community (Loas, Cambodian, and Vietnamese communities) there is an increase in mental health stigma. Connect people together. One person door-to-door. Learn about the barriers in the system.
- 10-15 Health Advocates. People in the system are benefiting from workshops on Fridays. Vietnamese connections currently has 1 employee at .5 time.
- Leticia: Marin City establishing trust is very important. Several people she worked with thought therapy was lying on the couch. Spent time dispelling myths.
- Connie: Community trust. Community will accept cancer, alcoholism, etc. before mental issues. Religion is very important and people will turn to it prior to MH treatment.
- Kerry: Shelter Hill in Mill Valley, subsidized housing, multicultural. Share information. Stigma looks different in each culture. Quality of services needs to improve.
- Dabry: problems with cultural competence in terms of substance abuse. Substance Abuse stigma?
 - Fear of getting reported as criminal. SA more acceptable.
 - Douglas explained Food Pantry Rproject. people get food, safe space, build relationships, express themselves.
 - Increase access to support each other.
- Misunderstanding that MH services are for people who are “crazy.”
- Language problems where Spanish is 2nd language for some indigenous people.
- Different cosmologies for different groups.
- Kristen: these conversations are very important for funding. Excited to be a part of it.
- Laurie: Trying to reach older Spanish-speaking adults. Senior Peer counselors for Spanish-speaking clients.

Questions:

Where does CCAB fall on the MHSUS organizational chart?

Are frontline workers culturally competent? Language knowledge does not equal cultural competency.

Follow-up Action:

Cesar

Suggestions:

- Crisis center in the community. Work from crisis management backwards.
- Alternatives to substance abuse treatment needed. Need alternative community-based treatment. Speaking Spanish is not enough.

- More resources needed.
- AOD model from probation be applied in other places. Employment as a way of assisting with MH and SA issues.
- Need more family members/consumers in this group.
- Cultural appropriateness for translators
- People are experts in their communities.
- Promotores and other peer providers need more financial support.
- Promote volunteerism. More resource people.
- Resource guide more public.
- Throw out the word “therapy.”
- Access line needs to be more public
- Come back with something concrete able to take to the team.
- Telecommunication lines: improve access

Kristen clarified 3 levels of how change can occur in the system.

Agreed Recommendation to take to MHSUS:

Increase paraprofessionals: peer counselors, promotores, street outreach, LBGTQQI community,

Next meeting will be 2/11/2014 from 11am-1pm

Mental Health Policy Committee
Meeting notes for August 14, 2015
Health and Wellness Campus
11:00am-12:00pm

Members Present: David Escobar, Robbie Powelson, Maria Donnell-Abaci

- Review of agenda items and discussion regarding Laura's Law
- Discussion regarding future support from YLI and Youth Commission to policy committee on issues related to youth and mental health services
- Discussion on LGBTQ community and facilities concerns

Action items:

- DE to look at the mapping of services and or barriers for immigrants related to Mental Health
- Policy committee to map definition of terms and present to larger committee
- DE to inquire about intern for policy committee
- Robbie to inquire regarding services for LGBTQ and youth and other issues
- Maria D. to look at LGBTQ friendly spaces and County policy related to restrooms
- To be discussed next meeting-training of staff as it relates to LGBTQ and youth awareness and referral process to overall for LGBTQ and youth county wide.

To: Suzanne Tavano-MHSUS Director

From: MHSUS' Cultural Competence Advisory Board-Policy Committee

Subject: AOT/Laura's Law

Date: 1/22/2016

Summary

Laura's Law has been an option for counties in California since 2003. However, only a few counties have voted to implement it. Laura's Law or Assisted Outpatient Treatment (AOT) allows families or officials to ask the courts to order outpatient treatment for the seriously mentally ill. A person may be placed in assisted outpatient treatment if, after a hearing, a court finds that several criteria have been met.

CCAB's Policy committee researched and discussed the implications of Laura's Law or AOT from the perspective of ethnically and racially diverse communities in Marin County. The policy committee is comprised of Marin's community leaders from the Latino, African American, Native American and Asian communities, along with a diverse staff of MHSUS and its agency partners (**Vinh Luu, Kerry Peirson, John Ortega, Cesar Lagleva, Robbie Powelson, Maria Donnell-Abaci**). Findings on the implications of AOT, if implemented in Marin, could have negative consequences for Marin's communities of color. This memo will discuss CCAB's concerns as well as recommendations that will hopefully arrive at alternative solutions, which we hope to be beneficial to all stakeholders involved.

Background

CCAB members began to learn and understand the details of AOT through researched literature, studies and policy statements. CCAB's Policy committee further examined the pros and cons of AOT. However, very little available research or information has been produced that clearly articulated the committee's fundamental questions or concerns:

What are the negative consequences and positive benefits that AOT will have on communities of color and other county residents in Marin if this law is

implemented? The limited data and information regarding this question, however, have raised additional or secondary questions and concerns, mainly around issues of civil rights, resource re-distribution and disproportionate misapplication of the law that could harm socioeconomically disadvantaged residents and/or communities of color with mental illness.

Issues

One of the several literatures that the Policy committee studied, analyzed and discussed was a report that was published in 2009 titled "Racial Disparities in Involuntary Outpatient Commitment: Are They Real?" Similar to Laura's Law, New York has a similar law called Kendra's Law which has been in effect since 1999. In sum, the report found that while there were no evidence of racial bias in the application of Kendra's Law, the data revealed disproportionality in the application of outpatient commitment to African American population overall.

The fear of disproportionate application of Laura's Law by many Marin African Americans is also connected to the threat to one's civil rights, which many African

Americans and other historically disenfranchised communities have worked hard to achieve and maintain. The threat of possibly losing one's civil rights, particularly among disenfranchised communities, cannot be under-valued nor go unnoticed. Laura's Law may become a regressive policy, if implemented, that would have larger social implications in which institutional and structural racism is perpetuated and enforced.

Lastly, another article that the Policy committee examined was an excerpt interview with researcher, Tom Burns, who concluded that similar laws such as Laura's Law do not accomplish much nor improve outcomes for the mentally ill. He went on to say that of the three randomized trials in the world on AOT, existing laws "don't make a difference." It is important to note that Tom Burns is a psychiatrist and professor of social psychiatry at Oxford University, who was among one of the staunch proponents of Britain's similar law called "Community Treatment Orders."

Options

CCAB also discussed alternative options to Laura's Law that may bridge opposing viewpoints and/or shortening the ideological gap. One option is 1) to increase funding or reallocate resources to better serve ethnic communities. Another option is 2) to expand mental health services to institutions and communities where there are high concentrations of people with mental illness and/or substance use problems such as jails, homeless shelters and encampment. 3) Explore existing laws, policies and practices such as court conservatorship as a possible viable alternative to AOT. Lastly, 4) amend existing language in Laura's Law to address funding allocation and that guarantees the preservation of one's civil rights.

Recommendations

- Do not implement AOT/Laura's Law at this time until further evidences from implementing counties have concluded its findings on its effectiveness or shortcomings can be collected, analyzed and evaluated.
- Continue to increase culturally and linguistically appropriate mental health staffing in Marin's mental health system.
- Continue to improve and/or increase services for mentally ill offenders and homeless population.
- Continue to provide ongoing trainings to mental health staff and providers to better work with chronically resistant people with mental illness.
- Increase training and employment opportunities to culturally diverse family members of people with mental illness to function as caregivers and advocates.
- Continue to strengthen to provide multi-disciplinary crisis trainings among front-line workers who have contact with people with severe mental illness.



Cultural Competency Advisory Board

To: Cultural Competency Advisory Board Members

From: Cultural Competency Policy Committee

RE: Policy Meeting 2/3/2015 Report

Attendees: Cesar Lagleva, Maria Abaci, David Escobar, and Darby Jaragosky

The CCAB Policy committee met on February 3, 2015 to discuss areas of policy formation that would be useful to the CCAB's mission. The following are four identified target areas:

- 1) The CCAB policy committee would like to explore including language in MHSUS Requests for Proposals (RFP's) around meeting levels of ethnic and linguistic diversity in staff positions for contracted providers/programs.
Rationale: to increase access of under-represented communities to programs and services

- 2) The CCAB policy committee would like to initiate a MHSUS division policy designating certain identified County positions be staffed by specific ethnic and cultural identities representing the clients served by those positions, within the limits of fair employment laws.
Rationale: to increase access of under-represented communities to programs and services

- 3) The CCAB policy committee would like to consider a policy that would include a CCAB board member to be included in the hiring processes for contractors that operate County funded programs in the community.
Rationale: To assist organizations to employ qualified candidates who are members of under-represented communities (consumers and/or family members)

- 4) The CCAB policy committee would like to initiate a campaign for education and implementation of CLAS standards (see Attachment) in all of MHSUS division and contract agency partners.
Rationale: To provide a strategic framework that will work to reduce disparities through an evidenced-based system-wide approach

To: Suzanne Tavano-MHSUS Director

From: MHSUS' Cultural Competence Advisory Board-Policy Committee

Subject: AOT/Laura's Law

Date: 10/13/14

Summary

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The limited data and information regarding this question, however, have raised additional or secondary questions and concerns, mainly around issues of civil rights, resource re-distribution and disproportionate misapplication of the law that could harm socioeconomically disadvantaged residents and/or communities of color with mental illness.

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achieve and maintain. The threat of possibly losing one's civil rights, particularly among disenfranchised communities, cannot be under-valued nor go unnoticed. Laura's Law may become a regressive policy, if implemented, that would have larger social implications in which institutional and structural racism is perpetuated and enforced.

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Options

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Recommendations

- Oppose Laura's Law/AOT in its entirety
- Increase culturally and linguistically appropriate mental health staffing in Marin's mental health system.
- Improve and/or increase services for mentally ill offenders and homeless population
- Provide ongoing trainings to mental health staff to better work with chronically resistant people with mental illness.
- Increase training and employment opportunities to culturally diverse family members of people with mental illness to function as caregivers and advocates
- Continue and/or strengthen to provide multi-disciplinary crisis trainings among front-line workers who have contact with people with severe mental illness

Laura's Law

Laura's law also known as Assembly Bill 1421 (ab 1421) is supposed to be designed as a new intervention to help prevent the seriously mentally ill from harming themselves or others. As with many legislative efforts to involve legislature practice the resulting assembly bill falls far short of the objective or frankly any objective.

As a parent of a sometimes mentally ill now adult child I first reviewed the details of ab 1421 with interest, which rapidly increased to alarm. Over the last 20 plus years my child and I have experienced forms of all the medical and legal interventions currently in the toolbox of the mental health/medical/legal arsenal of our current practice. There is not enough time to detail these experiences but in general some are more effective at certain times and circumstances and when not another tool may be used to a hopefully better result. For the severely mentally ill there is inevitably medication required and often a controlled environment.

The judgments as to when severe interventions are necessary are in my experience driven by mental health and service professionals with a background which training and experience with the latest best practices in the field.

Within the family of the afflicted particularly in the beginning mental illness is sort of contagious. Neither the afflicted, nor the family really has a great understanding of what bizarre behavior are or where they come from and most all what to do about them. This is the most difficult and important part of what may be a lifetime of figuring how to embrace and work with a beloved family member. Initially for the first ten years or so we are looking for a magic pill or treatment, which will return us to what we think is normal. Eventually we reconcile to the fact that this new normal and respond accordingly.

Ab 1421 is sort of marketed as a new tool in the treatment menu. When examining it I found some frightening facts. AB 1421 provides for the involuntary by order of a judge. There are other similar tools in the treatment box but this referral to the legal system can come from anyone, not just family members or other vested interested parties. For this reason the so called advocates of ab1421 have seized upon it not as a medical tool to help the afflicted but as a tool to rid the streets of San Rafael of unsightly homeless people. They have concluded that the homeless and the afflicted are the same and that they can use ab 1421 and rid San Rafael of both the mentally ill and homeless This small but very aggressive group led by Barbara Alexander and the cynically named Marin Coalition to Reduce Homelessness hope to use ab1421 to act as vigilante mental health workers and involuntarily designate people for the involuntary detention of individuals they deem undesirable in San Rafael. They are aware the detention called for in ab1421 requires an unlocked facility and forbids any forced medications. These factors

make it clear to me that this intervention would have zero impact on the mental health of any seriously mentally ill person it was applied to. It almost seems designed or legislatively manipulated to have no impact. These people are seeking support for this ill-conceived law through petition efforts on the streets of San Rafael. I have never heard the actual impacts of this law described honestly when soliciting signatures. To misrepresent the issue is one thing but to prey on the false hopes and make false promises to the families and loved ones of the afflicted is morally reprehensible. These advocates are well aware of the limitations of this legislation and they along with their only supporter on the county Board of Supervisors Damon Connely should be ashamed.

Kerry Peirson

Client Advocate Mental Health and Substance Abuse Advisory Board

Marin County Board of Supervisors
Board President Steve Kinsey

I would like to comment of the impending consideration Of "Lauras Law" AB 1421 By our BOS. This is a difficult issue for me to discuss because many of my considerations are personal and recall memories that are not all pleasant.

First I am a member of HHS Cultural Competence Committee and through this we examined this proposal through a lens tinged with some skepticism as to the potential this particular "Involuntary treatment " would adversely impact our under and inappropriately served communities within our county. Our research did not reveal enough information to determine impacts of Laura's law one way or another, in fact there was little or no concrete conclusions to be drawn for the evidence we saw to make predictive impacts of this plan through any lens.

For far more and me importantly is my personal experience with mental health services with my son who is schizophrenic with other diagnosis which change from time to time. My son was diagnosed at 18yrs old and is now 45. I remember viscerally and painfully the challenges as we both came to terms with the various manifestations of his affliction and the tensions including fear, anger and a lot of confusion as the particular manifestations emerged and were acted on either physically or verbally. I confess somewhat ashamedly that there were many times if I would have availed myself of "Involuntary Treatment" options as now proposed. I like to imagine that my motivation would have been therapeutically motivated but upon serious reflection I realize that much of it might have been punitive. Dealing with symptomology that neither you nor the client is familiar with can confuse the line because neither of you really know what's going on. After decades of dealing with the mental health system I am convinced that even the professional often are employing guess work far more than any level of scientific certainty. Therefore I am skeptical about this policies' ability to be administered without all sorts of biases entering into decision as to who is forced into "Involuntary treatment and who is not. I am thankful this option was not open to me.

When discussing those with afflicted with mental illness we as humans do more than stigmatize them we sort of naturally de-humanize them. It is important to keep foremost in our minds that we are talking about human beings. When we mix humanity and the concept of involuntary this is a very dangerous path that we must place the maintenance of humanity against whatever standard of greater good we are considering This means it is imperative that all protections of the clients humanity must be accounted for. I thank god I was never able to apply my standard

at any given time and involuntarily subject my son who I am blessed to still have a great relationship with.. I don't think that would be true had I forced him into involuntary treatment.

As part of personal curiosity I inquired of several participants at the enterprise center which serves as a gathering/training/social space for a group of our residents with various afflictions and degrees of affliction which make the participants more likely subjects of 1421. Not surprisingly none I spoke to recalled any discussion about this impending policy they were not however surprised and aware they exist in a somewhat dehumanized status. The participants I spoke to unanimously did not like the idea of involuntary treatment and several commented on their exclusion from the process of consideration. Several comments referenced a deep understanding of the distinction between a policy intent and actual practice and suggested several nightmare scenarios I won't bother with here.

In summation on behalf of the Cultural Competence Advisory Board and as an individual resident of Marin County, I/we urge the Board to not implement ab1421 until such time as the science of mental health and the implementation of the intended can clearly demonstrate that the best interest of all stakeholders are completely accounted for.

Kerry Peirson
HHS Cultural Competence Committee

Mental Health and Substance Use Services Division

Job Application Screening and Interview Panel Pilot Project FY2015/16

Policies and Procedures

Overview

Health and Human Services Department's Mental Health and Substance Use Services (MHSUS) Division will pilot a six-month project in an effort to increase racial/ethnic and cultural diversity of its division's workforce. Consistent to the spirit and intent of the Board of Supervisors' and H&HS Department's five-year strategic goal to create a more equitable and inclusive workforce, MHSUS will collaborate and co-lead an innovative set of strategies that will hopefully lead to a new workforce growth model that reflects the diverse consumer population that it serves.

Minimum Qualifications Screening System

Upon receipt of all applications within a specified application deadline for any and all available job opportunities within MHSUS Division during the pilot project date, a team of five (5) MHSUS staff shall be formed to screen submitted applications. MHSUS will be comprised of:

- One (1) MHSUS staff who has no direct involvement or working relationship with the program or unit where the job opening exist **(staff selection will vary)**
- One (1) MHSUS supervisor or manager from the program or unit where the job opening exist **(staff selection will vary)**
- Ethnic Services and Training Manager of the division **(consistent staff)**
- Two (2) MHSUS staff who represent racially/ethnically underserved communities selected by the MHSUS division director **(consistent staff)**

Human Resources staff will provide instructions and guidance to the application screening team of all application screening-related regulations, policies, procedures and guidelines to ensure that the team adheres to all legal requirements and standards of practice. Human Resources staff will also provide ethnic/racial and gender demographic information of applicant pool for each open position that the application screening team reviews after to reviewing all the applications submitted within the specified application deadline date.

Application Review Team Agreements

1. Member(s) of the application screening team must recuse herself/himself from the application screening process if she/he has a direct personal relationship with any applicant.
2. Members of the application screening team must strictly adhere to confidentiality rules established by Human Resources staff.

3. Any deadlock on any applications that cannot arrive on a consensus decision to advance to the "Highly Qualified Review" must go through a team vote. Three (3) out of five (5) 'yes' votes are needed for the application to advance. Human Resource staff will serve as a tie-breaker in the event of any ties.

Application Screening Procedure

1. Human Resource staff will convene the application review meeting to screen all applications that are submitted within a specified deadline.
2. Application screening team will review all applications submitted for the specified job opening to determine which applicants meet the minimum qualifications.
3. Depending on the number of applications reviewed, application screening team will rely on supplemental questions, if available, to determine which applicant advances to the "Highly Qualified Review" phase of the application screening process to be interviewed by an interviewer (hiring authority) or interview panel.
4. Application screening team will review the AP flow to determine if this procedure produced a representative group of culturally diverse applicants.

Highly Qualified Review Procedure

1. If the hiring authority decides to narrow the field of candidates from the "Highly Qualified Review" phase, three (3) assigned members of the application screening team would be available work with the hiring authority to help further narrow the field of candidates to interview.

2. If the hiring authority decides to interview all candidates who advanced to the "Highly Qualified Review" phase, the hiring authority may move forward with the interview process.

Interview Panel

Once all job interview candidates have been selected, an interview panel will be formed by the hiring authority. The minimum criteria for establishing an interview panel must include:

- One (1) consumer/family member from the program where the job opening exist. If the job opening is not in a program or unit where there consumers/family members are not served (i.e. clerical, administrative, etc.), a staff from another division or department of the same classification must be included.
- Two (2) staff from the division who are members of an ethnically/racially protected class.

MHSUS Training Committee

Purpose

The purpose of the training committee is to identify, discuss and determine the training needs of MHUS Division. The committee is also responsible for the administration of the division's annual training budget by prioritizing trainings that are necessary to maintain regulatory standards and practices every fiscal year.

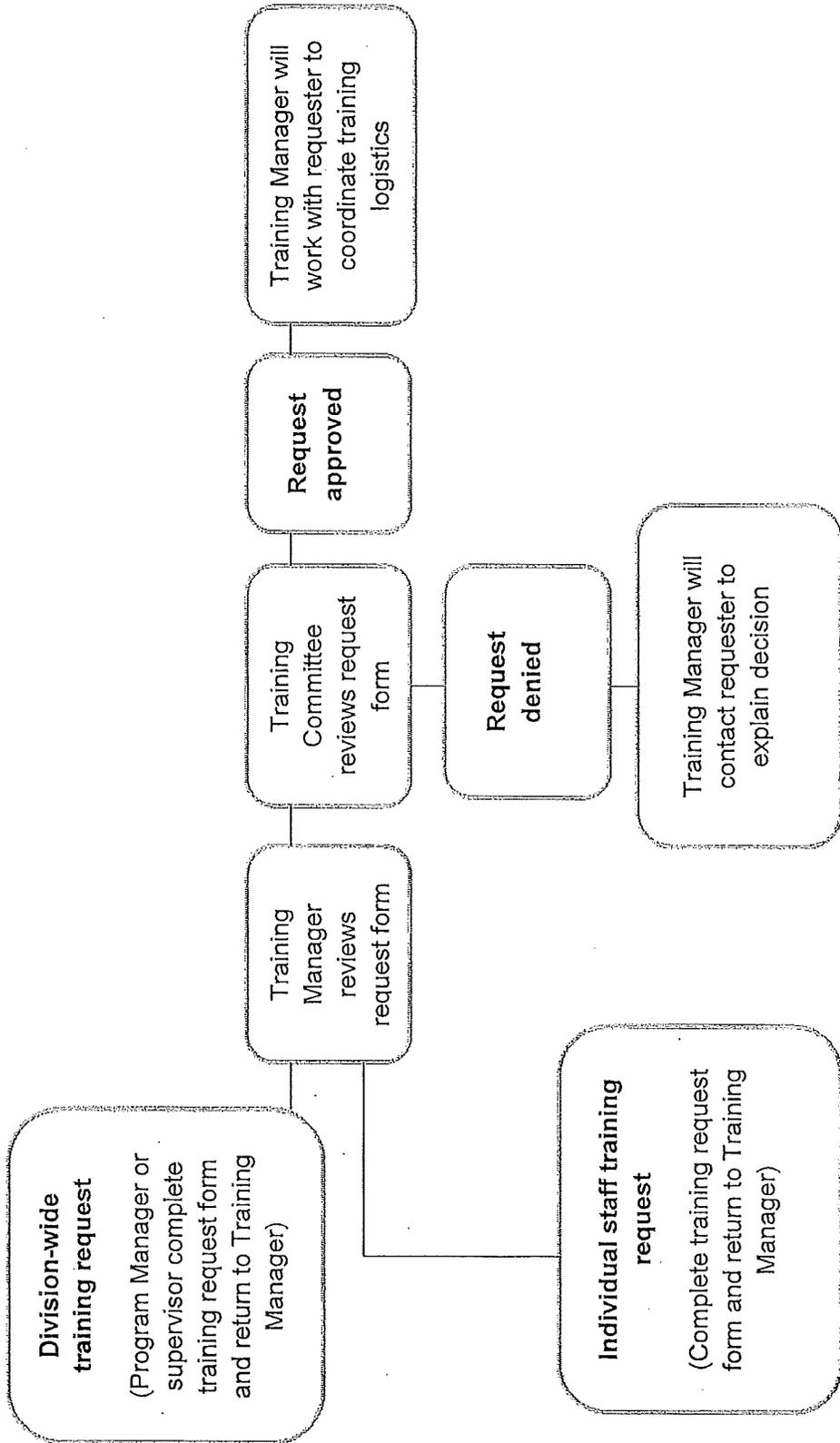
Goals

- To make decisions about training needs and requests that will maintain and/or enhance the overall operation of MHSUS Division.
- To identify evidenced-based, community-defined and emerging best-practices that is consistent and relevant to consumer and MHSUS Division's needs.
- To develop and implement a short and long-term strategic training plan and goals consistent with MHSUS Division's core values, principles, policies and practices.

Objectives

- Meet quarterly to review and discuss training opportunities, needs and requests.
- Develop and/or maintain a pool of qualified and effective trainers who can be contacted to provide trainings.
- Manage MHSUS Division's annual training budget consistent to the organization's strategic training plan and goals.

MHSUS Training Request Procedure



Mental Health and Substance Use Services Division

Training Committee's Guidelines for Approving Training Request

To ensure that MHSUS makes the most appropriate and best possible decision to provide trainings to its staff, agency partners and community stakeholders, the Training Committee of MHSUS shall use the following guidelines.

The training should:

- be an identified need that is necessary for the development, enhancement and/or maintenance of staff skills, competence and/or job requirement.
- maintain and/or enhance the quality of service delivery to its consumers and MHSUS' overall operating system.
- culturally appropriate and sensitive to the diverse workforce, stakeholder and consumer communities.
- be financially feasible.
- be evidenced-based, community-defined and/or demonstrates promising best practice.
- be accessible to staff who are required and/or encouraged to participate in order to perform her/his job duties/responsibilities at a high standard.
- to the extent possible, be inclusive of all staff who can professionally benefit from the experience.
- to the extent possible, meet regulatory standards that can offer CEUs to PhDs, Psy.Ds, MFTs, LCSWs, Psychiatrists, Nurses, and Drug and Alcohol Counselors.
- be consistent with MHSUS' core values, philosophy and current/emerging practices.
- to the extent possible, be conducted by culturally diverse and competent trainer(s).

Mental Health and Substance Use Services Division

Training Request Procedure

For Individual Staff:

1. Obtain a Training Request Form. Forms can be obtained from your supervisor or the training manager. **Training Request Forms MUST be submitted no later than one month from the date of the training or earlier.**
2. Complete form and submit it to your supervisor for her/his support.
3. If supported by your supervisor (form must be signed by your supervisor), submit the form to the training manager.
4. Upon receipt of your completed request form, the training manager will review your request with the division's training committee.
5. The training committee will either approve or deny your request.
6. If training committee approves your request, the training manager will contact you to coordinate all logistics of your training request.
7. If your training request is denied, the training manager will contact you to explain the rationale of the committee's decision.

For Managers:

1. Complete a Training Request Form.
2. Submit your form to the training manager. **Training Request Forms MUST be submitted at least one month from the date of the training or earlier.**
3. Upon receipt of your completed request form, the training manager will discuss and review the request with the training committee.
4. The training committee will either approve or deny your request.
5. If the training committee approves your request, the training manager will mobilize all resources to plan for the approved training. **If you have resources (i.e. staffing, available funds) to plan for the training, please let the training manager know in order to avoid duplication in planning and coordination efforts.**
6. If the training committee denies your request, the training manager will contact you to explain the rationale of the committee's decision.

****For Managers: Note, if your training request is approved, the training manager will work as efficiently as possible to plan for, coordinate and implement the approved training. Therefore, please submit your request at your earliest convenience as it cannot be guaranteed that the training can be implemented at your desired training date/timeline. However, if you have the capacity and resources to plan for, coordinate and implement your approved training, the training manager can provide administrative support, as appropriate and necessary.*

INVOICES AND RECEIPTS ASSOCIATED WITH ANY TRAININGS THAT HAVE NOT BEEN FORMALLY APPROVED BY THE TRAINING MANAGER AND THE TRAINING COMMITTEE WILL NOT BE REIMBURSED

Mental Health and Substance Use Services Division

Individual Staff Training Request Form

Date of Request: _____

Name of Requester: _____ Job Title: _____

Program/Unit where you work: _____

Type of Training: _____

Title of Training: _____

Date(s) of Training: _____

Estimated Cost of Training: _____

Is the training a requirement of your current job duties and responsibilities?

Yes _____ How? _____

No _____ How will this training benefit MHSUS and its consumers? _____

I support my staff to receive this training

Supervisor's Name: _____

Supervisor's Signature: _____

Date: _____

Training Committee Decision

Approve: _____

Denied: _____

Mental Health and Substance Use Services Division
Program or Division-Wide Training Request Form
For Managers and Supervisors to Complete ONLY

Date of Request: _____ Name of Requester: _____

The training is for:

Division-wide Staff: _____

Check all that apply

Administrators/Managers/Supervisors _____ Clinical/Medical Staff _____

Administrative Support Staff _____ Interns _____ Agency Partners _____ Other _____

If other, who? _____

Specific Program, Team or Unit only _____

Which Program(s), Team(s) or Unit(s)? _____

Training Information

Type of Training: _____

Title of Training: _____

Date(s) of Training: _____

Estimated Cost of Training: _____

Is the training Evidenced-Based? Yes ___ No ___ Don't know ___ N/A ___

Is the training Community Defined Practice? Yes ___ No ___ Don't know ___ N/A ___

Is the training innovative and/or demonstrates promising best-practice? Yes ___ No ___

Don't know ___ N/A ___

Do you have a recommended trainer to conduct the training? Yes ___ No ___ N/A ___

If yes, who? _____

Training Committee Meeting
September 14, 2016, 9:30-10:30am

Minutes

Present: Cesar, Kristen, Ann, DJ, Kasey, Denise

Absent: Dawn, Cat, Janice, Todd

- Members reviewed and provided status updates on current and upcoming recommended major training initiatives in FY16/17. They are:
 - **Drug/Alcohol-** The newly hired psychiatrist, Dr. Jeff Devido, plans to provide AOD trainings sometime this fiscal year for clinicians and contract agency partners once he gets established in his new position.
Plan: Cesar will coordinate trainings with Dr. Devido sometime in early 2017.
 - **Trauma Informed/Transformed-** Ann identified a possible trainer, Marquita Mays, who came highly recommended to possibly provide this training.
Plan: Cesar will contact Marquita to inquire about her work, fees and availability.
 - **Cultural Awareness/Competence-** Isoke Femi will provide a series of team development/building retreat for Youth and Family Services in the upcoming months. Isoke may also provide limited cultural competence coaching for supervisors who request for this service.
Plan: Ann will update the committee on the outcome of the retreat. Cesar will contact Isoke to finalize her contract for FY16/17.
 - **Motivational Interviewing-** Jennifer Bates and Cesar have been working on scheduling of MI training series for the fiscal year. Two trainings will be offered in October, two in February and two in June.
Plan: Cesar will coordinate and set up the logistics of the trainings. Jennifer will inquire from participants to see if there's an interest to follow-up with ongoing coaching and consultation after she offers the trainings.
 - **Proper Use and Benefits of Peer Specialists/Counselors in behavioral healthcare settings** – Cesar will schedule 2-3 presentations between January-June 2017 to groups who may benefit from this information. In the meantime, some programs in the Adult

services have begun working with clinicians and peer counselors to address some of the current relational concerns that have surfaced due to role and responsibility confusion. WISE is providing technical support.

- **Plan:** Cesar will continue to work to identify a target audience and format of the workshop/presentation.

Standard Trainings

- **Non Violent Crisis Intervention**-Sean Holcombe will conduct a refresher training for staff and peer specialists from other agencies later this month.
- **Law and Ethics**- Linda Garrett will conduct this training later this month
- **CPR/1st Aid**-Susan Davis will be asked to work with Cesar to coordinate a CPR/1st Aid training. It was also recommended that Office of Emergency Services is contacted to see if a similar training is/will be offered in the near future.
Plan: Cesar will contact Susan to determine which staff are required to have a CPR/1st aid training. Ann will contact OES to inquire about general training for staff who are not required to have a CPR/first aid training.
- **Mental Health First Aid (community)**- Kristen Gardner reported that that there a few upcoming MHFA trainings that are coming up.
Plan: Kristen will update the committee on the outcome of the trainings.
- **5150**: Todd will conduct a 5150 training later this month. The training will be mandatory. A second mandatory training will be offered sometime this fiscal year.
Plan: Cesar will work with Todd to coordinate the logistics of the training.
- **DSMV-** It appears that the division may need to provide additional trainings for staff as a refresher and to provide it to new staff who did not take the training last fiscal year.
Plan: Cesar will further discuss this possible need during senior management meeting.

Meeting adjourned

Next meeting: Wednesday, 1/18/2017, between 9:30-10:30 @ 20NSP, room TBD

Training Committee Meeting
June 8, 2016, 10-11am

Minutes

Present: Cesar, Kristen, Ann, DJ, Todd

Absent: Dawn, Cat, Janice, Denise, Kasey

- Cesar reported that HRTC's contract will not be renewed in the next fiscal year. Resources and efforts will be diverted to major training initiatives in FY16/17
- Members discussed and identified recommended major training initiatives in FY16/17. They are:
 - **Drug/Alcohol**- ASAM trainings; and specialty trainings possibly provided by the division's AOD contract staff
 - **Trauma Informed/Transformed**- Ann will take a lead in guiding/integrating this training series in the division. Cesar may be a possible future trainer if a decision is made that he will participate in a training-of-trainer process
 - **Cultural Awareness/Competence**- Isoke Femi will provide team development processes for programs, teams and/or units, as requested. Cesar and certain CCAB members will conduct bi-weekly or monthly cultural competence case consultation for staff and agency partners
 - **Motivational Interviewing**- Jennifer Bates
 - **Proper Use and Benefits of Peer Specialists/Counselors in behavioral healthcare settings** – Cesar

Standard Trainings

- **Crisis Intervention Planning**- Todd Paler and Sean Holcombe
- **Law and Ethics**- Access Team
- **CPR/1st Aid**-Susan Davis
- **Mental Health First Aid (community)**- Kristen Gardner
- **Use of Interpreter Services**- Cesar

Meeting adjourned

Next meeting: Wednesday, 9/14, between 9:30-11:30 @ 20NSP, Mt. Tam room

DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH AND SUBSTANCE USE SERVICES DIVISION

Training Committee Meeting

September 23, 2015

MINUTES

I. Spreadsheet Review - Trainings that need to be deleted, funding increased, etc.:

- MHB Retreat – Delete
- Work plans – Delete
- MHSUS director conference (Suzanne) – Consulting with Bonnie to determine funding source
- Medi-Cal director training – Consulting with Denise
- CiBHS – Unspent
- HIPPA – Consulting with David Rothery or John
- QI – May need to increase funds, consulting with Dawn
- Cost report – Consulting with Denise
- DBT – Increase to \$1,200
- West Marin – Delete
- MAB Training – Consulting with Todd to increase
- Infection Control –
- CPR – Increase, consulting with OES (office of emergency services)
- Cultural Competency (Cesar) – Stay the same
- Disaster – Stay the same
- Apic/ APA / Leadership – Plan to be funded through WET
- ASAM (DJ) – Keep
- SQL Training – Plan to put another \$2,000 aside
- CA innovation Summit – Delete

*The spreadsheet should be updated by next meeting

II. New Trainings planned:

- Laura Sciacca training – Kristen Gardner
- Children’s System (CMCHE) – Anne approx. \$2,000 +
- CANS (Child Assessment Needs) – Anne covering this
- T2 (Trauma Transformed) - approx. \$2,000
- IT trainings

DEPARTMENT OF HEALTH & HUMAN SERVICES
MENTAL HEALTH AND SUBSTANCE USE SERVICES DIVISION

Training Committee Meeting

June 24, 2015

MINUTES

I. Training Fund –

- We have a \$19,000 use it or lose it training fund plus WET budget, Kristen Gardner can possibly use funds for MHSA related training (approx. \$100,000 available). We need to organize our funds. Some items should come out of Admin instead of the limited \$19,000 fund. We want to expend all of the \$19,000 funds and then if we need more funding to start looking into WET funding.
- We need to be mindful of the cost of supplies and materials for our trainings (books, etc.)

II. DJ's ASAM Training –

- 2 days - \$5,808 for 40 people (county and contractors) (AOD budget will pay for contractor's portion)
- Cesar will consult with Ann for approval of CEU type given for this training

III. Future trainings for FY15/16 –

- ASAM, Cultural Competency Trainings (Cesar), Law & Ethics, CPR, MAB (Managing Assaultive Behavior) - for PES (Chris looking for a new trainer may partner with Marin General), General Case Manager – Safety Training (Requested through MAPE), DSM 5 (estimated \$4,800 for 4 trainings), ICD-10 (Dawn partner with Cesar), Disaster, CSD – All Staff, Medical Director Conferences – Less than \$1,000 per year, Manager / Supervisor training – on consultation access (Jeanie), Documentation Training, Peers & Professionals in Workforce – (Jeanie) If Jeanie says it doesn't fall within budget Cesar can help fund the team of clinicians. Clinicians start approximately mid-August (10-12 people), will be supervised.
- We need CV's from persons whom want to teach certain subjects so they have background of what they are trying to teach.

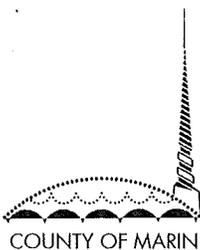
Date	Category	Instructor
3/9/2015	Medi-Cal Documentation Training - Basics and Refresher	Joanne Bender, LCSW
4/1/2015	Cultural Competence: Bridging Cultural Divide Among Staff, Colleagues & Consumers Through Effective Communication & Culturally Responsive Intervention Strategies	Cesar Lagleva, LCSW
4/13/2015	Mental Health Interpreter Training	Lidia Gamulin, LCSW / Rachel Guerrero, LCSW
4/22/2015	Cultural Competence: Introduction to CLAS standards	Darby Jaragosky, MPA
5/7/2015	Cultural Competence: Bridging Cultural Divide Among Staff, Colleagues & Consumers Through Effective Communication & Culturally Responsive Intervention Strategies	Cesar Lagleva, LCSW
5/15/2015	72 Hour Holds / 5150 Workshop	Todd Paler, MFT / Chris Kughn, MFT
5/21/2015	Cultural Competence: From Combat to Community	Geoff Millard
6/1/2015	Interpreter Training for Service Providers	Rachele Espiritu, PhD
6/4/2015	Cultural Competence Training	Cesar Lagleva, LCSW
6/18/2015	Cultural Competency Training	Cameron Duval, MS
7/15/2015	Cultural Competency Training: Cultural Considerations in working with Vietnamese Consumers	Tran Nguyen & Thiem La
7/31/2015	DSM-V Transitions	Stan Taubman, PhD, LCSW
8/6/2015	ASAM Training	Scott Boyles, LAC
8/6/2015	Cultural Competency Training: Unpacking our	Cesar Lagleva, LCSW
8/20/2015	The ASAM Criteria	Scott Boyles, LAC
8/24/2015	DSM-V Transitions	Stan Taubman, PhD, LCSW
8/25/2015	Cultural Competence: Understanding the Treatment Needs and Challenges of Newly Arrived Indigenous Immigrants in the United States	David Escobar, MA
8/28/2015	DSM-V Transitions	Stan Taubman, PhD, LCSW
9/1/2015	Cultural Competency Training: Bridging Cultural Divide among staff, colleagues & consumers through effective communication & culturally responsive intervention strategies in mental health and substance use services.	Cesar Lagleva, LCSW
9/25/2015	DSM-V Transitions	Stan Taubman, PhD, LCSW
9/30/2015	Law and Ethics	Linda Garrett, J.D.
10/13/2015	MI Training	Kristin Dempsey, LMFT, LPCC
10/14/2015	Cultural Competence and Team Building	Isoke Femi
11/19/2015	Cultural Competency Training: The Role and Importance of Faith and Spirituality in the Recovery of People with Mental Illness and Substance Use Challenges	Panel Members

12/3/2015	Cultural Competency Training: Bridging Cultural Divide among staff, colleagues & consumers through effective communication & culturally responsive intervention strategies in mental health and substance use services.	Cesar Lagleva, LCSW
12/17/2015	Cultural Competency Training Series: Working with criminal justice-involved teens and transitional aged youth of color.	Cesar Lagleva, LCSW
3/18/2016	Non-Violent Crisis Intervention Training	Sean Holcombe, LMFT
6/17/2016	Motivational Interviewing	Jennifer Bates, LCSW
6/22/2016	Motivational Interviewing	Jennifer Bates, LCSW
6/27/2016	Individualized Service Plans based on the Six dimension of the ASAM criteria	Scott Boyles, LAC
8/26/2016	Clinical Supervision Workshop: Clinical Supervision & Trauma-Informed Care	Carol Kerr, Ph.D. and Marisol Munoz-Kiehne, Ph.D.
9/16/2016	Law and Ethics	Linda Garrett, J.D.
9/23/2016	5150 & 72 Hr. Holds	Todd Paler, MFT
9/30/2016	Non-Violent Crisis Intervention Training	Sean Holcombe, LMFT
10/5/2016	Seeking Safety	Gabriella Grant, MA

Date	Category	Instructor
4/1/2015	Cultural Competence: Bridging Cultural Divide Among Staff, Colleagues & Consumers Through Effective Communication & Culturally Responsive Intervention Strategies	Cesar Lagleva, LCSW
4/22/2015	Cultural Competence: Introduction to CLAS standards	Darby Jaragosky, MPA
5/7/2015	Cultural Competence: Bridging Cultural Divide Among Staff, Colleagues & Consumers Through Effective Communication & Culturally Responsive Intervention Strategies	Cesar Lagleva, LCSW
5/21/2015	Cultural Competence: From Combat to Community	Geoff Millard
6/4/2015	Cultural Competence Training	Cesar Lagleva, LCSW
6/18/2015	Cultural Competency Training	Cameron Duval, MS
7/15/2015	Cultural Competency Training: Cultural Considerations in working with Vietnamese Consumers	Tran Nguyen & Thiem La
8/6/2015	Cultural Competency Training: Unpacking our Assumptions-Challenging our Beliefs: A cultural competency training based on community-defined best practices	Cesar Lagleva, LCSW
8/25/2015	Cultural Competence: Understanding the Treatment Needs and Challenges of Newly Arrived Indigenous Immigrants in the United States	David Escobar, MA
9/1/2015	Cultural Competency Training: Bridging Cultural Divide among staff, colleagues & consumers through effective communication & culturally responsive intervention strategies in mental health and substance use services.	Cesar Lagleva, LCSW
10/14/2015	Cultural Competence and Team Building Workshop	Isoke Femi
11/19/2015	Cultural Competency Training: The Role and Importance of Faith and Spirituality in the Recovery of People with Mental Illness and Substance Use Challenges	Panel Members
12/3/2015	Cultural Competency Training: Bridging Cultural Divide among staff, colleagues & consumers through effective communication & culturally responsive intervention strategies in mental health and substance use services.	Cesar Lagleva, LCSW
12/17/2015	Cultural Competency Training Series: Working with criminal justice-involved teens and transitional aged youth of color.	Cesar Lagleva, LCSW
8/26/2016	Clinical Supervision Workshop: Clinical Supervision & Trauma-Informed Care	Carol Kerr, Ph.D. and Marisol Munoz-Kiehne, Ph.D.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
**MENTAL HEALTH AND
 SUBSTANCE USE SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



3//10/2015

To: MHSUS Staff and Community Stakeholders
 From: MHSUS' Cultural Competence Advisory Board (CCAB)

Re: Cultural Competence Training Series

Dear MHSUS Staff and Stakeholders,

Mental Health and Substance Use Services Division's Cultural Competence Advisory Board (CCAB) is pleased to announce that beginning in April, we will be offering two 3-hour trainings per month in this calendar year for staff, agency partners and community stakeholders. These trainings are designed to provide participants with greater opportunities to participate in shorter but more frequent trainings that will be led by a culturally diverse group of experts in mental health and substance use fields.

Based on the popularity and feedback that we received from last year's two day-long cultural competence trainings, CCAB has decided to plan its trainings throughout the year for the purpose of maintaining greater continuity to participants' learning experience. The trainings will cover an array of culture-specific topics related to mental health and substance use such as evidenced-based and community-defined practices in working with African Americans, LGBTQ, Latino youth, military veterans, just to name a few. Additionally, in the beginning of each month, Cesar Lagleva-LCSW, MHSUS' Ethnic Services and Training Manager, will conduct an introductory training that will set the foundation to the culture-specific trainings, which will be offered at the end of each month.

The monthly introductory training will consist of the same information, therefore, participants will only have one opportunity to attend and participate in this section of the training series. However, participants who wish to attend the culture-specific trainings can register to as many as she/he would like. All trainings will accommodate a maximum of thirty participants, and a minimum of ten participants is needed in order for the training to be conducted. Registration to secure your space is on a first-come, first-serve basis.

Many of the trainings will offer CEUs for PhDs, Psy.Ds, MFTs, LCSWs, Drug/Alcohol Counselors and Nurses. When training announcements become available and distributed, please read them carefully to determine if CEUs for specific disciplines will be offered. There is no cost to register and participate in the trainings. However, we encourage all participants to participate throughout the 3-hour training. No partial CEUs will be given and participants who request CEUs must attend on time and stay throughout the training. For all staff of MHSUS, prior to registration, please seek approval from your supervisor to attend your selected training(s).

Larry Meredith, Ph.D.
 DIRECTOR

Suzanne Tavano, Ph.D.
 DIVISION DIRECTOR

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PG. 2 OF 2

If you have any further questions, please contact Cesar Lagleva at 415-846-3789 or clagleva@marincounty.org. Thank you and we hope that you find these trainings informative and useful.

Sincerely,

MHSUS' Cultural Competence Advisory Board

Cultural Competency Training: Bridging Cultural Divide Among Staff, Colleagues & Consumers Through Effective Communication & Culturally Responsive Intervention Strategies

- ▶ **Date:** April 1 (full), May 7 (full), June 4 (full), July 1, August 6, September 1, October 6, November 4, December 3, 2015 (choose only one date)
- ▶ **Time:** 1:00 p.m. to 4:00 p.m.
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA. 94901

This three (3) hour beginner's course will explore the dynamic challenges and opportunities that diversity plays in the workplace (relationships between staff, colleagues and consumers). It will describe the foundational aspects of Liberation Theory Model and its application to developing and/or maintaining mutually respectful workplace relationships and treatment intervention known as Multicultural Therapy. This course will provide a context to safely examine, analyze, and find meaningful ways to discuss the complex issues of race, gender, class and other cultural identities.

Instructor: Cesar Lagleva - LCSW

Course Objectives:

- ▶ Discuss the impact of race, gender, class, and other cultural identities in the workplace and consumer / service provider relationships, and in the delivery of Mental Health and Substance Use Services.
- ▶ Analyze the root cause of health disparities, discrimination and stigma among historically disenfranchised multicultural communities.
- ▶ Explain the importance setting a cultural context into treatment interventions that can produce positive outcomes.
- ▶ Recognize how collaboration among policy makers, administrators, managers, providers, consumer advocates, and consumers improve health outcomes.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee:** No Cost
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MMHSUS maintains responsibility for this program and its content.
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MMHSUS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ **NEW:** Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-0415

To enroll in this **Cultural Competency Training**

Email your request to Edtiana Rockwell at erockwell@marincounty.org. **Be sure to include your license number if you are requesting CEUs.** Space is limited on a first come – first serve basis. County employees will be given priority.

Healthcare professionals who want to earn Continuing Education Hours for attendance should include their full name, company name, and the type of license/credential following their name. e.g. Mary Smith, LCSW



Date:	CEU Awarded	Non-CE Participants	LMFT/LCSW	Psy.D/Ph.D/RN	Program Objective	Venue Setting	Instructor (Cesar Lagleva)	Quality of Learning
7/22/2015	20	12	10	4	Ade: 34 Inade: 0	Ade: 32 Inade: 2	Ade: 34 Inade: 0	Ade: 34 Inade: 0
Cultural Competency Training								

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

- Negative
 - Too long before getting to the main point
 - The room was too cold
 - Wanted more direction and focus—got less content that are applicable to work

- Positive
 - Great introduction to learning about cultural competency
 - Good use of break-out sessions, exercises
 - Engaging, open, thought provoking, and educational class
 - Group discussions—insightful, honest

Question 2: What topics or presenters would you like to see at future CE presentations?

- Instructor to present a problem and then solution suggestions/skills
- Native American/Healer teaching
- Transgender issues
- Vietnamese population
- Discussion about ageism

Question 3: Other comments and/or suggestions you wish to share about this training?

- Too much inclusion of religious belief/perspective
 - Want the class to be longer—current class is too short

Summary of Course Evaluation Resources

Date: 9/1/2015	CEU Awarded	LMFT/ LCSW	Objective	Venue	Instructor (Cesar Lagleva)	Quality of Learning
Cultural Competency Training	13	17	Ade: 15 Inade: 1	Ade: 9 Inade: 7	Ade: 15 Inade: 1	Ade: 15 Inade: 1

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

○ Negative

- The venue was uncomfortable—hard to hear when people were speaking
- Air Conditioning was too much—too cold
- Wanted tables

○ Positive

- Enjoyed the instructor's presentation, engaging, taught to "unpack" my biases
- Good balance of information and experience knowledge provided
- Good preparation of resource information and handouts
- Appreciated for the safe environment—was able to open-up
- Enjoyed group discussions and activities

Question 2: What topics or presenters would you like to see at future CE presentations?

- Class/group specific trainings
- More practical suggestions, techniques, role plays, and models
- Cultural competency

Question 3: Other comments and/or suggestions you wish to share about this training?

- The instructor was great with answering questions and validating participants' comments

Date: 11/2015	CEU Awarded	Non-CE Participants	LMFT/ LCSW	Psy.D/ Ph.D/RN	Program Objective	Venue Setting	Instructor (Cesar Lagleva)	Quality of Learning
Cultural Competency Training	8	8	3	3	Ade: 11 Inade: 1	Ade: 11 Inade: 1	Ade: 11 Inade: 1	Ade: 12 Inade: 0

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

- Negative
 - Needed more structure
 - Room was too cold
 - Too soon to tell, need time to digest information
- Positive
 - Exercises were helpful
 - Very informative training
 - Good beginning course
 - Group input was excellent, very interesting
 - I gained better awareness of racism and related issues

Question 2: What topics or presenters would you like to see at future CE presentations?

- Topics that are culture-specific

Question 3: Other comments and/or suggestions you wish to share about this training?

- Wanted/needed more time, full-day training
- Making the groups smaller—perhaps be more effective

Summary of Course Evaluation Resources

Date: 12/3/2015	CEU Awarded	Non-CE Participants	LMFT/ LCSW	Psy.D/ Ph.D	Program Objective	Venue Setting	Instructor (Cesar Lagleva)	Quality of Learning
Cultural Competency Training	10	8	3	1	Ade: 11 Inade: 1	Ade: 9 Inade: 3	Ade: 12 Inade: 0	Ade: 11 Inade: 1

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

- Negative
 - Too much introduction and overview
 - Need for better structure and information for the real-life settings
 - Setting was too small
 - Wanted more exercise—rushed
- Positive
 - Great experience, timely, and stimulating
 - Good examples, engaging contents
 - Good information of how to apply knowledge into practice settings
 - Good overview of changes
 - Skilled presentation, made participants comfortable

Question 2: What topics or presenters would you like to see at future CE presentations?

- LGBT (Lesbian, Gay, Bisexual, and Transgender)
- More opportunity for discussions
- Areas for clinical works and consulting works

Question 3: Other comments and/or suggestions you wish to share about this training?

- Great knowledge and accuracy of the subject matter
- Appreciated that the room's temperature was appropriately maintained

MHSUS CULTURAL COMPETENCE ADVISORY BOARD
Cultural Competence Trainings 2015
Introduction to CLAS Standards

- ▶ **Date:** April 22, 2015
- ▶ **Time:** 1:00 - 4:00PM
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA

This is an introductory course on the national Culturally and Linguistically Appropriate Services (CLAS) standards which are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. The CLAS standards consist of a collective set of culturally and linguistically appropriate services, mandates, guidelines, and recommendations issued by the United States Department of Health and Human Services Office of Minority Health. It is intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services (National Standards for Culturally and Linguistically Appropriate Services in Health Care Final report, OMH, 2001) The goals of the CLAS standards are to ensure effective, equitable, and respectful quality care and services that are responsive to diverse needs.

Presenter: Darby Jaragosky, MPA, has provided consultation in CLAS standards to Community Based Organizations in Marin as well as reviews and monitors CLAS implementation plans for Marin County contracted substance use treatment providers.

Course Objectives:

- ▶ Demonstrate the importance of having a culturally and linguistically responsive mental health and substance use service system that meet consumer needs.
- ▶ Discuss the fifteen (15) enhanced CLAS standards and their relevance to health care.
- ▶ Describe the implementation of all fifteen (15) standards to advance health equity, improve service quality and to work to reduce health care disparities.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee: No Cost**
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MMHSUS maintains responsibility for this program and its content.
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MMHSUS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ **NEW:** Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-041

To enroll in this Cultural Competency Training

Email your request to Edtiana Rockwell at erockwell@marincounty.org. **Be sure to include your license number if you are requesting CEUs.** Space is limited on a first come – first serve basis. County employees will be given priority.

Healthcare professionals who want to earn Continuing Education Hours for attendance should include their full name, company name, and the type of license/credential following their name. e.g. Mary Smith, LCSW



Summary of Course Evaluation Resources

Date	CEU Awarded	Non-CE	LMFT/LCSW	Psy.D/Ph.D	Objective	Venue	Instructor (Darby Jaragosky)	Quality of Learning
4/22/2015	19	11	5	3	Ade: 10 Inade: 5	Ade: 10 Inade: 5	Ade: 10 Inade: 5	Ade: 11 Inade: 4
Cultural Competency Training								

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

○ Negative

- The room was too cold
- Some technical issues/visual issues with the video
- Too practical; could not connect to the CLAS teaching

○ Positive

- Very informative, compelling, and meaningful
- Great information; wanted more time to learn
- Written instructions and presentations were great

Question 2: What topics or presenters would you like to see at future CE presentations?

- Working with clients with co-occurring problems
- Learn about the best practice protocol
- HIV/HCV

Question 3: Other comments and/or suggestions you wish to share about this training?

- The content was great but it was clammed into one seminar—longer workshop is appreciated
- More class about CLAS and cultural competency

Mental Health & Substance Use Services invites our contracted partners to attend

From Combat to Community Cultural Competence Training 2015

- ▶ **Date:** May 21, 2015
- ▶ **Time:** 1:00 - 4:00PM
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA

This training will discuss the experiences of post 9/11 military veterans upon their return from combat in Iraq and Afghanistan. Through lecture, video and interactive dialogue, the training will highlight the devastating effects of PTSD and Traumatic Brain Injury (TBI) on returning veterans as they transition from combat to civilian life. It will provide insights into the unique perspectives of a culturally diverse military which includes women, LGBTQ and veterans with dishonorable discharge status. It will examine an array of best practices in engaging and treating veterans in clinical or therapeutic settings.

Presenter: Geoff Millard - Geoffrey Millard has provided numerous trainings on the veteran experience from the military culture to traumatic brain injury which enable professionals to understand the unique challenges faced by veterans

Course Objectives:

- ▶ Describe issues facing Iraq and Afghanistan-era veterans, particularly Transitional Aged Youth veterans who suffer from Post-Traumatic Stress Disorder, Traumatic Brain Injury and other challenges related to deployment.
- ▶ Discuss age, gender and identity-related cultural issues and bureaucratic obstacles to care.
- ▶ Assess the impact of military culture and training on veterans have in accessing mental health and substance use services.
- ▶ List military and veteran-specific resources designed to help with transition and health care.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee:** No Cost
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MMHSUS maintains responsibility for this program and its content.
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MMHSUS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ **NEW:** Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-041

To enroll in this **From Combat to Community Cultural Competency Training**

Email your request to Edtiana Rockwell at erockwell@marincounty.org. **Be sure to include your license number if you are requesting CEUs.** Space is limited on a first come – first serve basis. County employees will be given priority.

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Summary of Course Evaluation Resources

Date: 5/21/2015	CEU Awarded	Non-CE	RN	LMFT/ LCSW	Psy.D/ Ph.D	Objective	Venue	Instructor (Geoff Millard)	Quality of Learning
Cultural Competency Training	20	14	1	10	2	Ade: 23 Inade: 1	Ade: 22 Inade: 2	Ade: 24 Inade: 0	Ade: 20 Inade: 4

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

○ Negative

- Next time adding panel of veterans might enhance the workshop
- Should have been longer

○ Positive

- Great first introduction to the topic; multiple elements and relative information
- Powerful video clips

Question 2: What topics or presenters would you like to see at future CE presentations?

- More on motivational interviewing
- Training for clients with PTSD
- Mental Health Stigma/Discrimination
- About CJ system
- Trauma, informed care
- Self-care for the providers
- Any new research/info about Attention Deficit Hypertension Disorder
- Substance abuse and co-occurring disorders
- Specific population—people of color

Question 3: Other comments and/or suggestions you wish to share about this training?

- Wanted to learn more about helping veterans
- It inspired me to explore and research on the topic

Cultural Competence Advisory Board

Cultural Competency Training – Understanding Sexual Orientation & Gender Identity for the Health Professions

- ▶ Date: June 18, 2015
- ▶ Time: 1:00 - 4:00 pm
- ▶ Location: Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA

The LGBT community continues to be a highly stigmatized minority group. As such, accessing competent Healthcare services can be a real challenge. This training will educate participants around the barriers of access faced by the LGBT community and how to provide culturally competent services to our sexual & gender minority clients.

Instructor: Cameron Duvall MS

Course Objectives:

- ▶ Participants will demonstrate appropriate language and terminology to use when addressing/treating the LGBT community.
- ▶ Participants will demonstrate modern conceptions of Gender Identity & Sexual Orientation as viewed through a holistic model.
- ▶ Participants will demonstrate appropriate treatment modalities and how to reduce / eliminate barriers faced by the LGBT community when attempting to access appropriate treatment.
- ▶ Course Fee: No Cost
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MMHSUS maintains responsibility for this program and its content.
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MMHSUS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ NEW: Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-0415

To enroll in this Cultural Competency Training

Email your request to Edtiana Rockwell at erockwell@marincounty.org. **Be sure to include your license number if you are requesting CEUs.** Space is limited on a first come – first serve basis. County employees will be given priority.

Healthcare professionals who want to earn Continuing Education Hours for attendance should include their full name, company name, and the type of license/credential following their name. e.g. Mary Smith, LCSW



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Summary of Course Evaluation Resources

Date:	CEU Awarded	Non-CE	RN	LMFT/LCSW	Psy.D/Ph.D	Objective	Venue	Instructor (Cameron Duvall)	Quality of Learning
6/18/2015	24	6	3	15	3	Ade: 24 Inade: 1	Ade: 24 Inade: 1	Ade: 25 Inade: 0	Ade: 24 Inade: 1

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

○ Negative

- The room was too cold
- There was so much to cover, wanted more in-depth lecture; needed to be a longer workshop
- Wanted to learn more about clinical interventions

○ Positive

- Great presentation, very authentic and knowledgeable, personable
- Great content (exceptional)
- Informative and thought provoking

Question 2: What topics or presenters would you like to see at future CE presentations?

- Trauma informed care
- Cultural difference of LGBT people, LGBT people of color
- Older adults of color
- LGBT and Latino community
- Extra 30 min or so on other details such as treatment, diagnosis, brain physiology
- Presentation of child sexual abuse; incarcerated parents
- It will be good to have panels of youth (LGBT)
- Any other cultural competency topics taught by Cameron

Question 3: Other comments and/or suggestions you wish to share about this training?

- The use of video was very helpful in understanding the issues LGBT population face
- Although the presentation was great, did not get practical tools or methods to be used for treatment
- Liked the do's and don'ts, the iceberg concept

Cultural Competency Training: Cultural Considerations in Working with Vietnamese Consumers

- ▶ Date: July 15, 2015
- ▶ Time: 9:00 a.m. to 12:00 p.m.
- ▶ Location: Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA. 94901

This presentation provides a framework for understanding the unique mental health and treatment access needs of Marin County's Vietnamese population. In the first half, providers within the county mental health system will present an overview of Vietnamese history, culture, and beliefs regarding mental illness, followed by a discussion of access barriers and considerations for culturally competent treatment. In the second half, consumers will present their personal stories of displacement and trauma, struggles within the system of care, and their journey towards recovery. Attendees will come away with an improved cultural understanding and competency in serving Vietnamese consumer.

Instructors: Ngoc Loi – LCSW, Lamson Bui - MA, and Tran Nguyen – Psy.D.

Level of Instruction: Introductory

Target Audience: MHSUS staff, agency partners, consumers and family members

Course Objectives:

- ▶ Participants will be able to describe three stressors that contribute to a higher need for mental health services among Vietnamese-Americans.
- ▶ Participants will be able to list three cultural beliefs regarding mental illness.
- ▶ Participants will be able to recite three barriers to accessing culturally competent mental health services, and apply one action they can undertake in their work to facilitate access.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ Course Fee: No Cost
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MHSUS maintains responsibility for this program and its content
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257).
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075).
- ▶ NEW: Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-0415

To enroll in this Cultural Competency Training

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Summary of Course Evaluation Resources

Date: 7/15/2015	CEU Awarded	Non -CE	LM FT/ LC SW	Psy. D/ Ph.D /RN	Objective	Venue	Instructor (Tran Nguyen)	(Theim La)	(Phia Le)	(Lamson Bui)	(Ngoc Loi)	(Hugh Pham)	Quality of Learning
Cultural Competency Training (Vietnamese Consumers)	11	4	6	3	Ade: 11 Inade: 0	Ade: 11 Inae: 0	Ade: 10 Inade: 1	Ade:11 Inade: 0	Ad:11 Inad:0	Ad:11 Inad:0	Ad:11 Inad:0	Ad:11 Inad:0	Ad:11 Inad:0

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

○ Negative

- Room was too cold

○ Positive

- Amazing experience, informative in short period of time
- Interesting exercises and photos of family members
- All the guest speakers were great
- Inspirational speakers
- Liked the “collective identities” exercise
- Appreciated that instructors included the historic context

Question 2: What topics or presenters would you like to see at future CE presentations?

- Trauma research and resources
- Hispanic population
- Cultural competency course for Middle Eastern

Question 3: Other comments and/or suggestions you wish to share about this training?

- County of Marin needs in-person interpreters rather than over-the-phone, at least video interpreters
- Marin community clinics also need to provide in-person trained interpreters since Vietnamese clients seek help through their primary care provider first
- It was helpful to learn about Vietnamese (immigrants) on an emotional level
- How to deal with barriers and lack of access Vietnamese face

Mental Health & Substance Use Services invites our contracted partners to attend

Cultural Competency Training: Understanding the Treatment Needs and Challenges of Newly Arrived Indigenous Immigrants in the United States

- ▶ **Date:** August 25, 2015
- ▶ **Time:** 9:00 - 12:00 pm
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA

This training will provide an overview of the barriers and misunderstandings confronting both client and mental health and substance abuse service professionals surrounding treatment and healing practices and traditions of native peoples. It will also explain the historical contexts and impacts of discrimination and exclusion that have specifically affected indigenous peoples of the Americas. The training will provide practical treatment approaches in dealing with mental issues among native consumers.

Instructor: David Escobar, MA is an adjunct faculty member at Dominican University in the School of Arts, Humanities and Social Sciences, where he teaches Indigenous Perspectives.

Level of Instruction: Introductory

Target Audience: MHSUS staff, agency partners, consumers and family members

Course Objectives:

- ▶ Demonstrate at least one connection between culture, human rights, social activism and healing practices within indigenous communities.
- ▶ Be able to describe three intersections between mental illness/addiction and its connection to religious values in modern day indigenous communities.
- ▶ Analyze how modern day myths and stereotypes are formulated about indigenous cultural truths.
- ▶ Describe cultural nuances of indigenous consumers that are exhibited in therapeutic settings.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee: No Cost**
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MMHSUS maintains responsibility for this program and its content.
- ▶ MMHSUS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257).
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075).
- ▶ **NEW:** Marin County Division of Mental Health and Substance Use Services is CAADAAC/California Foundation for Advancement of Addiction Professionals (CFAAP) Continuing Education Provider #4N-02-492-0415

To enroll in this Cultural Competency Training

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Summary of Course Evaluation Resources

Date: 8/25/2015	CEU Awarded	Non-CE	RN	LMFT/ LCSW	Psy.D/ Ph.D	Objective	Venue	Instructor (David Escobar)	Quality of Learning
Cultural Competency Training	24	17	1	9	3	Ade: 25 Inade: 1	Ade: 24 Inade: 1	Ade: 25 Inade: 1	Ade: 25 Inade: 1

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

- Negative
 - There was so much to cover, wanted more in-depth lecture; needed to be a longer workshop
- Positive
 - Very informative, compelling, and meaningful
 - Great content; learned a lot about Native American culture
 - Good personable stories
 - Great presenting style
 - The best and most significant training I have ever attended

Question 2: What topics or presenters would you like to see at future CE presentations?

- Community resources information or representatives
- Want to hear more from the instructor regarding the topic
- Continued emphasis on cultural context, competencies
- Implications for therapeutic circumstances
- Systematic racism and how it play out in social services
- More training on the variety of cultural groups in California

Question 3: Other comments and/or suggestions you wish to share about this training?

- Appreciated the way the instructor held the space as ceremony; created safer and sacred environment
- Instead of using the term "Native American", it could have been termed as "Latino"
- It taught the importance of awareness and education regarding cultural competency
- It was great that the content related to all cultural competency topics
- Might be good to have follow-up workshop that focuses on interactions with clients; awareness and respect for cultural beliefs and practices

Cultural Competency: The Role and Importance of Faith and Spirituality in the Recovery of People with Mental Illness and Substance Use Challenges

- ▶ **Date:** November 19, 2015
- ▶ **Time:** 1:00 p.m. to 4:00 p.m.
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA. 94901

This highly engaging 3-hour workshop will highlight the important role that faith and spirituality play in the healing and recovery process of people who suffer from mental illness and chemical dependency. From the perspective of a diverse interfaith panel of clergy, participants will have an opportunity to gain insight into some of the wisdom, interventions and techniques used to support people from their challenges. Also, the training will work to explore innovative ways that the faith community and the county's behavioral health system can work collaboratively to restore and/or improve the lives of people of faith and spirituality while in treatment.

Panel Members: Rev. Carol Hovis, Rev. Paul Gaffney, Amineh Amelia Pryor Ph.D / LMFT, Rabbi Meredith Cahn, Pastor Jonathan Logan, Furyu Nancy Schroeder

Target Audience: MHSUS staff, agency partners, consumers and family members

Course Objectives:

- ▶ Participants will enhance their knowledge on the importance of faith and spirituality in consumer's lives while in treatment
- ▶ Participants will learn the challenges and dilemmas of consumers, professionals and faith leaders in providing treatment interventions to people who suffer from mental illness and/or chemical dependency
- ▶ **Course Fee:** No Cost

To enroll in this **Cultural Competency Training**

Email your request or questions to Edtiana Rockwell at erockwell@marincounty.org. Space is limited on a first come – first serve basis. County employees will be given priority.



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Date: 11/19/2015	Participants/attendance	Objective	Venue	Instructor (Panel Members)	Quality of Learning
Cultural Competency Training (Faith)	47	Ade: 21 Inade: 0	Ade: 19 Inade: 2	Ade: 21 Inade: 0	Ade: 19 Inade: 2

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

- Negative
 - Felt a particular spiritual practice etc. was imposed to me; didn't feel respected
 - Some terminologies were offensive
 - Not enough diversity; wanted to see a representative from Latino community
- Positive
 - Helpful examples, stories
 - Useful information, good to have different perspectives
 - Excellent speakers, well-prepared, good format
 - ✓ Good to learn about histories and background

Question 2: What topics or presenters would you like to see at future CE presentations?

- Healing, hospitality, pastoral care, self-care
- How communities can contribute in cares
- More on clergy leaders
- Some alternative places for crisis treatment; other than locked facilities
- Racial concerns and difficulties
- Ways to honor cultural diversities

Question 3: Other comments and/or suggestions you wish to share about this training?

- Like the idea of "Faith Fair"
- Good to learn how to help family members care for the other mentally ill member; how religious institutions/communities to be more inclusive and involved in helping mentally ill people
- Want to attend "part 2" of the workshop
- Learned the importance of spiritual traditions and the impact of its powerful messages
- Personal experience; faith based organizations are still not welcoming of mentally ill people, especially strict Christian organizations that fault the individual
- Wanted to have smaller group discussions
- Wanted speakers to present more personal stories and less religious presentations
- Surprised with low turnout among MHSUS providers

Cultural Competency: Working With Criminal Justice-Involved Teens and Transitional-Aged Youth of Color

- ▶ **Date:** December 17, 2015
- ▶ **Time:** 1:00 p.m. to 4:00 p.m.
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 110
San Rafael, CA. 94901

This three (3) hour introductory course will discuss some of the cultural considerations when providing therapeutic interventions with these populations. It will also explore the negative stereotypes that are often associated with teens and young adults of color which interferes in their development, recovery and resiliency as productive members of our communities. This course will highlight strength-based interventions, strategies and approaches that can produce positive therapeutic outcomes for the consumer and their families.

Instructor(s): Cesar Lagleva, LCSW - Former Licensed Mental Health Practitioner at Marin County Juvenile Probation, Gerardo Marin – Youth Development Instructor for Canal Welcome Center

Level of instruction: Introductory

Target Audience: MHSUS staff, agency partners, consumers and family members

Course Objectives:

- ▶ Explain how personal implicit biases can impact intervention outcomes.
- ▶ Describe cultural and social factors of these populations which can affect the therapeutic relationship between the provider and consumer.
- ▶ List at least three (3) culturally appropriate and strengths-based interventions, approaches and strategies when working with these populations.
- ▶ Registered participants will receive three (3) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee: No Cost**
- ▶ Marin Mental Health and Substance Use Services (MMHSUS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MHSUS maintains responsibility for this program and its content.
- ▶ Marin Mental Health and Substance Use Services (MMHUSUS) is approved by the California Association of Marriage and Family Therapist (#128543)
- ▶ Marin County Health and Human Services (H&HS) is a California Board of Registered Nursing continuing education provider (#4075).

A certificate of completion will be awarded after the course for eligible licensed providers. If you have challenges or concerns regarding the training / course please refer to this link:

http://www.camft.org/COS/Educational_Opportunities/grievance_procedure.aspx

To enroll in this **Cultural Competency Training**

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Summary of Course Evaluation Resources

Date: 12/17/2015	CEU Awarded	Non-CE Participants	LMFT/ LCSW	Psy.D/ Ph.D	Program Objective	Venue Setting	Instructor	Quality of Learning
	6	10	3	2	Ade: 14 Inade: 0	Ade: 13 Inade: 1	(Cesar Lagleva) Ade: 14 Inade: 0	Ade: 14 Inade: 0
Cultural Competency Training							(Gerardo Marin) Ade: 13 Inade: 1	

*Ade=Adequate
*Inade=Inadequate

Narrative Responses

Question 1: What was your overall impression of this activity? What went well? What could have been improved?

Negative

Positive

- Impressed with the easy atmosphere created
- Helpful exercises, liked the interactive nature of the workshop
- Very informative, good evidence and stories
- Both instructors had great energy and passion, knowledge

Question 2: What topics or presenters would you like to see at future CE presentations?

- More about cultural competency in youth and on community basis
- About cultural humility that is built on this workshop (e.g. youth of color)
- More about elders and mental health
- More about low economic population/poverty
- Encircle

Question 3: Other comments and/or suggestions you wish to share about this training?

- Grateful for the staffs, would be helpful knowledge to have for the large community within Marin and other counties, as well as law enforcement.
- Outstanding; well-spent three hours

Behavioral Health and Recovery Services

Cultural Competency Case Consultation Drop-In Clinic

- ▶ **Date: Every 2nd Monday of each month**
- ▶ **Time: 1:00-3:00**
- ▶ **Location: 3240 Kerner Blvd. Room 107 San Rafael, CA 94901**

BHRS' Cultural Competence Advisory Board (CCAB) offers a free monthly drop-in consultation clinic for mental health, substance use and other health service professionals who are interested in becoming more culturally competent in their work. The clinic provides a safe environment to:

- * Discuss cultural factors when working with diverse populations.
- * Enhance practical skills, strategies and techniques that can lead to effective and successful outcomes when working with diverse populations
- * Network and exchange expert knowledge among peers, colleagues and collaborators on various human diversity-related topics and subjects

Led by BHRS' Ethnic Services and Training Manager, Cesar Lagleva-LCSW, and supported by a team of culturally competent and diverse mental health and substance use staff and consumers who serve as consultants/advisors from CCAB, the clinic will be available to conduct one-on-one-consultation and/or group discussions to address issues of diversity when working with diverse populations. Guided by some of the core principles and theories of Multicultural Counseling approach, participants will be able to develop a new lens or layer of understanding of existing evidenced-based and community-defined practices that are widely used in professional and community settings.

For more information, please contact Cesar Lagleva at clagleva@marincounty.org or 415-846-3789



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Unpacking Our Assumptions-Challenging Our Beliefs: A Cultural Competency Training

- ▶ **Date:** Monday, May 12, 2014
- ▶ **Time:** 9:00 a.m. to 5:00 p.m.
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 109
San Rafael, CA

This seven (7) hour course will demonstrate strengths, needs and challenges of Marin's multicultural mental health and substance use consumers. Explored through a social justice lens, this course will provide a context to safely examine, analyze, and find meaningful ways to discuss the complex issues of race and other forms of discrimination.

Instructor: Dr. Shakti Butler

Target Population: Service providers, managers and administrators working in behavioral health settings, as well as, consumers, and consumer advocates.

Course Objectives:

- ▶ Discuss the important role of various types of societal discrimination that affect consumers/service provider relationships, service delivery and mental health and substance use policies.
- ▶ Analyze the root cause of health disparities, discrimination and stigma among historically disenfranchised multicultural communities.
- ▶ Explain the importance of utilizing community-defined best practices, strategies, and approaches in treating mental illness and substance use disorders within diverse communities.
- ▶ Recognize how collaboration among policy makers, administrators, managers, providers, consumer advocates, and consumers improve health outcomes.
- ▶ Registered participants will receive seven (7) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee: No Cost**
- ▶ Marin County Community Mental Health Services (MCCMHS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MCCMHS maintains responsibility for this program and its content.
- ▶ MCCMHS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MCCMHS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ Marin County Division of Mental Health and Substance Use Services is a California Association of Alcoholism and Drug Abuse Counselors Continuing Education Provider #4N-02-492-0213.

To register for this Cultural Competency 2014

Email your request to Gino Medeiros at gmedeiros@marincounty.org. **Be sure to include your license number if you are requesting CEUs.** Space is limited on a first come – first serve basis. County employees will be given priority. **Registration closes at 4pm on May 8, 2014.**

Healthcare professionals who want to earn Continuing Education Hours for attendance should include their full name, company name, and the type of license/credential following their name, e.g., Mary Smith, LCSW.



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**Unpacking Our Assumptions-Challenging Our Beliefs:
A Cultural Competency Training
Wellness Campus, 3240 Kerner Blvd., San Rafael, CA. 94903**

Monday, May 12, 2014

9:00am-5:00pm

9:00-9:15 AM	Welcome	Cheryl August
9:15 - 10:15 AM	Cracking the Code	Dr. Shakti Butler
10:15 - 10:30 AM	Break	
10:30 - 12:00 PM	Cracking the Code Continued	Dr. Shakti Butler
12:00 - 1:00 PM	LUNCH on your own	
1:00 - 2:15pm BREAKOUT SESSIONS	CULTURAL PERSPECTIVES African American Break-Out	Leticia McCoy, Kerry Peirson, Michele Stewart
	Asian/Pacific Islander Break-Out	Phung Long, Ngoc Loi, My Le Pham, Hong Nguyen
	LGBTQ Break-Out	Alejandra Diaz, Robbie Powelson
2:15-2:30 PM	BREAK	
2:30-3:45pm BREAKOUT SESSIONS	Latino Break-Out	Cecilia Guillermo, Maritza Rodas
	Youth/TAY Break-Out	Narayan Khalsa, Gale Sandoval
	Native American Break-Out	Jeannie Hill, Olivia Dancel
	Mixed Heritage Break-Out	Jessica Diaz, Eddrena Hall
3:45-4:30 PM	Large Group Discussion	Cheryl August
4:30-5:00 PM	Closing Remark / Next Steps / Evaluation	Cheryl August
Sponsored by Marin County Community Mental Health and Substance Use Services Cultural Competence Advisory Board		

Presenters' Description

Emcee: Cheryl August

Cheryl is a consumer, consumer advocate and service provider in Marin County's mental health system. She began with a childhood seeped in almost unbelievable abuse from her mother, then gradually worked through a series of divine-inspired dreams, experiences, insights and understandings that has continued to culminate in potential transformation. Blessed with a sense of humor, Cheryl went on to become a stand-up comedian in Manhattan, was featured on Saturday Night Live and starred in a feature film about her life as a budding stand-up, "Comedienne".

1:00-2:15 Presentations

African American

Michele Stewart

After graduating from a junior college, Michele became a correctional officer. During this time, Michele was introduced to crack cocaine, became addicted and eventually lost her job and her family. During her seventeen-year addiction, Michele eventually became homeless for two years. At this point in her life, she eventually accepted treatment by starting to attend AA meetings. Through the help of her higher power, Center for Domestic Peace (formerly known as Marin Abused Women Services) and New Beginnings homeless shelter, she was able to find shelter, maintain her sobriety and begin working as a peer counselor as a peer-case aide at Marin Housing Authority. After becoming clean and sober, Michele was diagnosed with Bi-Polar but has been fortunate to find medication that has helped her throughout the years. She now lives in permanent and stable housing, and is passionate about helping other dually diagnosed people to find shelter and achieve recovery. Michele currently serves on the Marin Mental Health Board.

Kerry Peirson

Kerry has served Marin County in a wide variety of ways, working with or serving on the Boards of numerous county commissions, non-profit boards and an advocate for low-income Marin residents when trying to navigate a variety of systems, mostly within Marin County. Kerry has been a consumer advocate for his son, now 42, when he was diagnosed with schizophrenia at 18 years old. Kerry worked with Dorothy Hughes, one of Marin County's earliest and most renowned mental health advocates, and had served on the board of her Mental Health Association for several years.

Marcus Small

Marcus Small grew up in Marin City where he attended the local schools. He graduated from Redwood High School and attended College of Marin before transferring to San Francisco State University where he earned his master's degree in Counseling. In 1990, he obtained his license as a Marriage & Family Therapist in the state of CA. Marcus is currently the Executive Director

African American (continued)

of the Center for Restorative Practice and he is a Pastor in Marin City at People's Inter-cities Fellowship.

Leticia McCoy

Leticia is a native of California and was raised in Oakland and Berkeley. She began her career as an Eligibility Worker in San Francisco which helped to create her desire to better serve the homeless and the underserved populations. She moved to Marin County in 2009 with the help of Homeward Bound to find stable housing. During this time, she worked with Home Health Services. When she became unemployed, she applied for public assistance and enrolled in college business courses and computer applications. Leticia worked for the Family Service Agency of Marin, working primarily with families in Marin City. Today, Leticia works with MHSUS' Youth and Family Services as a Parent Partner. She is a member of various advisory boards, certified as a parenting instructor, and co-facilitates a weekly parenting class.

Asian/Pacific Islander

My Le Pham

My Le is of Vietnamese descent. She was raised by her grandmother under extremely impoverished conditions and only completed second grade. She married at a young age and has seven children. In 1990, she and her family fled Vietnam by boat, enduring tragedies, near-death, and imprisonment. In 2003, My Le and her husband immigrated to the U.S. with hopes for a better life. However, she immediately faced problems related to acculturation, discrimination and poverty, and lost her husband to illness. She has been receiving mental health services through MHSUS. "Because of support, I can now stand up by myself and believe in myself. I no longer have a wound, but a scar. Sometimes, I look at my grandson and think about how his life started out like mine, but I am hopeful he will do well in school and have a good future."

Hong Nguyen

Hong is of Vietnamese descent. She grew up in extremely impoverished conditions and experienced discrimination as a child, such that she was refused medical care and dismissed from school in the first grade. When she was 11, she fled with her family to Japan by boat and experienced near-death and imprisonment. Two years ago, she migrated to the U.S. with her three children in hopes of a better life. However, she faced many challenges related to acculturation, incarceration, discrimination and poverty. "Coming to the U.S. has been very difficult, and sometimes like a nightmare. I have never had a happy life. The only thing I hope for is that my children can have a better life than I did."

Asian/Pacific Islander (continued)

Ngoc Loi

As a social worker at MHSUS, Ngoc has worked extensively with the Vietnamese population since 2007. Previously, she worked in mental health programs serving PTSD, transgender, HIV, sex offender, and inpatient populations in San Francisco. Her passion in social work stemmed from working with refugees and asylees in the immigration legal field in Washington, D.C. She holds an MSW from UC-Berkeley.

LGBTQ

Robbie Powelson

Robbie is a Caucasian bi-sexual young adult who grew up in Marin County. He is a consumer advocate who has family members with mental illness. Robbie is an active leader and voice in the mental health community, serving on the Mental Health Board, the California Association of Local Mental Health Boards and MHSUS' Cultural Competence Advisory Board. Robbie currently attends College of Marin and runs a fiscal sponsorship under Marin Link called Suicide Prevention in Online Networks which provides online suicide prevention intervention and advocacy.

Cameron "Cammie" Duvall

Cameron is a Marin county native and holds a B.A. in Psychology and an M.S. in Counseling Psychology from Dominican University of California. As an LGBTQ advocate and member of the community, Cameron provides trainings & presentations, education, and consultations surrounding issues of gender identity and sexual orientation. Cameron is a member of CAMFT, MCAMFT, WPATH and currently facilitates Marin's only LGBTQ group dedicated to serving youth 14-19 years of age.

Older Adults

Marta Gonzalez

Marta Gonzalez was born in El Salvador in 1932. Her primarily language is Spanish. Marta has an elementary school education. She came to the United States in 196 and worked as a housecleaner for more than 30 years. Marta has been a single woman with no children. In 2010, Marta had a stroke and IHSS program started to provide its services by assigning her a caregiver.

Virginia Aragon

Virginia is a caregiver to Marta Gonzalez. Virginia is from Guatemala and her primary language is Spanish. She has studied English as a second language to be a bilingual person. Virginia has worked as a caregiver for four years and during that time has proven her ability to provide excellent service. She is patient, responsible and collaborative as a trained caregiver.

Older Adult (continued)

Marta Villela

Marta Villela is a Hispanic Multicultural Coordinator at Whistlestop. Marta has her Bachelor's degree in Psychology from University of San Carlos of Guatemala. Marta has performed in the past four years as a translator in different agencies in Marin County because she is fluent in Spanish and English. Because she is a bilingual professional, Marta has worked with both Spanish and English communities by conducting surveys and community outreach. Since January 2014, she has coordinated programs for a Multicultural Department with older adult members at Whistlestop with great success.

Dario Santiago

Dario Santiago M.S.W., is a Social Service Worker II for the Division of Aging and Adult Services. Dario previously worked at 30th Street Senior Center as a case manager, working with primarily monolingual Spanish speaking older adults. Dario has also worked in a medical setting at Alta Bates Medical Center as a medical social worker. Prior to working in the field of social work, Dario was involved as a researcher in caregiver stress and Alzheimer's disease. Dario has his master's degree in Social Welfare with a focus in Gerontology from UC Berkeley.

Holly Rylance

Holly is the program director of LifeLong Medical Care - Marin Adult Day Health Center. Holly oversees the administration and management of the Adult Day Health Center in Novato, California. With over 20 years of management experience, Holly leads a diverse, multi-tiered staff and volunteer team, providing day health care services to individuals with significant disabilities and complex medical and mental health issues. Prior to her work with LifeLong Medical Care, Holly served as Site Director for the Alzheimer's Association of Northern California Sonoma County office and as Multi-Cultural Outreach Coordinator for the Alzheimer's Association of Orange County.

Maria Martinez

Maria is an occupational therapist who currently works throughout the Marin County for Sutter Health, LifeLong Medical Care's Marin Adult Day Health Center. She received her master's degree at Dominican University. Maria is fluent in Spanish and holds a certification from Sutter Health for Medical interpretation.

Kristine Kwok

Kristine Kwok, LCSW, is a Mental Health Unit Supervisor-Bilingual for the Adult Case Management team. Kristine has her undergraduate degree in Ethnic Studies with a minor in Spanish and her master's degree in Social Welfare, both from UC Berkeley. While new to Marin County, Kristine worked for the past seven years as a bilingual clinician at San Mateo County providing intensive field-based case management services to homebound older adults who have serious mental illness. She is fluent in Spanish and has done a great deal of work with both Latino and Asian individuals and communities.

2:30-3:45 Presentations**Latino/a****Iris Mejia**

Iris is a mental health consumer. Born and raised in Guatemala, Iris immigrated in the United States at 22 years old. Iris is a single mother of five, ranging from 11-19 years old, four of whom were born in the United States. She is a monolingual speaker and works part time.

Cecilia Guillermo

Cecilia is an MFT who has worked in the mental health field for 31 years. Born & raised in Mexico, she immigrated to the US as an adult. Since 2006, she has worked with County of Marin Mental Health and Substance Use Services (MHSUS) serving Spanish-speaking adults with severe mental illness; and prior to this she worked extensively with monolingual Spanish speakers in various Bay Area mental health organizations.

Ana Martinez

Ana was born & raised in El Salvador; she immigrated to the US as an adult. Her 28yo son, born in the US, has been psychiatrically hospitalized numerous times. She has been advocating for her son since he was diagnosed with Bipolar Disorder at 22yo. Ana is an active member of the NAMI-Spanish speaking support group. She speaks a little English.

Youth/Transitional-Aged Youth (TAY)**Narayan Khalsa**

Narayan is a Caucasian transitional-aged youth, sexual abuse survivor, and long-time Marin resident. He is a consumer and former homeless youth. He recently successfully graduated from Buckelew's TAY/PATH program and had worked for Ambassadors of Hope and Opportunity (AHO) as a program assistant and outreach coordinator. Narayan is also a college graduate.

Juan Colonia

Juan is a long-time Canal neighborhood resident in San Rafael. He and his family immigrated to the United States from Mexico at age nine. Faced with similar challenges that many youth of color currently face today, Juan overcame many life obstacles associated with poverty, gang life and community violence. Juan is a former consumer of mental health services and has devoted his life to his two children, working with gang/probation-involved Latino youth in his neighborhood and has been pursuing a college degree in Criminal Justice

Native American

Jeannie Hill

Jeannie is Pomo. She suffered from substance abuse starting at the age of 12. She is a former consumer of Center Point, Inc. While in treatment, she gained more knowledge about her addiction, traumas she experienced and reconnected with the traditions and values inherent in her culture as a Native American woman. Today, Jeannie participates in Native rituals such as traditional dancing, round houses and sweat lodges. She is a Certified Substance abuse counselor working at Center Point's Residential women and children's program.

Olivia Dancel

Olivia is Comanche and Yoeme (Yaqui). She works as a case manager for the Tribal TANF program at Graton Rancheria. Prior to this work, Olivia worked for the Marin County's Social Services Division as an employment counselor and Child Protective Services. Her husband, Ernie, is from the Ojibwe tribe of Montana. They have two children and have seven grandchildren. Born and raised in the Bay Area, Olivia is an active member of her community where she dances at PowWow's in California and other states. She has also worked in the prison system with Native American women and men.

Mixed Heritage

Eddrena Hall

Eddrena is of African American, Portuguese and Native American descent. She was born and raised in Marin County and attended local public schools. Eddrena is a former consumer who received services while on Marin County's Juvenile Probation. She is currently a student at College of Marin.

Jessica Diaz

Jessica is of Puerto Rican and Filipina heritage. She is currently a Mental Health Practitioner with MHSUS, serving mentally ill adults of Marin County. Prior to her current work, Jessica worked for Buckelew Programs as a Clinical Case Manager. She received her Master of Social Work degree at San Francisco State University's School of Social Work.

Unpacking Our Assumptions-Challenging Our Beliefs: A Cultural Competency Training

- ▶ **Date:** Monday, October 27, 2014
- ▶ **Time:** 9:00 a.m. to 5:00 p.m.
- ▶ **Location:** Health and Wellness Campus
3240 Kerner Boulevard, Conference Room 109
San Rafael, CA

This seven (7) hour course demonstrate strengths, needs and challenges of Marin's multicultural mental health and substance use consumers. Explored through a social justice lens, this course will provide a context to safely examine, analyze, and find meaningful ways to discuss the complex issues of race and other forms of discrimination.

Instructor: Tammy Johnson

Course Objectives:

- ▶ Discuss the important role of various types of societal discrimination that affect consumers/service provider relationships, service delivery and mental health and substance use policies.
- ▶ Analyze the root cause of health disparities, discrimination and stigma among historically disenfranchised multicultural communities.
- ▶ Explain the importance of utilizing community-defined best practices, strategies, and approaches in treating mental illness and substance use disorders within diverse communities.
- ▶ Recognize how collaboration among policy makers, administrators, managers, providers, consumer advocates, and consumers improve health outcomes.

- ▶ Registered participants will receive seven (7) continuing education hours for attendance. No partial credit will be awarded.
- ▶ **Course Fee: No Cost**
- ▶ Marin County Community Mental Health Services (MCCMHS) is approved by the American Psychological Association to sponsor continuing education for psychologists (#1916). MCCMHS maintains responsibility for this program and its content.
- ▶ MCCMHS is a California Board of Behavioral Sciences continuing education provider, (#PCE2257). MCCMHS maintains responsibility for this program and its content.
- ▶ Marin County Health & Human Services (H&HS) is a California Board of Registered Nursing continuing education provider, (#4075). Marin County H&HS maintains responsibility for this program and its contents.
- ▶ Marin County Division of Alcohol, Drug & Tobacco Programs is a California Association of Alcoholism and Drug Abuse Counselors Continuing Education Provider #4N-02-492-0213.

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Healthcare professionals who want to earn Continuing Education Hours for attendance should include their full name, company name, and the type of license/credential following their name. e.g. Mary Smith, LCSW



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Unpacking Our Assumptions-Challenging Our Beliefs:

A Cultural Competency Training

Wellness Campus, 3240 Kerner Blvd., San Rafael, CA. 94903

Monday, October 27, 2014

9:00am-5:00pm

9:00-9:15 AM	Welcome	Cheryl August
9:15 - 10:15 AM	Cracking the Code	Dr. Tammy Johnson
10:15 - 10:30 AM	Break	
10:30 - 12:00 PM	Cracking the Code Continued	Dr. Tammy Johnson
12:00 - 1:00 PM	LUNCH on your own	
1:00 - 2:15pm BREAKOUT SESSIONS	CULTURAL PERSPECTIVES	
	African American Break-Out	Leticia McCoy, Kerry Peirson, Michele Stewart, Marcus Small
	Asian/Pacific Islander Break-Out	Ngoc Loi, My Le Pham, Hong Nguyen
	LGBTQ Break-Out	Robbie Powelson, Cameron Duvall
	Older Adults	Kristine Kwok, Holly Rylance, Marta Villela Morales, Virginia Aragon, Dario Santiago, Marta Gonzalez, Maria Martinez
2:15-2:30 PM	BREAK	
2:30-3:45pm BREAKOUT SESSIONS	Latino/a Break-Out	Cecilia Guillermo, Ana Martinez, Iris Mejia
	Youth/TAY Break-Out	Narayan Khalsa, Juan Colonia
	Native American Break-Out	Olivia Dancel, Jeannie Hill
	Mixed Heritage Break-Out	Jessica Diaz, Eddrena Hall
3:45-4:30 PM	Large Group Discussion	Cesar Lagleva
4:30-5:00 PM	Closing Remark / Next Steps / Evaluation	Cheryl August
Sponsored by Marin County Community Mental Health and Substance Use Services Cultural Competence Advisory Board		

CULTURAL COMPETENCE TRAINING

UNPACKING OUR ASSUMPTIONS/CHALLENGING OUR BELIEFS

PRESENTATION DESCRIPTION (AFTERNOON SESSIONS)

1:00-2:15

African American

Statistically, African Americans are more likely to land in prison and not get properly evaluated for their mental health needs. We will explore the disproportion of African Americans and Whites that are identified and treated for mental health services in the Country and in Marin County. You will hear the personal stories of service providers and consumers that have either experienced disparities directly, or have worked with an African American population that continues to express a need for improved and increased mental health services.

Asian/Pacific Islander

This presentation provides a framework for understanding the unique mental health and treatment access needs of Marin County's Vietnamese population. A brief overview of Vietnamese culture, beliefs and responses to mental illness will be followed by a discussion of access barriers and considerations for culturally competent treatment. Finally, two consumers will present their personal stories of displacement and traumatization, struggles within the system of care, and their journey towards recovery.

LGBTQ

In this presentation, presenters will challenge societal injustice perpetrated against LGBTQ people with their own personal and professional stories. A special focus will be given to the struggles of transgender people, who have historically been more invisible in the LGBTQ movement. We hope from this dialogue, participants will have greater wherewithal to ameliorate stigma against LGBTQ people.

Older Adults

Marin County is experiencing a rapid growth in the number of older adults who are in need of specialty services. This population is also highly diverse which presents complex needs. This session will work to identify the unique needs of diverse older adults in Marin. It will focus on sharing some of the presenters' unique stories, especially older adults of color whose stories are often not heard in the community.

2:30-3:45

Latino/a

Many Latinos tend not to seek mental health services. Instead, they rely on their family, community and their cultural teachings. Even when Latinos seek mental health services, the lack of linguistic & culturally appropriate services are significant barriers for treatment. This presentation on "Latinos and Mental Health" will highlight the main factors to consider when providing Mental Health treatment of Latinos.

Youth/Transitional Aged Youth

Youth and young adults are a historically underserved group that is important to everyone-- no matter what cultures we come from. Young people that don't get appropriate support now can be lost forever or trapped in destructive adult lives with problems that are much more difficult and costly to address. This presentation will discuss safety, family issues, cultural considerations, and more. We will also talk about how one can build ongoing cultural competency into various youth programs to better serve your own unique populations-- and why it is important to do so.

Native American

This presentation will explore the two worlds that native peoples often navigate while preserving indigenous values and identity. It will explore the devastating cost of assimilation to indigenous way of life in the context of conflicting values such as learning to think in terms of "I" instead of "we". It will also provide insight into working with Native Americans presented in the form of storytelling and sharing.

Mixed Heritage

Each presenter introduces themselves in the context of their multi-ethnic/racial identities, cultural backgrounds, and to provide context on the importance and challenges of living within a multicultural family system. Facilitators will co-lead participants in an activity called "Cross the Line" and engage participants into small break-out groups or dyads, and large group discussion.

Presenters' Description

Emcee: Cheryl August

Cheryl is a consumer, consumer advocate and service provider in Marin County's mental health system. She began with a childhood seeped in almost unbelievable abuse from her mother, then gradually worked through a series of divine-inspired dreams, experiences, insights and understandings that has continued to culminate in potential transformation. Blessed with a sense of humor, Cheryl went on to become a stand-up comedian in Manhattan, was featured on Saturday Night Live and starred in a feature film about her life as a budding stand-up, "Comedienne".

1:00-2:15 Presentations

African American

Michele Stewart

After graduating from a junior college, Michele became a correctional officer. During this time, Michele was introduced to crack cocaine, became addicted and eventually lost her job and her family. During her seventeen-year addiction, Michele eventually became homeless for two years. At this point in her life, she eventually accepted treatment by starting to attend AA meetings. Through the help of her higher power, Center for Domestic Peace (formerly known as Marin Abused Women Services) and New Beginnings homeless shelter, she was able to find shelter, maintain her sobriety and begin working as a peer counselor as a peer-case aide at Marin Housing Authority. After becoming clean and sober, Michele was diagnosed with Bi-Polar but has been fortunate to find medication that has helped her throughout the years. She now lives in permanent and stable housing, and is passionate about helping other dually diagnosed people to find shelter and achieve recovery. Michele currently serves on the Marin Mental Health Board.

Kerry Peirson

Kerry has served Marin County in a wide variety of ways, working with or serving on the Boards of numerous county commissions, non-profit boards and an advocate for low-income Marin residents when trying to navigate a variety of systems, mostly within Marin County. Kerry has been a consumer advocate for his son, now 42, when he was diagnosed with schizophrenia at 18 years old. Kerry worked with Dorothy Hughes, one of Marin County's earliest and most renowned mental health advocates, and had served on the board of her Mental Health Association for several years.

Marcus Small

Marcus Small grew up in Marin City where he attended the local schools. He graduated from Redwood High School and attended College of Marin before transferring to San Francisco State University where he earned his master's degree in Counseling. In 1990, he obtained his license as a Marriage & Family Therapist in the state of CA. Marcus is currently the Executive Director

African American (continued)

of the Center for Restorative Practice and he is a Pastor in Marin City at People's Inter-cities Fellowship.

Leticia McCoy

Leticia is a native of California and was raised in Oakland and Berkeley. She began her career as an Eligibility Worker in San Francisco which helped to create her desire to better serve the homeless and the underserved populations. She moved to Marin County in 2009 with the help of Homeward Bound to find stable housing. During this time, she worked with Home Health Services. When she became unemployed, she applied for public assistance and enrolled in college business courses and computer applications. Leticia worked for the Family Service Agency of Marin, working primarily with families in Marin City. Today, Leticia works with MHSUS' Youth and Family Services as a Parent Partner. She is a member of various advisory boards, certified as a parenting instructor, and co-facilitates a weekly parenting class.

Asian/Pacific Islander

My Le Pham

My Le is of Vietnamese descent. She was raised by her grandmother under extremely impoverished conditions and only completed second grade. She married at a young age and has seven children. In 1990, she and her family fled Vietnam by boat, enduring tragedies, near-death, and imprisonment. In 2003, My Le and her husband immigrated to the U.S. with hopes for a better life. However, she immediately faced problems related to acculturation, discrimination and poverty, and lost her husband to illness. She has been receiving mental health services through MHSUS. "Because of support, I can now stand up by myself and believe in myself. I no longer have a wound, but a scar. Sometimes, I look at my grandson and think about how his life started out like mine, but I am hopeful he will do well in school and have a good future."

Hong Nguyen

Hong is of Vietnamese descent. She grew up in extremely impoverished conditions and experienced discrimination as a child, such that she was refused medical care and dismissed from school in the first grade. When she was 11, she fled with her family to Japan by boat and experienced near-death and imprisonment. Two years ago, she migrated to the U.S. with her three children in hopes of a better life. However, she faced many challenges related to acculturation, incarceration, discrimination and poverty. "Coming to the U.S. has been very difficult, and sometimes like a nightmare. I have never had a happy life. The only thing I hope for is that my children can have a better life than I did."

Asian/Pacific Islander (continued)

Ngoc Loi

As a social worker at MHSUS, Ngoc has worked extensively with the Vietnamese population since 2007. Previously, she worked in mental health programs serving PTSD, transgender, HIV, sex offender, and inpatient populations in San Francisco. Her passion in social work stemmed from working with refugees and asylees in the immigration legal field in Washington, D.C. She holds an MSW from UC-Berkeley.

LGBTQ

Robbie Powelson

Robbie is a Caucasian bi-sexual young adult who grew up in Marin County. He is a consumer advocate who has family members with mental illness. Robbie is an active leader and voice in the mental health community, serving on the Mental Health Board, the California Association of Local Mental Health Boards and MHSUS' Cultural Competence Advisory Board. Robbie currently attends College of Marin and runs a fiscal sponsorship under Marin Link called Suicide Prevention in Online Networks which provides online suicide prevention intervention and advocacy.

Cameron "Cammie" Duval

Cameron is a Marin county native and holds a B.A. in Psychology and an M.S. in Counseling Psychology from Dominican University of California. As an LGBTQ advocate and member of the community, Cameron provides trainings & presentations, education, and consultations surrounding issues of gender identity and sexual orientation. Cameron is a member of CAMFT, MCAMFT, WPATH and currently facilitates Marin's only LGBTQ group dedicated to serving youth 14-19 years of age.

Older Adults

Marta Gonzalez

Marta Gonzalez was born in El Salvador in 1932. Her primary language is Spanish. Marta has an elementary school education. She came to the United States in 196 and worked as a housecleaner for more than 30 years. Marta has been a single woman with no children. In 2010, Marta had a stroke and IHSS program started to provide its services by assigning her a caregiver.

Virginia Aragon

Virginia is a caregiver to Marta Gonzalez. Virginia is from Guatemala and her primary language is Spanish. She has studied English as a second language to be a bilingual person. Virginia has worked as a caregiver for four years and during that time has proven her ability to provide excellent service. She is patient, responsible and collaborative as a trained caregiver.

Older Adult (continued)

Marta Villela

Marta Villela is a Hispanic Multicultural Coordinator at Whistlestop. Marta has her Bachelor's degree in Psychology from University of San Carlos of Guatemala. Marta has performed in the past four years as a translator in different agencies in Marin County because she is fluent in Spanish and English. Because she is a bilingual professional, Marta has worked with both Spanish and English communities by conducting surveys and community outreach. Since January 2014, she has coordinated programs for a Multicultural Department with older adult members at Whistlestop with great success.

Dario Santiago

Dario Santiago M.S.W., is a Social Service Worker II for the Division of Aging and Adult Services. Dario previously worked at 30th Street Senior Center as a case manager, working with primarily monolingual Spanish speaking older adults. Dario has also worked in a medical setting at Alta Bates Medical Center as a medical social worker. Prior to working in the field of social work, Dario was involved as a researcher in caregiver stress and Alzheimer's disease. Dario has his master's degree in Social Welfare with a focus in Gerontology from UC Berkeley.

Holly Rylance

Holly is the program director of LifeLong Medical Care - Marin Adult Day Health Center. Holly oversees the administration and management of the Adult Day Health Center in Novato, California. With over 20 years of management experience, Holly leads a diverse, multi-tiered staff and volunteer team, providing day health care services to individuals with significant disabilities and complex medical and mental health issues. Prior to her work with LifeLong Medical Care, Holly served as Site Director for the Alzheimer's Association of Northern California Sonoma County office and as Multi-Cultural Outreach Coordinator for the Alzheimer's Association of Orange County.

Maria Martinez

Maria is an occupational therapist who currently works throughout the Marin County for Sutter Health, LifeLong Medical Care's Marin Adult Day Health Center. She received her master's degree at Dominican University. Maria is fluent in Spanish and holds a certification from Sutter Health for Medical interpretation.

Kristine Kwok

Kristine Kwok, LCSW, is a Mental Health Unit Supervisor-Bilingual for the Adult Case Management team. Kristine has her undergraduate degree in Ethnic Studies with a minor in Spanish and her master's degree in Social Welfare, both from UC Berkeley. While new to Marin County, Kristine worked for the past seven years as a bilingual clinician at San Mateo County providing intensive field-based case management services to homebound older adults who have serious mental illness. She is fluent in Spanish and has done a great deal of work with both Latino and Asian individuals and communities.

2:30-3:45 Presentations**Latino/a****Iris Mejia**

Iris is a mental health consumer. Born and raised in Guatemala, Iris immigrated in the United States at 22 years old. Iris is a single mother of five, ranging from 11-19 years old, four of whom were born in the United States. She is a monolingual speaker and works part time.

Cecilia Guillermo

Cecilia is an MFT who has worked in the mental health field for 31 years. Born & raised in Mexico, she immigrated to the US as an adult. Since 2006, she has worked with County of Marin Mental Health and Substance Use Services (MHSUS) serving Spanish-speaking adults with severe mental illness; and prior to this she worked extensively with monolingual Spanish speakers in various Bay Area mental health organizations.

Ana Martinez

Ana was born & raised in El Salvador; she immigrated to the US as an adult. Her 28yo son, born in the US, has been psychiatrically hospitalized numerous times. She has been advocating for her son since he was diagnosed with Bipolar Disorder at 22yo. Ana is an active member of the NAMI-Spanish speaking support group. She speaks a little English.

Youth/Transitional-Aged Youth (TAY)**Narayan Khalsa**

Narayan is a Caucasian transitional-aged youth, sexual abuse survivor, and long-time Marin resident. He is a consumer and former homeless youth. He recently successfully graduated from Buckelew's TAY/PATH program and had worked for Ambassadors of Hope and Opportunity (AHO) as a program assistant and outreach coordinator. Narayan is also a college graduate.

Juan Colonia

Juan is a long-time Canal neighborhood resident in San Rafael. He and his family immigrated to the United States from Mexico at age nine. Faced with similar challenges that many youth of color currently face today, Juan overcame many life obstacles associated with poverty, gang life and community violence. Juan is a former consumer of mental health services and has devoted his life to his two children, working with gang/probation-involved Latino youth in his neighborhood and has been pursuing a college degree in Criminal Justice

Native American

Jeannie Hill

Jeannie is Pomo. She suffered from substance abuse starting at the age of 12. She is a former consumer of Center Point, Inc. While in treatment, she gained more knowledge about her addiction, traumas she experienced and reconnected with the traditions and values inherent in her culture as a Native American woman. Today, Jeannie participates in Native rituals such as traditional dancing, round houses and sweat lodges. She is a Certified Substance abuse counselor working at Center Point's Residential women and children's program.

Olivia Dancel

Olivia is Comanche and Yoeme (Yaqui). She works as a case manager for the Tribal TANF program at Graton Rancheria. Prior to this work, Olivia worked for the Marin County's Social Services Division as an employment counselor and Child Protective Services. Her husband, Ernie, is from the Ojibwe tribe of Montana. They have two children and have seven grandchildren. Born and raised in the Bay Area, Olivia is an active member of her community where she dances at PowWow's in California and other states. She has also worked in the prison system with Native American women and men.

Mixed Heritage

Eddrena Hall

Eddrena is of African American, Portuguese and Native American descent. She was born and raised in Marin County and attended local public schools. Eddrena is a former consumer who received services while on Marin County's Juvenile Probation. She is currently a student at College of Marin.

Jessica Diaz

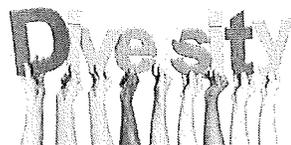
Jessica is of Puerto Rican and Filipina heritage. She is currently a Mental Health Practitioner with MHSUS, serving mentally ill adults of Marin County. Prior to her current work, Jessica worked for Buckelew Programs as a Clinical Case Manager. She received her Master of Social Work degree at San Francisco State University's School of Social Work.



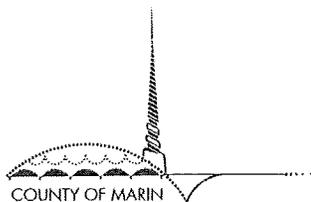
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Cultural Competency Workshop Utilizing Diversity as a Strength in the Workplace

CIVIC CENTER ROOM 271 – JANUARY 25TH

1 P.M. TO 5 P.M.

Overview

This four (4) hour workshop will engage participants to assess and identify the broad spectrum of skills, talents, and creativity that they possess based on his/her cultural background. Through interactive exercises and dialogue, this strengths-based workshop will encourage participants to utilize its collective strengths to address workplace and service delivery challenges.

Workshop Objectives:

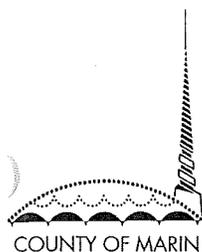
Participants will increase their understanding about the benefits of diversity in the workplace and its positive impact in employee-client relationships

Participants will learn new strategies in dealing with complex needs of diverse clients by utilizing the wealth of available resources that they and their colleagues possess.

To register visit:

Ask your supervisor for approval and send an email to gferrer@marincounty.org.

All public meetings and events sponsored or conducted by the County of Marin are held in accessible sites. Requests for accommodations may be made by calling (415) 473-4381 (Voice), (415) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org at least five business days in advance of the event. Copies of documents are available in alternative formats, upon request.



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



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MHSA FY2007-2008
WET PLAN

TABLE OF CONTENTS

- WET State Recommendations
- WET 3 Year Plan
- WET Guidelines
- WET Development Plan
- WET Proposed Actions
- WET Funding Request
- WET Budgets
- WET Committee
- WET Trainings/Surveys
- WET Consultant Applications
- Other Counties WET exhibit information

DRAFT

PART IV: REQUIRED EXHIBITS

EXHIBIT 1: WORKFORCE FACE SHEET

**MENTAL HEALTH SERVICES ACT (MHSA) WORKFORCE EDUCATION AND TRAINING COMPONENT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN, Fiscal Years 2006-07, 2007-08, 2008-09**

County: Marin County Date: [Insert date of submission]

County Mental Health Director

Bruce Gurganus

Street Address (or, PO Box):

Printed Name:

City, ZIP Code:

Phone #:

Fax #:

Signature:

E-mail address:

Contact Person' Name:

Phone #:

Fax #:

E-mail:

TABLE OF CONTENTS

	<i>Page</i>
EXHIBIT 1: WORKFORCE FACE SHEET	3
EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY	
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT	
EXHIBIT 4: WORK DETAIL	
EXHIBIT 5: ACTION MATRIX	
EXHIBIT 6: BUDGET SUMMARY	
EXHIBIT 7: ANNUAL PROGRESS REPORT	

EXHIBIT 2: STAKEHOLDER PARTICIPATION SUMMARY

Counties are to provide a short summary of their planning process, to include identifying stakeholder entities involved and the nature of the planning process; for example, description of the use of focus groups, planning meetings, teleconferences, electronic communication, use of regional partnerships.

The Marin County Mental Health Services planning process for Workforce Education & Training (WET) had two important antecedents:

- A year-long, comprehensive county-wide, interdisciplinary Workforce Planning Initiative research and planning process focused upon staff development, workforce development, and personnel recruitment and retention strategies; and
- Marin County's Mental Health Services Act Community Services and Supports (CSS) planning process.

Marin County's MHSA WET planning process built upon the work conducted in each of these processes and will continue to connect with both of these efforts in important ways. Throughout 2007, the county's Workforce Planning Initiative Research Team gathered and arrayed County-wide demographic data to identify systemic areas of strength and vulnerability and presented the data to the Board, Department Heads and Assistants. In the second phase, the team conducted extensive interviews with each department in order to more fully understand the complexity of public workforce issues facing Marin County. The report described recruitment challenges posed by a local cost of living that far outstrips other neighboring regions. The report also pointed to the dire need to develop strategies to prepare for the impending retirement of high proportion of its workforce as 26% of the County's current workforce could retire today and 47% could retire within five years.

Findings and recommendations from this report also identified the need to diversify the workforce, expanding both its cultural and linguistic capacities. The Workforce Planning initiative (WFI) identified a need for diversity that extended beyond cultural dimensions to include recruitment of older adults and younger adults. During the WFI planning process, some departments saw the value in marketing to these underrepresented candidate pools, such as the older worker, through increased part-time and limited term opportunities. They also advocated relationships with colleges and universities to promote internship and trainee programs and increased focus on career development to enhance the career opportunities of younger County employees, strategies that have also been incorporated into this WET plan. The Health and Human Services Department has created a Cultural Competency Committee to focus attention on the issue of diversity in the workplace and provide solutions. The EEO Office has identified several hundred new recruitment sites for diversity, sites that will be utilized by the WET Coordinator funded by the MHSA. Finally, the WFI report points to the challenge of finding new ways to create career ladders and utilize local educational institutions as partners in workforce development efforts. The WFI process has engaged leadership from throughout the County employment and education and training systems. This leadership commitment to collaboration, resource sharing and transforming the entire workforce system creates a policy and partnership context in which MHSA WET transformative efforts will be welcomed and supported.

The Marin County Mental Health Services Community Services and Supports process is the second relevant local community planning process from which the WET planning has emerged. CSS planning began in the fall of 2004, resulting in a plan being approved by the County in February 2006. The CSS process involved over 1000 individuals, included over 20 focus groups with over 300 representatives of under-served cultural populations, parents and consumers. Over 500 individuals returned a community survey with 42% of respondents identifying as consumers. Surveys were made available in Spanish, English and Vietnamese and more than 10% of those responding indicated that they had never been successful in engaging county mental health services. Town hall community meetings were held and eight Special Topic Workgroups were formed to conduct ongoing

meetings. Overseeing all of this planning activity is a 28 member Steering Committee that includes 9 clients and family members as well as representatives from under-served populations, criminal justice, the Mental Health Board, National Alliance for the Mentally Ill, First Five Commission, County Division of Social Services, County Office of Mental Health, and criminal justice system.

Marin MHSA WET Planning Team	
Member	Affiliation
Ann Stoddard	Consumer
Barbara Coley	Consumer Provider
Eileen Becker	Consumer Provider
Beverlee Kell	President of NAMI Marin/Mental Health Board
Bob Brown**	Project Manager, Buckelew Programs
Bobbie Wunsch	Consultant to WET
Carolina Rosales-Wyman	Bilingual/Bicultural Spanish MHP Therapist
Donna Garske	Director, Marin Abused Women's Services
Mary Donovan**	Program Manager, County Employment and Training
Elberta Eriksson	Citizen, Mill Valley
Nan Heflin	Clinician, Older Adult HOPE Program
Holly Byers	Clinician, Youth and Family Services
Kim Denn	Consumer, Mental Health Board Member
Leah Fagundes	Consumer Provider
Carol Kerr	Contract Psychologist Intern Program
Julie Kaplan	Novato Unified School District
Margaret Hallett**	CEO Family Service Agency
Rebecca Smith	Planner/Evaluator Division of Health
Ricardo Moncrief	Citizen, Novato
Robin Buccheri**	Nurse Practitioner/Educator UCSF
Judy Kendall**	Marin Community Mental Health Services
Hutton Taylor**	County Mental Health Services
Kathy Kipp**	County Mental Health Services
Paul Gibson**	Consultant to WET
Members listed above were involved in meetings throughout 2007 to set the priorities and focus for WET planning. Individuals with double asterisks continued to participate in meetings throughout 2008 to generate specific 'actions' and budgets that would support them.	

The CSS process generated significant input from family members, consumers, and representatives from under-served populations resulting in a vastly improved understanding of how these groups felt the system must be transformed to meet their needs. With this as a basis, the WET process then engaged staff, consumers, and family members to achieve a better understanding of how MHSA WET funding could support system transformation, diversify the workforce, fill hard-to-fill positions, train family members and consumers to play important roles in the system and better address the needs of consumers, particularly those who historically have been under-served.

The MHSA WET planning process was initiated in July 2007 and a WET committee has been meeting continuously since then.

The Planning Team met five times in 2007 to obtain initial input and establish the parameters for future planning. Focus groups were held with consumers and family members as part of the WET planning process. The summary below represents themes from these groups. There were more sessions with family members than with consumers, hence the larger number of themes identified. It is also worth noting how often comments revolve around system issues rather than specific training issues.

The results from the focus groups with consumer and family members resulted in planned use of MHSA WET funds to support special scholarship funds devoted to supporting consumer and family members' advancing their education and to create a pool of funds specifically dedicated to developing career ladders and training opportunities to be delivered for **and by** consumers and family members.

A survey seeking input both into areas in which training was needed and the ways in which staff preferred to learn was administered with both community

based agencies and County Mental Health Services staff. This survey was also used to obtain demographic and linguistic capacity data for the county's mental health workforce. Over 270 surveys were returned.

Just as the focus groups informed the WET plan actions, the staff survey was also central to the WET Planning Team's deliberations. Survey respondents indicated that they strongly preferred targeted consultation, clinical supervision and peer 'expert' support that responded immediately to specific treatment challenges. As a result, the WET Planning Team constructed a number new and highly transformative structures that will be supported with MHSA funding including a peer support network, a framework for a clinical practices forum, and a flexible training fund that can be used to target training to specific needs identified by providers. Training needs identified by staff are listed below. Once WET funding is received, staff and programs will be able to submit requests to the WET Coordinator and the WET Committee to generate various forms of training that meet MHSA WET criteria, criteria developed by the WET Committee during the planning process. Criteria includes:

- Does the training increase the degree to which treatment is client or family driven?
- Is training either delivered by consumers or family members or intended to benefit them directly?
- Will the training increase the cultural competence of participants?
- Will the training contribute to the transformation of the system?
- Is it clear how training participants will be able to share what is learned with other colleagues?

Consumers	Family Members
<ul style="list-style-type: none"> <input type="checkbox"/> Better understanding of WRAP planning process <input type="checkbox"/> Consumers should be able to train treatment staff in consumer perspective. <input type="checkbox"/> Training to help staff be more 'welcoming', this and the need for training to be more sensitive to consumer needs were the two main 'training' needs identified. <input type="checkbox"/> More entry level jobs for consumers <input type="checkbox"/> Consumer advocates who "float" at the new campus and provide educational and other forms of support. <input type="checkbox"/> Work with CBO's to foster inclusion of consumers and family members on boards and advisory committees. <input type="checkbox"/> Pay for consumers in CBO's is below Marin 'living wage' 	<ul style="list-style-type: none"> <input type="checkbox"/> Consistently identified the need for better family orientation about status of family member, diagnosis and resources available. <input type="checkbox"/> Significant criticism of the necessity to go through CJ system to access services. <input type="checkbox"/> Family members feel that staff do not understand the full PES/CJ/CIT processes or the full range of options for access to services and support <input type="checkbox"/> Sense that staff should be more welcoming and consumer friendly. <input type="checkbox"/> Better training in working with and communicating with families and engaging them in the treatment process and not to limit questions about family to the 'emergency contact' person. <input type="checkbox"/> Better protocols in relation to PES with notification of family members before release so they can be there to help client. <input type="checkbox"/> Impact of family member with diagnosis upon the mental health of the family <input type="checkbox"/> Better ties with NAMI <input type="checkbox"/> Concerns that the only entry point is through the Criminal Justice system and that this process results in permanent record, unnecessarily long time in jail, etc. <input type="checkbox"/> Training in relation to PTSD <input type="checkbox"/> Training in relation to working with TAY <input type="checkbox"/> More training in relation to self-care, education, employment and living skills. <input type="checkbox"/> Better understanding of holistic health practices. <input type="checkbox"/> Family partnership practices and better understanding of recovery <input type="checkbox"/> Medication management training <input type="checkbox"/> Dual diagnosis training <input type="checkbox"/> Motivational interviewing

Training topics identified as high priority in the staff survey include:

- Evidenced-based models of treatment such as cognitive behavioral therapy(CBT), dialectical behavioral therapy(DBT), parent-child interaction therapy(PCIT), family therapy, motivational interviewing, best practices for home visits by paraprofessionals for the 0-5 age group. All training should be supported with ongoing consultation.
- Integrated dual diagnosis treatment, stage-wise treatment and motivational treatment.
- Illness management and recovery.
- Training for: attachment disorder with incarcerated parents, sexual abuse, differential diagnosis and substance abuse, crisis diversion for children and adolescents.
- Training for schools on how to manage crisis situations without calling police.
- Additional training in building language skills, particularly in Spanish to assist with family engagement and parenting skills.
- Employment support and retention for consumer employees.
- Training on motivational treatment.
- Training for adult children of aging parents about local resources.
- Training on age-associated cognitive impairments for the community.
- Training on crisis diversion for community organizations.
- Training and education and support for families through local agencies for families of children with severe emotional disturbance.
- Training and education and support for families through local agencies for families of adults with mental illness.
- Training for mental health workers about trauma and mental illness, physical health care issues, weight, smoking, diabetes, and dental issues.
- Ongoing training on Family Partnership using the New Zealand model.
- Leadership training for managers of mental health programs and future managers of mental health programs.
- Training on collaborating with physical health care organizations and providers.

The staff survey also revealed a surprising lack of understanding of integrated dual disorder treatment as many staff indicated that many of their clients were difficult and needed to receive substance abuse treatment prior to entering mental health services. In part, as a result of the prevalence of these comments, the WET Planning Team prioritized the delivery of Integrated Dual Disorder Training as a high priority need.

The WET plan also includes strategies that directly respond to workforce demographic data that illustrated significant differences in culture and spoken languages between the client population and the current staff. This discrepancy was noted both in the MHSA CSS plan and the Workforce Planning Initiative and as a result, the WET plan includes significant resources to provide stipends for interns who specifically address hard-to-fill positions and / or to increase the cultural diversity and language capacity of the system.

Finally, a second survey of CBO directors and county mental health program managers was used to get input into the scope of consumer and family member employment throughout the system and to achieve a better, more specific understanding of the precise positions that managers found 'hard-to-fill.' This survey was used to help complete sections of Exhibit III.

As this summary indicates, Marin County has conducted a thoughtful and comprehensive planning process designed to engage consumers, family members, providers, and partners in a thoughtful process designed to use MHSA WET Funds to fuel system transformation and increase the cultural diversity and competency of the system.

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce – Col. (11)						
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
A. Unlicensed Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	12									
Case Manager/Service Coordinator	12		1							
Employment Services Staff	4									
Housing Services Staff										
Consumer Support Staff		1	3							
Family Member Support Staff		1	1							
Benefits/Eligibility Specialist										
Other <i>Unlicensed</i> MH Direct Service Staff	34	1								
<i>Sub-total, A (County)</i>	62	3	5	44	4.0	4.0	1.75	0	8.25	62
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	19									
Case Manager/Service Coordinator	8		3							
Employment Services Staff	9									
Housing Services Staff	32									
Consumer Support Staff	5	1	5							
Family Member Support Staff	0	1	1							
Benefits/Eligibility Specialist	13									
Other <i>Unlicensed</i> MH Direct Service Staff	21	1								
<i>Sub-total, A (All Other)</i>	107	3	9	71.5	11.5	17.5	1	0	5.5	107
Total, A (County & All Other):	169	6	14	115.5	15.5	21.5	2.75	0	13.75	169

(Unlicensed Mental Health Direct Service Staff; Sub-Totals Only)



(Unlicensed Mental Health Direct Service Staff; Sub-Totals and Total Only)



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
B. Licensed Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general.....	10		1							
Psychiatrist, child/adolescent.....	3	1								
Psychiatrist, geriatric.....	0									
Psychiatric or Family Nurse Practitioner.....	6	1	1							
Clinical Nurse Specialist.....	3									
Licensed Psychiatric Technician.....	5									
Licensed Clinical Psychologist.....	13									
Psychologist, registered intern (or waived).....	30	1								
Licensed Clinical Social Worker (LCSW).....	26	1	2.5							
MSW, registered intern (or waived).....	3									
Marriage and Family Therapist (MFT).....	76		2.5							
MFT registered intern (or waived).....	18	1								
Other Licensed MH Staff (direct service).....	2									
<i>Sub-total, B (County)</i>	195	5	7	127.5	28.5	5	15	0	19	195
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general.....	6		1.2							
Psychiatrist, child/adolescent.....		1								
Psychiatrist, geriatric.....										
Psychiatric or Family Nurse Practitioner.....		1	2							
Clinical Nurse Specialist.....										
Licensed Psychiatric Technician.....										
Licensed Clinical Psychologist.....		1								
Psychologist, registered intern (or waived).....	9	1								
Licensed Clinical Social Worker (LCSW).....	5	1	2.5							
MSW, registered intern (or waived).....	8									
Marriage and Family Therapist (MFT).....	29	1	2.5							
MFT registered intern (or waived).....	55	1								
Other Licensed MH Staff (direct service).....	3									
<i>Sub-total, B (All Other)</i>	115	7	8.2	81	11	0	8	0	15	115
Total, B (County & All Other):	310	12	15.2	208.5	39.5	5.0	23	0	34	310

(Licensed Mental Health Direct Service Staff, Sub-Totals Only)



(Licensed Mental Health Direct Service Staff, Sub-Totals and Total Only)



EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician										
Registered Nurse	12	1	2							
Licensed Vocational Nurse										
Physician Assistant	7									
Occupational Therapist										
Other Therapist (e.g., physical, recreation, art, dance).....	0									
Other Health Care Staff (direct service, to include traditional cultural healers).....		1								
<i>Sub-total, C (County)</i>	19	2	2	10	0	0	3.5		5.5	19
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician										
Registered Nurse		1	2							
Licensed Vocational Nurse										
Physician Assistant										
Occupational Therapist										
Other Therapist (e.g., physical, recreation, art, dance).....	4.0									
Other Health Care Staff (direct service, to include traditional cultural healers).....	13.0	1								
<i>Sub-total, C (All Other)</i>	17.00	2	2	9.00	3.5	2.0			2.5	17.00
Total, C (County & All Other):	36.00	4	4	19.00	3.5	2.0	3.5		8.0	36.00

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)							# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)		
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)				
D. Managerial and Supervisory:				(Managerial and Supervisory; Sub-Totals Only) ↓									
County (employees, independent contractors, volunteers):													
CEO or manager above direct supervisor.....	5												
Supervising psychiatrist (or other physician)													
Licensed supervising clinician.....	2												
Other managers and supervisors.....	15												
<i>Sub-total, D (County)</i>				22	0	0	12.0	3.25	3.25	3.5	22.00		
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Managerial and Supervisory; Sub-Totals and Total Only) ↓									
CEO or manager above direct supervisor.....	15		1										
Supervising psychiatrist (or other physician)		1											
Licensed supervising clinician.....	13.5	1	1										
Other managers and supervisors.....	25.5												
<i>Sub-total, D (All Other)</i>				54	2	2	43.5	.75	3.25	0	6.5	54	
Total, D (County & All Other):				76	2	2	55.5	.75	6.5	3.25	0	10.0	76
E. Support Staff (non-direct service):				(Support Staff; Sub-Totals Only) ↓									
County (employees, independent contractors, volunteers):													
Analysts, tech support, quality assurance.....	9.25												
Education, training, research	0												
Clerical, secretary, administrative assistants	37.5		1.5										
Other support staff (non-direct services).....	13.25												
<i>Sub-total, E (County)</i>				60	0	1.5	30	13	0	4.75	0	12.25	60
All Other (CBOs, CBO sub-contractors, network providers and volunteers):				(Support Staff; Sub-Totals and Total Only) ↓									
Analysts, tech support, quality assurance.....	8.25	1											
Education, training, research	10.5												
Clerical, secretary, administrative assistants	28.25		1.5										
Other support staff (non-direct services).....	5												
<i>Sub-total, E (All Other)</i>				52.25	1	1.5	20.25	13.25	6.5	7.25	0	5.0	52.25
Total, E (County & All Other):				112.25	1	3	50.25	26.25	6.5	12	0	17.25	112.25

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category -

**GRAND TOTAL WORKFORCE
(A+B+C+D+E)**

Major Group and Positions (1)	Estimated # FTE authorized (2)	Position hard to fill? 1=Yes; 0=No (3)	# FTE estimated to meet need in addition to # FTE authorized (4)	Race/ethnicity of FTEs currently in the workforce -- Col. (11)						# FTE filled (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
County (employees, independent contractors, volunteers) (A+B+C+D+E).....	358	10	15.5	223.5	45.5	12.25	28.25	0	48.5	358
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	345.25	15	22.7	209.5	50	29.5	14.25	0	41.75	345.25
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	703.25	25	38.2	433 64%	95.5 12%	41.75 5.9%	42.5 6.33%	0	90.25 11.8%	703.25

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

(1)	(2)	(3)	(4)	Race/ethnicity of individuals planned to be served -- Col. (11)						All individuals (5)+(6)+ (7)+(8)+ (9)+(10) (11)
				White/Caucasian (5)	Hispanic/Latino (6)	African-American/Black (7)	Asian/Pacific Islander (8)	Native American (9)	Multi Race or Other (10)	
F. TOTAL PUBLIC MH POPULATION	Leave Col. 2, 3, & 4 blank			2655 67.8%	600 15.3%	379 9.7%	138 3.5%	19 0.5%	127 3.2	3918

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions (1)	Estimated # FTE authorized and to be filled by clients or family members (2)	Position hard to fill with clients or family members? (1=Yes; 0=No) (3)	# additional client or family member FTEs estimated to meet need (4)
A. <i>Unlicensed</i> Mental Health Direct Service Staff:			
Consumer Support Staff.....	6.30	1	6
Family Member Support Staff	3.0	1	2
Other <i>Unlicensed</i> MH Direct Service Staff.....	5.0	1	
Sub-Total, A:	14.30	3	
B. <i>Licensed</i> Mental Health Staff (direct service)	0	1	
C. Other Health Care Staff (direct service)	1	1	
D. Managerial and Supervisory	4	1	
E. Support Staff (non-direct services).....	5	1	
GRAND TOTAL (A+B+C+D+E)	10.0	4	8

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English (1)	Number who are proficient (2)	Additional number who need to be proficient (3)	TOTAL (2)+(3) (4)
1. Spanish	Direct Service Staff <u>79</u> Others <u>35</u>	Direct Service Staff <u>11</u> Others <u>9</u>	Direct Service Staff <u>90</u> Others <u>44</u>
2. French	Direct Service Staff <u>18</u> Others <u>5</u>	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
3. Cantonese	Direct Service Staff <u>9.25</u> Others <u>3.0</u>	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
4. Thai	Direct Service Staff <u>6.25</u> Others <u>0</u>	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____
5. Farsi	Direct Service Staff <u>5.25</u> Others _____	Direct Service Staff _____ Others _____	Direct Service Staff _____ Others _____

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

IV. REMARKS: Provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category:

An analysis of surveys of Marin MHS managers and Marin CBO directors revealed, there are a number of specific occupational categories that are historically hard to fill. The most frequently identified positions include: child psychiatrist, child psychologist, psychiatric nurse practitioner, consumer / peer counselor, and family support counselor. In addition, MHS managers and CBO directors identified a challenge in recruiting bilingual Spanish or bilingual Vietnamese direct service staff in all positions, especially therapists. Focus groups with managers and dialog with WET Planning Committee representatives amplified upon findings from this survey. In these meetings the following positions were identified as difficult to fill:

- Therapists with expertise treating PTSD, especially with people of color
- Early childhood, 0-5 treatment staff
- African American therapists
- Management training
- Psychiatrist
- Nursing in general
- Night shift personnel in all positions
- Peer counselors and especially bilingual peer counselors
- Planning analyst and/or data analyst

The research conducted as part of Marin County's Workforce Planning Initiative revealed that the major barriers to recruiting individuals in these occupations are the competition with surrounding counties and the extremely high cost of living resulting in large part from a housing market that is among the highest priced in the nation. High housing costs create a significant impediment to recruiting interns, staff of color, and hard-to-fill positions outlined above.

As will be described below, across virtually all occupational categories, the workforce for Marin County's public mental health system is largely Anglo and while it may be roughly representative of the population it serves, this is largely because the system significantly under-serves its Latino and Asian population while African Americans are over-represented in the system largely due to being over-identified by the criminal justice, social service and educational systems. As a result, within each occupational category, there is a critical need to diversify and to build both cultural and linguistic competence.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:

A comparison of totals represented in Tables E and F reveals that Marin County Mental Services staff is surprisingly representative of the cultural

Population	Unlicensed Table A	Licensed Table B	Indirect Table D
African American	13%	2%	6%
Latino	9%	13%	23%
API	2%	7%	7%

composition of the clients served by the public mental health system. However this comparison doesn't account for several factors. First, Table E understates the extent of this under-representation as it aggregates direct service, supervisory and support staff. As the table at left reveals, the clerical support staff is significantly more diverse than direct service staff masking the lack of diversity among direct service staff. Second, the system significantly under-serves the Latino and Asian population and over-serves the African

American community. For example, Latino's represent roughly 15% of the Marin population and approximately 35% of the population living in poverty, yet Latinos represent only 15% of the clients served by the public mental health system. Asian Americans represent 5.8% of the population and 7% of the population living in poverty, yet only represent 3.5% of the clients served by the system. The challenge in relation to African Americans is not so much an inadequate number of African American staff as it is the large number of African Americans who are inappropriately served by the mental health system due to the over-identification of African Americans by the criminal justice and educational systems. Focus groups conducted during the Community Services and Supports planning process indicated that people of color preferred to be served by a diverse system and the lack of both cultural diversity and linguistic capacity undoubtedly contribute to the degree to which the system under-serves Latino and Asian populations. In short, if the mental health system was effective in identifying and engaging Latino and Asian populations, it would expect that its client population would be 30-35% Latino and 7% Asian Pacific Islander. In that context, the systems staffing should be significantly more diverse. Further, the absence of more bilingual/bicultural staff is an important reason why the system is not fully engaging communities of color.

Marin County's Workforce Planning Initiative found a similar cultural imbalance throughout the public sector workforce and has made diversification of the workforce a significant goal of the WPI. Marin MHS will work closely with the County WPI to utilize the scores of employee candidate resources where a more diverse workforce can be engaged and recruited. The MHSA WET plan includes numerous strategies to use internships and scholarships to attract a more diverse workforce.

C. Positions designated for individuals with consumer and/or family member experience:

In interviews with managers and directors, there was a consensus that trying to recruit consumers and family members is an ongoing challenge. More specifically, managers and directors identified the even greater need to recruit family members and consumers who are African American, or bilingual / bicultural Latino, Chinese, or Vietnamese.

D. Language proficiency:

As would be expected, the under-representation of people of color in the public mental health workforce contributes to a significant need for more bilingual staff. The Exhibit 3 table summarizing language proficiency of direct service staff and of other staff depicts the critical need for expanding

the pool of direct and indirect service staff proficient in all non-English languages spoken by the client population. By way of illustration, there are only four staff who are bilingual Vietnamese or Tagalog and two bilingual Russian staff while all three of these populations are growing among the population served by the public mental health system. While there are over three dozen direct service, Spanish-speaking staff in the public mental health workforce, this is wholly inadequate to serve the current level of Latino clients, let alone those that should be served if the system were fully serving that population.

As in the discussion of cultural diversity (Section B, above) one must be cautious when considering the number of the workforce who are bilingual in and the need for a more linguistically competent workforce. As noted above, the Latino population is significantly under-served by the system and to a lesser degree so are Marin's Asian populations. While the 7.93% of direct service staff that is bilingual in Spanish is higher than the percent of Latino clients served and the nine Cantonese speaking direct service staff (1.88%) roughly matches the proportion of API clients served by the system, the Community Services and Supports plan pointed out that both of these populations are significantly under-served. For example, only 15% of clients served by Marin's public mental health system are Latino, while according to the 2000 census data 11.1% of Marin's population is Latino and over 30% of County's population living in poverty is Latino. It can be assumed that the extent to which the County is under-serving these populations is the degree to which a lack of cultural diversity and linguistic capacity limits engagement efforts. In short, a significant increase is needed in the number of bilingual public mental health staff in Spanish and Cantonese. What's more, bilingual staff are needed to serve populations that are increasing in the County, primarily Vietnamese.

E. Other, miscellaneous: N/A

EXHIBIT 4: WORK DETAIL

Please provide a brief narrative of each proposed *Action*. Include a Title, short description, objectives on an annualized basis, a budget justification, and an amount budgeted for each of the fiscal years included in this Three-Year Plan. The amount budgeted is to include only those funds that are included as part of the County's Planning Estimate for the Workforce Education and Training component. The following is provided as a format to enable a description of proposed Action(s):

A. WORKFORCE STAFFING SUPPORT**Action #1 – Title: Training Coordinator**

Description: The Training Coordinator will be a contracted position. The Training Coordinator will perform a number of key functions in coordinating the delivery of training, consultations, internships, and other capacity-building efforts, including:

- Staffing of the Training Committee:* Coordinator will serve as staff to the Training Committee with duties including developing a system for requesting training and consultation services, providing data on satisfaction and impact of training activities; and reporting on other MHSA related training, internship, and consultation efforts.
- Developing Peer Consultation Network (PCN, described below):* Duties include marketing the opportunity to become a peer expert in the PCN; managing the system through which applicants for expert status apply to the Training Committee for approval; managing the framework for ensuring equitable use of the system; and providing satisfaction data from users of the system.
- Clinical Practice Forums (CPF):* Marin's WET plan includes the creation of a system of *Clinical Practice Forums* on topics identified by providers as areas where ongoing clinical conversations, review of research, and shared learning can occur. The Training Committee will establish a set of criteria defining eligible topics for a CPF and procedures for nominating and approving a CPF and for monitoring and evaluating their implementation. The Training Coordinator would manage this process, collect data on CPF implementation and report to the Committee.
- Managing Training for Transformation:* One key function for the Training Coordinator will be to *analyze the results of staff, consumer and family surveys* to identify training needs necessary to effecting the kind of system transformation envisioned in the MHSA. Once *the analysis is complete*, the Coordinator will work with staff, consumers and family members to identify training resources responsive to those needs. Resources may include local experts from the PCN, family members and consumers or family/consumer organizations like NAMI Marin, Community Action Marin, and the Network of Mental Health Clients. Other resources may be Community Mental Health, or other Health and Human Services divisions, as well as other experts in cultural competence services, delivery of consumer-driven services, and strategies for working more effectively with families. With specific amounts targeted to support training in treatment issues, family issues and consumer issues, the Training Coordinator will be responsible for managing these budgets and ensuring that each component of the Training for Transformation actions are being implemented effectively and utilizing the budget available.
- Internship Development:* The WET plan calls for the development of a system for recruiting interns meeting very specific criteria related to increasing the cultural composition of the workforce, the degree to which hard-to-fill positions are being filled (and filled with a more culturally diverse individuals) and to increase internship opportunities for consumers and family members. The Coordinator will be responsible for managing the recruitment system, processing applications, and submitting recommendations to the Training Committee. The Coordinator will also work with CBO's and the County to expand clinical supervision options enabling more agencies to engage interns supported through this initiative. These activities will require ongoing relationship building with universities and colleges and CBO's and

County administration. The Coordinator will be the key facilitator responsible for building the relationships and managing an infrastructure that monitors implementation and the impact of this system.

- Scholarships for Consumers, Family Members, & Interns Filling Hard-to-Fill Positions:* The WET plan calls for the provision of scholarships to individuals who can expand the involvement of consumers, family members, and under-served populations in the public mental health system. The implementation of this system will require someone to develop consensus about priorities, market and accept applicants, and manage the review and approval of applications. The Coordinator will serve in this capacity.
- Coordination with Human Resources Department:* A key responsibility of the Coordinator will be to work with a Training Committee Subcommittee for Consumer and Family Member Training and to work with the County Human Resources Department to encourage changes in hiring policies that will recognize life experience as comparable with work or educational experience. The Training Coordinator will be one of the key staff responsible for fostering the development of a career ladder for consumers and family members working in the mental health system. In addition, the Coordinator will work with Human Resources to identify ways to create release time for staff and to provide either compensation for staff who devote significant levels of time to WET activities (e.g. CPF and/or PCN) or to their agencies who are providing release time for their involvement in these activities.

Taken together, the Coordinator serves as a critical central coordinator for a variety of system transformation functions. Without the capacity to coordinate the above actions, these transformative activities would not be implemented effectively and would not be monitored and evaluated for each action's impact.

Objectives:

The following objectives apply to the work of the Training Coordinator. Specific measurable performance measures and timelines will be developed for each of the objectives below. This timeline and the performance measures will be monitored by Marin County Mental Health Services Director and reported to the Marin Mental Health Services Act Implementation Committee.

- Provide research, data, and communication to the MHSA WET Training Committee to assist them in oversight of the WET MHSA annual budget and work plan;
- Develop a system of performance measures and a time line for the WET Coordinator function;
- Recruit members to ensure that the WET Training Committee includes both consumers and family members is represents the cultural composition of the population served by the public mental health system;
- Develop, maintain and strengthen relationships with a wide range of regional stakeholders in workforce development, as well as among the provider, consumer and family communities and the cultural communities served by the public mental health system;
- Evaluate the impact of WET actions and report on this impact to the WET Training Committee;
- Prepare and submit periodic reports to the California Department of Mental Health, as per DMH guidelines; and
- Manage the budget of the WET initiative.

Budget justification: WET Coordinator @ \$80,000 to include salary and benefits.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ \$80,000
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Action #2 – Title: Workforce Education & Training Plan Facilitation

Description: Consultant will develop surveys, conduct focus groups, review required DMH regulations related to WET plan requirements, facilitate WET planning team, conduct necessary research to support plan development and prepare written plan and budget for review by the WET Planning Team and the Marin MHSA Implementation Committee.

Objectives:

- Develop survey to obtain data on workforce demographics, language capacity, and training priorities;
- Conduct focus groups with consumers and family members;
- Develop data collection tools to identify hard-to-fill occupational positions;
- Prepare all Exhibits II-VI for submission, review and approval by the Marin MHSA Implementation Committee and the California Department of Mental Health.

Budget justification: Consultant contract for 160 hours @ \$125/hour (funding from one-time monies so it is not included below)

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 00	FY 2008-09: \$ 0
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B. TRAINING AND TECHNICAL ASSISTANCE

Action # 3 – Title: Peer Consultation Network

Description: The Peer Consultation Network will create a system for identifying staff working in the public mental health system, either County staff or CBOs, who have a specific expertise in a variety of high priority treatment issues. These peer ‘experts’ would be available for phone, email and/or personal consultation on specific treatment challenges. Experts would develop a brief profile outlining their expertise and experience in a variety of areas and post this on a system intranet or interactive website. Other treatment providers would be able to key in a description of their treatment challenge into a search engine which would then identify a list of experts.

The Marin County Training Committee would identify and post the need for specific expertise and then screen individuals who apply for expert status. Funding in Year I would be used to conduct research and planning to create a system that would allow for PCN experts either to be compensated for their work or to receive release time. In subsequent years, funding would be used either to compensate PCN experts and/or to fund agencies whose expert personnel are being utilized by other agencies, thereby reimbursing them for the lost productivity of their ‘expert’ staff.

This action responds to a staff survey that identified peer consultation as the most preferred form of training or support. It also fosters the development of ‘in-house’ expertise that is immediately responsive to specific treatment challenges. Initially, the Training Committee will prioritize approving applicants with expertise in treatment areas related to wellness and recovery, WRAP planning, peer and family-related issues, and other topics related to system transformation and MHSA priorities, but over time the system will be used to develop a comprehensive consultation expertise in a wide range of treatment issues.

This is an example of an action that would be developed and coordinated by the MHSA Training Coordinator who will be responsible for staffing the Training Committee, overseeing the development of the system, marketing it to the workforce, coordinating the application and approval process, and managing the budget.

Objectives: Objectives for the first year of planning include:

- Develop of a system for managing the delivery of technical support provided to be provided by a cadre of local experts available for consultation in high priority areas identified by treatment staff;
- Develop a system for identifying and criteria for selecting PCN experts
- Develop tools for evaluating the effectiveness of the system once it is in place

Budget justification: Consultant contract to research and design the PCN system in consultation with the Training Coordinator. Up to \$15,000 maximum.

Budgeted Amount:	FY 2006-07: \$	0	FY 2007-08: \$	0	FY 2008-09: \$	15,000
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EXHIBIT 4: WORK DETAIL – page 3

B. TRAINING AND TECHNICAL ASSISTANCE -- *Continued***Action # 4 – Title: Targeted Training in Evidence-Based Practice that Support System Transformation**

Description: Targeted Training is a flexible fund designed to support the delivery of a range of training in evidence-based practices. Requests for training will be accepted from individual staff or from county managers and CBOs, as well as from organizations representing consumers and family members. The Training Committee will review all requests for training and use criteria aligned with the MHSA WET priorities to determine if and when training will occur. Applications for training will include a description of the purpose of training, documentation that it is an evidence-based practice; description of how it responds to MHSA priorities; description of how it can contribute to system transformation, and how training participants might share what is learned with staff who do not attend.

A survey was conducted of County and CBO staff and focus groups and interviews were conducted to identify an initial list of areas in which training would be desirable. Over 125 staff, consumers and family members responded to this survey. There was a general consensus that the highest priority areas for training were in relation to serving consumers with multiple challenges, differential and/or dual diagnoses, and resistant to engagement and treatment compliance. Among training identified by staff as a high priority: WRAP plan development, culturally competent treatment strategies, evidenced-based models of treatment such as cognitive behavioral therapy(CBT), dialectical behavioral therapy(DBT), parent-child interaction therapy(PCIT), family therapy, motivational interviewing, best practices for home visits by paraprofessionals for the 0-5 age group and other training needs identified by the Training Committee.

The logistics of securing trainers and scheduling training activities will be the responsibility of the Training Coordinator, as will it be the Coordinator's responsibility to ensure that all training includes a survey for participants to evaluate the quality of the training and the degree to which what was learned will influence future service delivery. Depending upon the scope of the training, the Coordinator may follow-up with participants 3-6 months later to assess the degree to which what was learned in the training has been applied as intended and if and how what was learned was shared with other colleagues who could not attend.

Objectives:

- Deliver a range of training, consultations, coaching, and educational offerings that are responsive to consumer, family and staff identified needs and requests.
- Develop a Targeted Training system for enabling staff, consumers and family members to requests funds to support delivery of specific training, consultation, coaching and educational supports that support system transformation, increase cultural competency, increase the degree to which services are consumer and family focused and contribute to the transformation of the public mental health system.
- Develop a set of criteria to be used by the Training Committee to evaluate and approve Targeted Training activities.
- Develop a system for evaluating the immediate and longer-term benefits of each Targeted Training activity and of the Targeted Training action as a whole.
- Increase understanding of

Budget justification: \$60,000 pool of funds available for training, coaching, consultation and education activities identified by staff, consumers, and family members, and approved by the Training Committee.

Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$ 50,000
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Action # 5 – Title: Consumer-Focused Training

Description: In focus groups and as represented in WET planning meetings by staff from consumer organizations, consumers indicated a desire for training that might enable them to qualify for employment in the public mental health system. To ensure that the perspective of consumers is integrated into ongoing training priorities, two consumers will be on the Training Committee and a Consumer and Family Member Training Sub-committee will be charged with developing recommendations to the full committee in how best to integrate the perspective of consumers (and family members) in all training and to ensure that a career pipeline evolves that targets consumers and family members and facilitates their entry into and advancement within the public mental health system. A key responsibility of the Coordinator will be to work with this Sub-committee and to work with the County Human Resources Department to encourage changes in hiring policies that will recognize life experience as comparable with work or educational experience.

Among the possible training options are: WRAP plan development, consumer-driven treatment strategies, and culturally competent treatment strategies. There was also a strong desire expressed by both consumers and family members for training in a range of areas focusing upon helping providers better understand the perspective, priorities and needs of consumers and family members. It was felt that this kind of training might be best delivered by consumers and family members themselves.

Objectives:

- Increase understanding of treatment providers in relation to the consumer perspective on treatment and supports.
- Increase understanding among treatment providers of the different cultural perspectives of consumers.
- Increase training opportunities for consumers that are designed to prepare consumers for entry into the workforce and to advocate for consumer-driven reforms, and to play leadership and advisory roles in the mental health system.
- Increase the number of training sessions delivered by consumers and consumer organizations.

Budget justification: Flex fund for delivery of series of consumer-focused trainings at an average cost of \$5000-\$10,000.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 25,000
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Action # 6 – Title: Family-Focused Training

Description: In focus groups and as represented in WET planning meetings by staff from family organizations, family members indicated a desire for training designed:

- To enable family members to qualify for employment in the public mental health system
- To increase the capacity of family members to serve in policy, oversight, and planning roles within the system;
- To improve family members' capacity to support their relative in treatment and maintaining independence; and
- To increase the capacity of treatment providers to work effectively with family members, to engage them in treatment planning, and to utilize them as a resource in supporting the consumer.

Among the possible training options are: understanding consumer and family member rights as relates to confidentiality, increasing provider understanding of how to work with families and procedures related to AB 1424. There was also a strong desire expressed by both consumers and family members for training in a range of areas focusing upon helping providers better understand the perspective, priorities and needs of consumers and family members. Family members felt that this kind of training would be best delivered by family members or organizations with a history of advocating for the rights of family members, e.g. NAMI.

Objectives:

- Increase understanding of treatment providers in relation to the family perspective on treatment and supports.
- Increase understanding among treatment providers of the different cultural perspectives of families.
- Increase training opportunities for family members designed to help them better support their family member, to advocate for consumer and family-driven reforms, and to play leadership and advisory roles in the mental health system.
- Increase the delivery of training delivered by consumers and consumer organizations.

Budget justification: Flex fund for delivery of series of family-focused trainings at an average cost of \$5000-\$10,000.

Budgeted Amount:	FY 2006-07: \$	FY 2007-08: \$	FY 2008-09: \$
		0	25,000

Action # 7 – Title: System Wide Integrated Dual Diagnosis Training

Description: During FY 2008-09, the county will identify an expert trainer to provide a year-round series of Integrated Dual Disorder Treatment (IDDT) trainings, phone consultations, and train the trainer trainings designed to build a stronger system-wide understanding of integrated dual disorder treatment. This was an area of training identified by treatment staff as being of very high priority. In addition, the most challenging cases identified in open-ended survey questions indicated that many staff felt that individuals with dual disorders should first seek/obtain substance abuse treatment prior to receiving mental health services, an indication of a need to expand understanding of Integrated Dual Disorder Treatment.

At a minimum, the training would: 1) include a series of intensive trainings (12 sessions in multiple sites), 2) involve weekly consultation calls throughout the year, 3) incorporate a train the trainer approach resulting in the expansion of capacity to conduct ongoing training and capacity building in this area. (monthly training and consultation). Training will be focused on stage wise treatment, motivational interviewing, and CBT. It is anticipated that training would occur during 2009-10 at a cost of approximately \$108,000. While both CBO and county treatment staff identified this as a critical training need, Marin County feels it is imperative that this training be organized in such a way as to maximize its impact. To ensure this, Marin County would prefer to schedule the training after a Training Coordinator has been in place for several months and is able to effectively manage the logistics for such a system-wide training. Anticipating submission of the WET plan in November 2008 and approval no sooner than January, we have elected to include this Action as part of the 2009-10 fiscal year.

Objectives: Objectives will be revised once a training provider is identified and a precise scope of work developed, however, the training will be designed to:

- Increase knowledge of the principles of integrated dual disorder training among treatment providers system-wide.
- Increase capacity of treatment providers to deliver evidence-based integrated dual disorder treatment throughout the system.
- Increase system capacity to renew skills in integrated dual disorder treatment by developing an expanding core of local experts who can be available in the Peer Consultation Network (Action 3) and to facilitate Clinical Practice Forums (Action 9).

Budget justification: Precise budget to be negotiated in 2009. Detailed scope of work will be developed at that time.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 0
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Action # 8 – Title: Clinical Practice Forums

Description: Clinical Practice Forums would be learning forums facilitated by a forum sponsor. Sponsors would submit an application for funding and a list of individuals who are interested in participating in the forum. This application would be submitted to the Training Coordinator who would bring the request to the Training Committee for approval. Each forum would focus on a specific treatment topic where practitioners had identified the need to participate in ongoing dialogue on the topic and possibly to involve expert practitioners from within and from outside the county system. Forums will be comprised of small groups (max. of 12) of service providers who will commit to attendance and will be granted release time for 2 hours a month for 6 months to participate. In year I four to six forums will be offered. Emphasis will be on creating a learning community that generates support and networking as well as acquiring new information. Groups will maintain waiting lists and monitor attendance so that should members drop out, others could join or if the waiting list becomes very long, a new forum on the same topic could be established. Priority will be for groups that:

- Are formed across treatment teams or sites (eg: County / CBO)
- Include or emphasize topics relevant to peers, consumers, and family members or that focus on topics directly related to system transformation and reinforcement of the principles of the MHSA.
- Include family members and/or consumers as members of the forum;
- Increase cultural competence or improve services to under-served populations.
- Describe in their proposal a clear, specific plan for sharing and/or extending the learning from the forum to other staff and/or other sites.

As part of their proposal to the Training Committee, groups could apply for funds to bring in an outside “expert” when specific consultation needs were defined and an appropriate consultant was identified. Groups could also apply to send members to attend a conference with a requirement that they present what they learn to the context of an ongoing forum. Each Forum will have required reading/homework, written confidentiality agreements, and a structured design to monthly sessions. Designated group leaders will have brief facilitation training prior to group start date and as part of the plan. Group self-evaluations will happen pre, mid, and post group to assess learning and monitor utility of group structure and focus. Groups will be asked to give a “learning outcomes” report at the conclusion of the group and/or before seeking an extension for an additional 6 months. Groups may be invited to develop “Grand Rounds” presentations for the broader community that could be credited with CE units.

Objectives:

- Increase participant and system understanding of effective approaches to addressing high priority treatment challenges.
- Increased collaboration and collegiality across treatment sites.
- Increased reliance upon research and evidence-based practice to inform clinical practice and support services.

Budget justification:

Delivery of 4-6 Clinical Treatment Forums at an average cost of \$5000 per forum with funds used to compensate the facilitator of the forum.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 21,000
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Action # 9 – Title: CIMH Mental Health Directors Leadership Institute Training

Description: One, three-day and several two-day California Institute of Mental Health (CIMH) sessions for the training of mental health leaders to address issues of leadership in system transformation. Sessions will focus upon issues related to MHSA and managing system transformation. Individuals interested in attending would submit an application to the Training Committee outlining why they would be a good candidate for leadership institute training and how they would utilize what they had learned in their current position and in possible advanced positions. Marin would send one person each year to strengthen leadership in the public mental health system with the intent of building leadership.

Objectives:

- Build broader strength in leadership of Marin County Mental Health Services
- Increase system readiness to address succession issues.

Budget justification:

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ \$5000
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EXHIBIT 4: WORK DETAIL**C. MENTAL HEALTH CAREER PATHWAY PROGRAMS**

No Mental Health Pathways programs were identified as part of Marin's WET plan.

D. RESIDENCY, INTERNSHIP PROGRAMS

Action #10 – Title: Intern Stipend System

Description: The Intern Stipend System would expand County/CBO support for interns and focus that expansion upon interns who would address MHSA principles. Agencies and county managers will submit requests for stipend support to the Training Committee who will decide upon which requests to approve. Priority would be given to interns who:

- would fill hard-to-fill positions as identified in Exhibit 3 of Marin County’s MHSA WET plan,
- have family member or consumer experience, and/or
- would contribute to diversifying the cultural composition and competence of the public mental health system.

Funding in 2008-09 would provide \$80,000 for stipends for interns serving either within a CBO or working directly for the County with the funding level sustained at this level through 2012 at which point it would likely be reduced. This initiative would build the capacity of CBO’s while maintaining the commitment to interns serving the county. A key part of this initiative will be performed by the Training Coordinator who will be responsible for building relationships with surrounding educational institutions in order to recruit individuals who meet the priorities outlined above. The table below outlines some of the intern options that will be considered by the Training Committee. The Training Coordinator and Training Committee will explore a range of compensations other than pure stipends. These alternatives are outlined under Action # 11 that follows.

Time Commitment in Internship	Time Span	Proposed Stipend	License Track/Status
40-44 hrs/5 day/week (250 days/2000 hours)	12 Months	\$12,000-15,000	FT PhD/PsyD, MFTI, ASW, OT, FNP, PA
24-30 hrs /3+ day/week (120 days/1000 hours)	10	6,000-8,000	MSW-2nd yr ,MFTT, MFTI,)OT, .5 PsyDPhD,
20-24 hrs /2+ days (90 days/720-750 hours)	9	3,000-5000	MSW-2nd year, MFTT, RehabMA
16-20 hrs /2 days (50 days/480-500 hours)	8	1500-2500	MSW-1st year, MFTT, BSW, CADAAC
Add 8% differential for language proficiency to Deliver services in a second language			

Objectives:

- Increase cultural diversity of the treatment system
- Fill critical hard-to-fill positions identified in the WET plan

Budget justification: \$80,000 in stipends will be available annually and the Training Committee will be responsible for working with the Training Coordinator to manage that budget using the stipend structures outlined in the table above. It is expected that this fund will support at 2-4 FT PhD/PsyD, MFTI, ASW, OT, FNP, PA; 2-4 second year interns, and 5 first year interns annually.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 80,000
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D. RESIDENCY, INTERNSHIP PROGRAMS

Action #11 – Title: Psychiatric Nurse Practitioner Internships

Description:

Psychiatric Nurse Practitioners were identified as a hard-to-fill position in the needs assessment process that has informed the development of the MHSA WET plan. What’s more, this position was identified as one that could significantly improve the quality of care, ensure the early identification of medical needs, facilitate access to primary care to address those needs, and improve monitoring, compliance and support for medication routines. While it is extremely expensive to recruit and fund psychiatrists, stakeholders felt that the expansion of the number of Psychiatric Nurse Practitioners was a cost-effective means of extending the impact of psychiatrists.

The Training Coordinator would be responsible for establishing and maintaining relationships with UCSF, UC Davis, and other educational institutions that train Psychiatric Nurse Practitioners and to implement recruitment efforts that target candidates from historically under-represented populations, especially individuals who are African American or bicultural and bilingual Spanish. Students often have \$50,000 in loans and are seeking loan forgiveness, as they don't qualify for the typical traineeship programs. In consultation with UCSF, it was advised that \$7,000 in loan forgiveness would be a strong incentive for these students and that it could be modeled after the Kaiser Loan Forgiveness Program that is \$5,000-7,500/year for 2 years. Leadership from UCSF also thought that a long-term solution would for the county to become part of the National Health Service Corp (loan repayment of up to \$50,000) or the State Loan Repayment Program that provides matching funds for loan forgiveness. The Training Coordinator would be responsible for exploring these options further.

Funding would support two interns annually.

Objectives:

- Expand number of Psychiatric Nurse Practitioners serving Marin County.
- Increase cultural diversity of nurse practitioners serving Marin County.
- Improve quality of medication management and access to primary care services for Marin County consumers.

Budget justification: \$7000 in stipends or loan forgiveness for each of two psychiatric nurse practitioner interns.

Budgeted Amount:	FY 2006-07: \$ <u>0</u>	FY 2007-08: \$ <u>0</u>	FY 2008-09: \$ <u>14,000</u>
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EXHIBIT 4: WORK DETAIL – page 7

E. FINANCIAL INCENTIVE PROGRAMS

Action # 12 – Title: Scholarships for Consumers, Family Members, and to Diversify the Workforce

Description: A fund will be established and administered by the Training Committee for the purpose of providing scholarships for consumers, family members and members of under-represented populations. The purpose of the fund will be to subsidize the cost of these individuals’ education when the educational program will result in possible entry to or advancement within the public mental health system. The Training Committee will establish criteria for the kinds of educational programs it will consider and priorities for populations to be served. The Coordinator will receive applications and provide summaries to the Committee so that it can consider the applications, interview applicants who meet a threshold and award scholarships.

Objectives:

- Increase the number of consumers, family members, and under-represented populations working within the public mental health system.
- Facilitate consumers, family members and members of under-represented populations to advance in their careers in the public mental health system.

Budget justification: Provide a minimum of 12 scholarships to support consumers, family members and representatives of under-represented minorities. Scholarships will range from \$2500-\$5000 annually.

Budgeted Amount:	FY 2006-07: \$ 0	FY 2007-08: \$ 0	FY 2008-09: \$ 30,000
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EXHIBIT 5: ACTION MATRIX

Please list the titles of *ACTIONS* described in Exhibit 4, and check the appropriate boxes (4) that apply.

Actions (as numbered in Exhibit 4, above)	Promotes wellness, recovery, and resilience	Promotes culturally competent service delivery	Promotes meaningful inclusion of clients/family members	Promotes an integrated service experience for clients and their family members	Promotes community collaboration	Staff support (infrastructure for workforce development)	Resolves occupational shortages	Expands postsecondary education capacity	Loan forgiveness, scholarships, and stipends	Regional partnerships	Distance learning	Career pathway programs	Employment of clients and family members within MH system
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Action # 1: Training Coordinator					X	X				X			
Action # 2: Planning Facilitation					X	X				X			
Action # 3: Peer Consultation Network	X	X			X								
Action # 4: Targeted Training in Evidence-Based Practices that Support System Transformation				X									
Action # 5: Consumer-Focused Training	X	X	X	X									X
Action # 6- Title: Family-Focused Training	X	X	X	X									X
Action # 7 - Title: System Wide Integrated Dual Diagnosis Training	X			X	X								
Action # 8 - Title: Clinical Practice Forums	X	X		X	X								
Action # 9 - Title: CIMH Mental Health Directors Leadership Institute Training	X			X									
Action #10 - Title: Intern Stipend System	X	X					X	X	X	X			
Action #11 - Title: Psychiatric Nurse Practitioner Internships	X	X					X	X	X	X			
Action #12 - Title: Scholarships for Consumers, Family Members, and to Diversify the Workforce	X	X	X	X			X		X			X	X

EXHIBIT 6: BUDGET SUMMARY

Fiscal Year: 2006-07			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			0
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2006-07			\$0

Fiscal Year: 2007-08			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support:			0
B. Training and Technical Assistance			0
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			0
E. Financial Incentive Programs			0
GRAND TOTAL FUNDS REQUESTED for FY 2007-08			0

Fiscal Year: 2008-09			
Activity	Funds Approved Prior to Plan Approval (A)	Balance of Funds Requested (B)	Total Funds Requested (A + B)
A. Workforce Staffing Support: [Clarify if the \$20K needs to be included]	\$20,000	\$80,000	\$100,000
B. Training and Technical Assistance			\$141,000
C. Mental Health Career Pathway Programs			0
D. Residency, Internship Programs			\$94,000
E. Financial Incentive Programs			\$30,000
GRAND TOTAL FUNDS REQUESTED for FY 2008-09			\$365,000

EXHIBIT 7: ANNUAL PROGRESS REPORT (NOTE: This exhibit is for information purposes only, and does not need to be submitted with the Plan.)

List any objectives from any of the Actions that have been met during the period being reported, any issues that significantly impact on the accomplishment of objectives, and any positive accomplishments. Events, milestones, products, or outcomes are to be reported as measurable activities that can be quantitatively compared for the duration of the contract period.

ANNUAL PROGRESS REPORT	
County: _____	Fiscal Year: _____
Component: Workforce Education and Training	Period Covered: _____
Progress on Objectives (short narratives, below)	
Workforce Staffing Support:	
Training and Technical Assistance:	
Mental Health Career Pathways Programs:	
Residency, Internship Programs:	
Financial Incentive Programs:	
Form completed by: Name: _____ Title or position: _____ Phone#: _____ Email: _____ Date: _____	

Supervisor Steve Kinsey

Dear Supervisor Kinsey: I am writing you to explain my behavior at a recent Health and Human Services (HHS) job interview process upon which I participated as an interviewer of applicants for a new position called Administrative Service Manager. This is a new position designed to consolidate and streamline a number of administrative procedure in the mental health section of HHS. My issues have nothing to do with my colleagues on the panel who were excellent, very professional and clearly dedicated and directed HHS staff. Nor did I have any issues with any of the candidates who were bright and enthusiastic and I have no doubt that many of them could adequately fill this new position.

I should point out that this was the second panel I have served on in the past six months. The first was to fill three supervisorial departments in the same HHS division. At the conclusion of this interview I made my votes but expressed my dismay to my fellow panelist over my serious concerns about the lack of Latin or African American candidates. This proved contentious among the interview panel but I understand that this process was thrown out and I have no idea what has transpired as to filling this position.

For this latest hiring there was a more thorough process. We on the panel were asked to keep written notes on all the candidates and score them in an organized manner over a two-day interview process. The process smoothly proceeded for this position which had significantly lower minimum qualifications than the first positions I interviewed candidates for. This one required a college degree or qualifying experience, which all candidates met easily. After the first day of 5 interviews I thought we had good candidates but I of course noted that there had been no Latin or African American candidates. I naively assumed that these underserved or inappropriately served groups would be represented in the second group of candidates on the second day. When we got to the last candidate and once again there were no Latin or African American candidates I found myself shocked and angered. I felt I was being asked to co-sign blatant job discrimination. The requirements for this position were low enough and general enough that I am sure there are tens of thousands of qualified black and brown potential applicants throughout our employment region. So for the two positions I have interviewed some 20 candidates with zero African American or Latinos apparently qualified to receive an interview.

I have been thrilled recently with the progress of a county equity initiative led by you and the Board of Supervisors. I was equally excited as I read the remarks of the new HHS Dr. Colfax when introduced to the county acknowledging a need for diversity and equity. As you know I've worked with the county on these issues for decades beginning with our county's Affirmative Action Advisory Committee in the 1990's and the Human Rights Commission at the turn of the century and many other effort. Never have I been so optimistic. That being said I see the well-intended

initiative of the BOS and leadership of Dr. Colfax being sabotaged in whatever component of HHS personnel is responsible for outreach and candidate selection. They are either extremely incompetent or as I fear most deliberately sabotaging county efforts to develop the kind of workforce better equipped to deal with the demographic challenges faced by this department both internally and with their ability to deal with client needs in Marin especially for the under and inappropriately served communities. I urge you to identify and replace the gatekeepers who are poorly serving county administration and therefore failing to act in the best interest of clients and potential clients. I have much more to say on these issues but I will sum up with my hope that you will continue to demonstrate the very real leadership you have shown on these issues as long as you've served the county.

Sincerely,

Kerry Peirson

cc. Dr. Grant Colfac
Mathew Hymel
Suzanne Talvano

HARD TO FILL AND RETAIN POSITIONS IN MARIN COUNTY – MENTAL HEALTH LOAN ASSUMPTION PROGRAM 2015-2016

Child and Adult
Psychiatrists

Latina(o) Spanish
Speaking Clinicians

Clinicians with Co-
Occurring Mental
Health and Substance
Use Competency

Vietnamese and
Vietnamese Speaking
Clinicians

Clinicians with Older
Adult Experience

African or African
American Clinicians

Mental Health and Substance Use Services Division**Mental Health Loan Assumption Program****Hard to Fill and Retain Positions in Marin County FY15/16****Positions:**

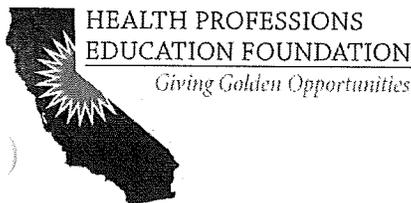
- Child and Adult Psychiatrists
- Licensed and License-Eligible Clinicians with Co-Occurring Mental Health and Substance Use Competency
- Licensed and License-Eligible Clinicians with Older Adult Experience and Competency
- Licensed and License-Eligible Clinicians with Adult Criminal Justice Experience and Competency

Representing Underserved/Unserved Communities

- Vietnamese
- African
- African American
- Latino

Eligible Language

- Vietnamese
- Spanish



August 04, 2016

Dear Colleagues,

The Mental Health Loan Assumption Program (MHLAP), Fiscal Year (FY) 2015-2016, awards have been finalized. These recipients serve to increase the supply of mental health professionals in hard-to-fill or retain positions within California's public mental health system (PMHS). MHLAP provides up to \$10,000, to repay educational debt in exchange for a 12-month service obligation.

There were a total of 2,582 applications received for FY 2015-2016 of which 389 applications were deemed ineligible by their counties of employment. Counties determine if each applicant worked in a hard-to-fill or retain position in the PMHS. There were 76 applications which did not proceed to the county verification process as the application did not contain the necessary information or were ineligible by MHLAP regulations.

The MHLAP Advisory Committee reviewed and scored 2,117 applications. Of the 2,117 applications, 1,528 were chosen for loan repayment awards, 87 applicants declined the award, 124 applicants did not meet the minimum scoring criteria of 16.25 points (65%) and 378 applicants were not awarded due to a lack of available funding for their individual county. MHLAP was able to award approximately 91.8% of the total funds for the FY 2015-2016 Cycle. Six counties did not have any applicants apply. Out of the 2,117 applications reviewed by the Advisory Committee, 1,468 applicants or 69% self-identified as consumers or family members of consumers.

MHLAP Cycles 2008-2016

Fiscal Year	Amount Awarded	# of Awards	Average Award Amount	Applications Received	Counties with Awardees	Not Awarded due to lack of funding
2008-09	\$2,285,277	283	\$7,935	1,236	45	319
2009-10	\$2,468,425	309	\$7,987	1,498	53	574
2010-11	\$4,523,757	474	\$9,554	1,009	51	255
2011-12	\$5,424,747	661	\$8,388	1,659	56	547
2012-13	\$9,164,471	1,082	\$8,470	1,823	52	173
2013-14	\$10,474,966	1,301	\$8,049	2,123	57	215
2014-15	\$9,486,771	1,085	\$8,714	1,603	54	129
2015-16	\$12,330,522	1,528	\$8,069	2,582	53	378

MHLAP Summary Statistics for FY 2015-2016 Application Cycle

Ethnicity/Race	Received	Reviewed	Awarded
African American	254	200	157
Asian American	244	213	167
Caucasian	853	661	393
Hispanic/Latino	930	795	622
Native American	10	9	7
Other	78	62	50
Decline to State	52	39	27
Multi-ethnic	161	138	105
Total	2,582	2,117	1,528

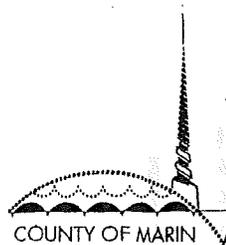
Gender	Received	Reviewed	Awarded
Androgynous	7	6	5
Decline to Answer	5	3	1
Female	2,046	1,670	1,199
Male	520	435	322
Male/Transman/FTM Transgender	2	1	1
Female/Transwoman/MTF Transgender	1	1	0
Questioning my Gender	1	1	0
Total	2,582	2,117	1,528

Professions	Received	Reviewed	Awarded
Administrative/Support Staff	59	45	17
Associate Clinical Social Worker	589	482	362
Consumer or Peer Counselor	31	27	16
Executive/Managerial Staff	25	23	14
Licensed Clinical Social Worker	255	201	166
Psychiatric Nurse Practitioner	14	11	7
Licensed or Registered Psychiatrist	49	44	36
Licensed, Registered or Waivered Psychologist	146	105	82
Licensed Professional Clinical Counselor	6	5	4
Licensed Professional Clinical Counselor Intern	26	19	9
Licensed Marriage and Family Therapist	430	367	286
Marriage and Family Therapist Intern	639	541	365
Unlicensed Marriage and Family Therapist	61	57	41
Postdoctoral Psychological Assistant or Trainee	12	7	4
Registered Nurse	31	28	18
Unlicensed Clinical Social Worker	65	51	38
Rehabilitation Counselor- Certified	17	10	7
Rehabilitation Counselor- Uncertified	21	16	4
Other, Mental Health	106	78	52
Total	2,582	2,117	1,528



County	Received	Reviewed	Award	County	Received	Reviewed	Award	County	Received	Reviewed	Award
Alameda	83	52	48	Madera	16	12	11	San Luis Obispo	14	11	11
Alpine	2	1	1	Marin	20	9	7	San Mateo	30	28	23
Amador	5	4	3	Mariposa	2	1	1	Santa Barbara	51	47	18
Berkeley City	0	0	0	Mendocino	8	8	3	Santa Clara	85	69	63
Butte	30	28	7	Merced	17	16	13	Santa Cruz	29	27	9
Calaveras	7	7	4	Modoc	0	0	0	Shasta	18	18	11
Colusa	4	4	2	Mono	0	0	0	Sierra	0	0	0
Contra Costa	57	57	40	Monterey	31	30	20	Siskiyou	11	8	3
Del Norte	2	2	2	Napa	11	7	6	Solano	14	10	8
El Dorado	4	1	1	Nevada	9	6	3	Sonoma	39	21	15
Fresno	66	64	39	Orange	152	145	125	Stanislaus	25	15	13
Glenn	4	4	4	Placer	13	9	4	Sutter-Yuba	16	16	8
Humboldt	14	13	6	Plumas	0	0	0	Tehama	2	1	1
Imperial	21	21	6	Riverside	159	137	92	Tri-City	10	10	10
Inyo	3	3	3	Sacramento	87	82	51	Trinity	3	3	2
Kern	50	45	32	San Benito	4	4	4	Tulare	32	30	17
Kings	14	7	7	San Bernardino	147	129	82	Tuolumne	4	4	3
Lake	12	8	5	San Diego	214	200	137	Ventura	47	42	35
Lassen	0	0	0	San Francisco	66	58	35	Yolo	17	8	7
Los Angeles	763	543	438	San Joaquin	38	32	29	Total	2,582	2,117	1,528

County	Awardee Name	Employer	Award Amount
Madera	Kathleen Casillas	Madera County Behavioral Health	4,347.00
Madera	Shanell Wingfield	Madera County Behavioral Health Services	4,347.00
Madera	Valerie Howell	Madera County Behavioral Health	4,347.00
Madera	Damaris Arellano-munoz	Madera County Behavioral Health services	4,347.00
Marin	Marta L Flores	Mental Health and Substance Use Services	10,000.00
Marin	Michael` Ciranni	County of Marin	10,000.00
Marin	Natalia Forrer	Seneca Family of Agencies	10,000.00
Marin	Efrain Michel	Marin County Health and Human Services	10,000.00
Marin	Tamara Bransburg	County of Marin Health and Human Services	10,000.00
Marin	Bianca Bustos	County of Marin Health & Human Services	10,000.00
Marin	Juanita Zuniga	Marin Health and Human Services	10,000.00
Mariposa	Jennifer Moore	Mariposa County Behavioral Health	10,000.00
Mendocino	Amanda T Pantaleon	Tapestry Family Services	10,000.00
Mendocino	melanie ulvila	Consolidated Tribal Health Project, Inc.	10,000.00
Mendocino	Patricia Messner	Mendocino County	10,000.00
Merced	Anthony Prieto	Merced County	7,000.00
Merced	Yvonnia Brown	Merced County	5,000.00
Merced	Emilio E Rodriguez	Merced County Mental Health Dept.	7,000.00
Merced	Jeremy L Brownstein	Merced County Mental Health	7,267.00
Merced	Betty Hoskins	Merced County Mental Health	7,000.00
Merced	Sharon Jones	Merced County Department of Mental Health	7,000.00
Merced	Trechann Barber-Jacinto	Merced County Department of Mental Health	7,000.00
Merced	Eva Lomeli	Golden Valley Health Center	7,000.00
Merced	Caleb Burrell	Aspiranet	7,000.00
Merced	Maria Elizalde	Merced County Mental Health	7,000.00
Merced	Kit Chang	Merced County Department of Mental Health	7,000.00
Merced	Kindle Wallace	Merced County Mental Health	5,000.00
Merced	May-Ci Xiong	Merced County Mental Health Department	7,000.00
Monterey	Maria V Gonzalez	Monterey County Childrens Behavioral Health	10,000.00
Monterey	Eric A Juarez	Monterey County Health Department	7,147.00
Monterey	Ena C Rosa	Monterey County Behavioral Health	6,000.00



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

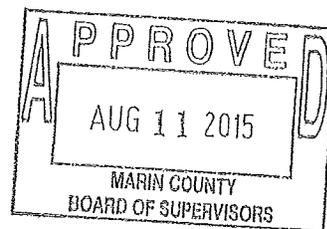


Larry Meredith, Ph.D.
DIRECTOR

20 North San Pedro Road
Suite 2028
San Rafael, CA 94903
415 473 3696 T
415 473 3791 F
415 473 3344 TTY
www.marincounty.org/hhs

August 11, 2015

Marin County Board of Supervisors
3501 Civic Center Drive
San Rafael, CA 94903



SUBJECT: HEALTH AND HUMAN SERVICES, ADMINISTRATION: TWO (2) YEAR AGREEMENT THROUGH JUNE 30, 2017 WITH TARYK ROUCHDY DBA INTERNATIONAL EFFECTIVENESS CENTERS (IEC) TO PROVIDE TRANSLATION SERVICES, AS NEEDED. (RENEWAL)

Dear Supervisors:

RECOMMENDATION: Authorize President to execute a two (2) year Agreement renewal with Taryk Rouchdy dba International Effectiveness Centers in an amount not to exceed \$200,000 for translation services.

FY 2015-16	FY 2016-17
\$100,000	\$100,000

SUMMARY: County departments require a range of translation services in many languages. These services are provided on an as-needed basis, in the language requested, by a vendor chosen through a competitive Request for Proposals (RFP) process. The necessary services might involve translations of written documents; testing of applicants for County bilingual positions; or interpretations for face-to-face client interviews or public meetings. Given the wide range of services and the episodic nature of the work, these services cannot be provided by County staff in a cost-effective manner.

CONTRACTOR PERFORMANCE: Contractor has provided high quality services and has met or exceeded the scope of service in the past.

COMMUNITY BENEFITS: As part of the Department's effort to provide and distribute up-to-date information, this contract enables the County to continue to provide timely translated information to Marin County residents, medical providers, and clients.

FISCAL/STAFFING IMPACT: Funds for this proposed agreement renewal are included in the FY 2015-16 budget in Funds Center 9000011000, County-wide Expenses. There is no increase in net County cost. This contract is funded by County General Funds. The contract allows for cancellation, with thirty days' notice, should the County not be able to continue to fund.

CA-66

PG. 2 OF 2

REVIEWED BY:	County Administrator	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
	Department of Finance	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	Human Resources	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
	County Counsel	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Sincerely,



Grant Nash Colfax, MD
Director

SAP Document Number: 10038546

CAO Contract Log # _____

COUNTY OF MARIN
PROFESSIONAL SERVICES CONTRACT
2012 - Edition 1

Dept. Contract Log # _____

THIS CONTRACT is made and entered into this _____ day of _____, 2015, by and between the COUNTY OF MARIN, hereinafter referred to as "County" and Taryk Rouchdy dba International Effectiveness Centers, hereinafter referred to as "Contractor."

RECITALS:

WHEREAS, County desires to retain a person or firm to provide the following service: Translation and Interpreting Services; and

WHEREAS, Contractor warrants that it is qualified and competent to render the aforesaid services;

NOW, THEREFORE, for and in consideration of the Contract made, and the payments to be made by County, the parties agree to the following:

1. SCOPE OF SERVICES:

Contractor agrees to provide all of the services described in **Exhibit A** attached hereto and by this reference made a part hereof.

2. FURNISHED SERVICES:

The County agrees to:

- A. Guarantee access to and make provisions for the Contractor to enter upon public and private lands as required to perform their work.
- B. Make available all pertinent data and records for review.
- C. Provide general bid and Contract forms and special provisions format when needed.

3. FEES AND PAYMENT SCHEDULE:

The fees and payment schedule for furnishing services under this Contract shall be based on the rate schedule which is attached hereto as **Exhibit B** and by this reference incorporated herein. Said fees shall remain in effect for the entire term of the Contract. Contractor shall provide County with his/her/its Federal Tax I.D. number prior to submitting the first invoice.

4. MAXIMUM COST TO COUNTY:

In no event will the cost to County for the services to be provided herein exceed the maximum sum of \$200,000 including direct non-salary expenses. As set forth in section 14 of this Contract, should the funding source for this Contract be reduced, Contractor agrees that this maximum cost to County may be amended by written notice from County to reflect that reduction.

5. TIME OF CONTRACT:

This Contract shall commence on July 1, 2015, and shall terminate on June 30, 2017. Certificate(s) of Insurance must be current on day Contract commences and if scheduled to lapse prior to termination date, must be automatically updated before final payment may be made to Contractor. The final invoice must be submitted within 30 days of completion of the stated scope of services.

6. INSURANCE:

Commercial General Liability:

The Contractor shall maintain a commercial general liability insurance policy in the amount of \$1,000,000 (\$2,000,000 aggregate). The County shall be named as an additional insured on the commercial general liability policy.

Commercial Automobile Liability:

Where the services to be provided under this Contract involve or require the use of any type of vehicle by Contractor, Contractor shall provide comprehensive business or commercial automobile liability coverage, including non-owned and hired automobile liability, in the amount of \$1,000,000.00.

Workers' Compensation:

The Contractor acknowledges the State of California requires every employer to be insured against liability for workers compensation or to undertake self-insurance in accordance with the provisions of the Labor Code. If Contractor has employees, a copy of the certificate evidencing such insurance, a letter of self-insurance, or a copy of the Certificate of Consent to Self-Insure shall be provided to County prior to commencement of work.

Errors and Omissions, Professional Liability or Malpractice Insurance.

Contractor may be required to carry errors and omissions, professional liability or malpractice insurance.

All policies shall remain in force through the life of this Contract and shall be payable on a "per occurrence" basis unless County specifically consents to a "claims made" basis. The insurer shall supply County adequate proof of insurance and/or a certificate of insurance evidencing coverages and limits prior to commencement of work. Should any of the required insurance policies in this Contract be cancelled or non-renewed, it is the Contractor's duty to notify the County immediately upon receipt of the notice of cancellation or non-renewal.

If Contractor does not carry a required insurance coverage and/or does not meet the required limits, the coverage limits and deductibles shall be set forth on a waiver, **Exhibit C**, attached hereto.

Failure to provide and maintain the insurance required by this Contract will constitute a material breach of this Contract. In addition to any other available remedies, County may suspend payment to the Contractor for any services provided during any time that insurance was not in effect and until such time as the Contractor provides adequate evidence that Contractor has obtained the required coverage.

7. ANTI DISCRIMINATION AND ANTI HARASSMENT:

Contractor and/or any subcontractor shall not unlawfully discriminate against or harass any individual including, but not limited to, any employee or volunteer of the County of Marin based on race, color, religion, nationality, sex, sexual orientation, age or condition of disability. Contractor and/or any subcontractor understands and agrees that Contractor and/or any subcontractor is bound by and will comply with the anti discrimination and anti harassment mandates of all Federal, State and local statutes, regulations and ordinances including, but not limited to, County of Marin Personnel Management Regulation (PMR) 21.

8. SUBCONTRACTING:

The Contractor shall not subcontract nor assign any portion of the work required by this Contract without prior written approval of the County except for any subcontract work identified herein. If Contractor hires a subcontractor under this Contract, Contractor shall require subcontractor to provide and maintain insurance coverage(s) identical to what is required of Contractor under this Contract and shall require subcontractor to name Contractor and County of Marin as an additional insured under this Contract for general liability. It shall be Contractor's responsibility to collect and maintain current evidence of insurance provided by its subcontractors and shall forward to the County evidence of same.

9. ASSIGNMENT:

The rights, responsibilities and duties under this Contract are personal to the Contractor and may not be transferred or assigned without the express prior written consent of the County.

10. LICENSING AND PERMITS:

The Contractor shall maintain the appropriate licenses throughout the life of this Contract. Contractor shall also obtain any and all permits which might be required by the work to be performed herein.

11. BOOKS OF RECORD AND AUDIT PROVISION:

Contractor shall maintain on a current basis complete books and records relating to this Contract. Such records shall include, but not be limited to, documents supporting all bids, all income and all expenditures. The books and records shall be original entry books with a general ledger itemizing all debits and credits for the work on this Contract. In addition, Contractor shall maintain detailed payroll records including all subsistence, travel and field expenses, and canceled checks, receipts and invoices for all items. These documents and records shall be retained for at least five years from completion of this Contract. Contractor will permit County to audit all books, accounts or records relating to this Contract. Contractor shall provide all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within a maximum of fifteen (15) days upon receipt of written notice from County. Contractor shall refund any monies erroneously charged.

12. WORK PRODUCT/PRE-EXISTING WORK PRODUCT OF CONTRACTOR:

Any and all work product resulting from this Contract is commissioned by the County of Marin as a work for hire. The County of Marin shall be considered, for all purposes, the author of the work product and shall have all rights of authorship to the work, including, but not limited to, the exclusive right to use, publish, reproduce, copy and make derivative use of, the work product or otherwise grant others limited rights to use the work product.

To the extent Contractor incorporates into the work product any pre-existing work product owned by Contractor, Contractor hereby acknowledges and agrees that ownership of such work product shall be transferred to the County of Marin.

13. TERMINATION:

- A. If the Contractor fails to provide in any manner the services required under this Contract or otherwise fails to comply with the terms of this Contract or violates any ordinance, regulation or other law which applies to its performance herein, the County may terminate this Contract by giving five (5) calendar days written notice to the party involved.
- B. The Contractor shall be excused for failure to perform services herein if such services are prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
- C. Either party hereto may terminate this Contract for any reason by giving thirty (30) calendar days written notice to the other parties. Notice of termination shall be by written notice to the other parties and be sent by registered mail.
- D. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract so long as proof of required insurance is provided for the periods covered in the Contract or Amendment(s).

14. APPROPRIATIONS:

The County's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the Marin County Board of Supervisors, the State of California or other third party. Should the funds not be appropriated County may terminate this Contract with respect to those payments for which such funds are not appropriated. County will give Contractor thirty (30) days' written notice of such termination. All obligations of County to make payments after the termination date will cease.

Where the funding source for this Contract is contingent upon an annual appropriation or grant from the Marin County Board of Supervisors, the State of California or other third party, County's performance and obligation to pay under this Contract is limited by the availability of those funds. Should the funding source for this Contract be eliminated or reduced, upon written notice to Contractor, County may reduce the Maximum Cost to County identified in section 4 to reflect that elimination or reduction.

15. RELATIONSHIP BETWEEN THE PARTIES:

It is expressly understood that in the performance of the services herein, the Contractor, and the agents and employees thereof, shall act in an independent capacity and as an independent Contractor and not as officers, employees or agents of the County. Contractor shall be solely responsible to pay all required taxes, including but not limited to, all withholding social security, and workers' compensation.

16. AMENDMENT:

This Contract may be amended or modified only by written Contract of all parties.

17. ASSIGNMENT OF PERSONNEL:

The Contractor shall not substitute any personnel for those specifically named in its proposal unless personnel with substantially equal or better qualifications and experience are provided, acceptable to County, as is evidenced in writing.

18. JURISDICTION AND VENUE:

This Contract shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue shall be in Marin County, California.

19. INDEMNIFICATION:

Contractor agrees to indemnify, defend, and hold County, its employees, officers, and agents, harmless from any and all liabilities including, but not limited to, litigation costs and attorney's fees arising from any and all claims and losses to anyone who may be injured or damaged by reason of Contractor's negligence, recklessness or willful misconduct in the performance of this Contract.

20. COMPLIANCE WITH APPLICABLE LAWS:

The Contractor shall comply with any and all Federal, State and local laws and resolutions: including, but not limited to the County of Marin Nuclear Free Zone, Living Wage Ordinance, and Board of Supervisors Resolution #2005-97 prohibiting the off-shoring of professional services involving employee/retiree medical and financial data affecting services covered by this Contract. Copies of any of the above-referenced local laws and resolutions may be secured from the Contract Manager referenced in section 21. In addition, the following NOTICES may apply:

1. Pursuant to California Franchise Tax Board regulations, County will automatically withhold 7% from all payments made to vendors who are non-residents of California.
2. Contractor agrees to meet all applicable program access and physical accessibility requirements under State and Federal laws as may apply to services, programs or activities for the benefit of the public.
3. For Contracts involving any State or Federal grant funds, Exhibit D must be attached. Exhibit D shall consist of the printout results obtained by search of the System for Award Management at www.sam.gov.

Exhibit D - Debarment Certification

By signing and submitting this Contract, the Contractor is agreeing to abide by the debarment requirements as set out below.

- The certification in this clause is a material representation of fact relied upon by County.
- The Contractor shall provide immediate written notice to County if at any time the Contractor learns that the certification was erroneous or has become erroneous by reason of changed circumstances.
- Contractor certifies that none of its principals, affiliates, agents, representatives or contractors are excluded, disqualified or ineligible for the award of contracts by any Federal agency and Contractor further certifies to the best of its knowledge and belief, that it and its principals:
 - Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal Department or Agency;
 - Have not been convicted within the preceding three-years of any of the offenses listed in 2 CFR 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
 - Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses listed in 2 CFR 180.800(a);
 - Have not had one or more public transactions (Federal, State, or Local) terminated within the preceding three-years for cause or default.
- The Contractor agrees by signing this Contract that it will not knowingly enter into any subcontract or covered transaction with a person who is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
- The Contractor to this Contract and any subcontractor will provide a debarment certification that includes the debarment clause as noted in preceding bullets above, without modification.

21. NOTICES:

This Contract shall be managed and administered on County's behalf by the Department Contract Manager named below. All invoices shall be submitted and approved by this Department and all notices shall be given to County at the following location:

Contract Manager: Maureen Lewis, Chief Operating Officer
Health & Human Services
 Dept./Location: 20 N. San Pedro Rd.
San Rafael, CA 94903
 Telephone No.: (415) 473-6843

Notices shall be given to Contractor at the following address(es):

Contractor: Taryk Rouchdy
21 Tamal Vista Blvd., Suite 234
 Address: Corte Madera, CA 94925
 Telephone No.: (415) 788-4149
 Contractor: _____
 Address: _____
 Telephone No.: _____

22. ACKNOWLEDGEMENT OF EXHIBITS:

Check applicable Exhibits

CONTRACTOR'S INITIALS

EXHIBIT A.

<input checked="" type="checkbox"/>	Scope of Services	<u>TR</u>
<input checked="" type="checkbox"/>	Fees and Payment	<u>TR</u>
<input type="checkbox"/>	Insurance Reduction/Waiver	
<input checked="" type="checkbox"/>	Contractor's Debarment Certification	<u>TR</u>
<input type="checkbox"/>	Subcontractor's Debarment Certification	
<input checked="" type="checkbox"/>	Exhibit M - Business Associate Agreement	<u>TR</u>
<input type="checkbox"/>		
<input type="checkbox"/>		

EXHIBIT B.

EXHIBIT C.

EXHIBIT D.

EXHIBIT E.

OTHER REQUIRED EXHIBITS (HHS USE ONLY)

IN WITNESS WHEREOF, the parties have executed this Contract on the date first above written.

CONTRACTOR:

By: [Signature]
 Name: Taryk Rouchdy
 Title: CEO

APPROVED BY
 COUNTY OF MARIN:

By: [Signature]
 Katie Rice, President, Board of Supervisors

.....
COUNTY COUNSEL REVIEW AND APPROVAL (required if template content has been modified)

County Counsel: _____ Date: _____

EXHIBIT A
SCOPE OF SERVICE

July 1, 2015 – June 30, 2017

Contractor: Taryk Rouchdy dba International Effectiveness Centers

Address: 21 Tamal Vista Blvd., Suite 234
Corte Madera, CA 94925

Telephone: (415) 788-4149

Contractor will provide the following services at the request of County:

1. **Translation services**

At the request of designated County staff, Contractor will translate documents according to the specifications provided by County, endeavoring to meet County timelines and formatting specifications, and according to the rate structure provided in Exhibit B. Unless otherwise specified by County, documents will be returned via email.

2. **Interpreter services**

At the request of designated County staff, Contractor will provide interpreters, all of whom will have native language fluency and be trained and experienced in culture diversity. At the time of the initial request, County will specify whether the interpretation is to be consecutive or simultaneous, and any other specifications necessary including any equipment needed. County will endeavor to give Contractor as much notice as possible of the need for an interpreter, and pay for these services according to the rates specified in Exhibit B.

3. **Language Certification and Screening Services**

At the request of designated County staff, Contractor will test individuals for their language proficiency, and provide County with the results of these tests and a certificate of proficiency if applicable. The content and manner of conducting these tests is subject to review and approval by County. Contractor will specify the individual's type of proficiency (i.e., written and/or oral) and level of proficiency. County will schedule such tests at least two days in advance and pay for these services according to the rates specified in Exhibit B.

EXHIBIT B
FEES & PAYMENT SCHEDULE

July 1, 2015 – June 30, 2017

Contractor: Taryk Rouchdy dba International Effectiveness Centers

TRANSLATION RATES

Language	Translation
Spanish	12 cents per word
Vietnamese	17 cents per word
Portuguese	16 cents per word
Chinese	16 cents per word
Russian	18 cents per word
Farsi	18 cents per word
All others	Estimates given

INTERPRETER RATES

Language	Consecutive Interpreting	Simultaneous Interpreting
Spanish	\$55/hour	\$100/hour
Vietnamese	\$60/hour	\$130/hour
Portuguese	\$70/hour	\$110/hour
Chinese	\$55/hour	\$130/hour
Russian	\$55/hour	\$130/hour
Farsi/Arabic	\$70/hour	\$130/hour
ASL	\$90/hour	\$90/hour
All other	\$70 - \$120/hour	\$110 - \$150/hour

Mileage: Attempts will be made to assign a translator who lives within 10 miles of the assignment. When this is feasible, no travel will be charged. When this is not feasible, an additional \$30 per hour would be charged for travel time.

Minimum charge per interpreter assignment: 2 hours

Language Proficiency Testing Rates

\$75 per test

Rates for Simultaneous Interpreting Equipment Rental

Standard: \$10 per headphone
\$175 for Receiver

Contract Maximum - \$200,000

FY 15/16	FY 16/17
\$100,000	\$100,000

EXHIBIT D
DEBARMENT CERTIFICATION

July 1, 2015 – June 30, 2017

Current Search Terms: Taryk* rouchdy* dba* international* effectiveness* center*

Clear Search

TOTAL RECORDS: 0	Save PDF	Export Results	Print
Result page 0 of 0	Sort by Modified Date	Order by Descending	

Glossary
[Search Results](#)
Entity

FILTER RESULTS No records found for current search.

Exclusions Search Results: Entities

No Results were found for

- Taryk Rouchdy dba International Effectiveness Center

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Taryk Rouchdy dba International Effectiveness Center is not included on the Medi-Cal Suspended and Ineligible list.
7/7/15

EXHIBIT M
BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

To the extent Contractor is a business associate as defined under the Federal Health Insurance Portability and Accountability Act ("HIPAA") and the HITECH Act, Contractor shall comply with the additional terms and conditions set forth in this Exhibit ("M") to the Professional Services Contract ("PSC" or "Contract"). This Business Associate Agreement Exhibit "M" supplements and is made a part of the Contract by and between the County of Marin, referred to herein as Covered Entity ("CE"), and Taryk Rouchdy dba International Effectiveness Centers, referred to herein as Business Associate ("BA"), to which this Exhibit "M" is an incorporated attachment.

RECITALS

CE and BA have entered into a business relationship through which BA may receive Protected Health Information ("PHI") (defined below) from CE or create, collect, transmit, retain, process or otherwise use PHI on behalf of CE pursuant to the terms of the Contract.

CE and BA intend to protect the privacy and provide for the security of PHI disclosed to, created by, or in any manner used by, BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Exhibit "M".

In consideration of the mutual promises below and the exchange of information pursuant to this Exhibit "M", the parties agree as follows:

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103. For purposes of this Exhibit "M", use of the term Business Associate includes all Contractor agents, employees, contractors or other associates providing services or assistance to Contractor under the Contract.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103. For purposes of this Contract, this term is intended to mean the County of Marin.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **DHHS Secretary** shall mean the Secretary of the U.S. Department of Health and Human Services.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

EXHIBIT M

BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - j. **Individual** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
 - k. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - l. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - m. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - o. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and this Exhibit "M". Further, and notwithstanding anything to the contrary above, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and this Exhibit "M". Further, and notwithstanding anything to the contrary above, BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Exhibit "M" and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].
 - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
 - d. **Appropriate Safeguards.** BA shall implement appropriate administrative, physical and technical safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by

EXHIBIT M

BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

the Contract that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]

- e. **Reporting of Improper Access, Use or Disclosure.** Unless stricter reporting requirements apply in accordance with federal or state laws or regulations, other provisions of the Contract, or this Exhibit "M", BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and this Exhibit "M", and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than five **(5) business days** after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]. BA shall provide notice to CE as set forth in paragraph 6.
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph d above with respect to PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within ten (10) business days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e). If any Individual requests access to protected Information directly from BA or its agents or subcontractors, BA shall inform the CE of the request without unreasonable delay, in any event no later than three (3) days of receipt of the request. If the CE permits the disclosure, the CE will inform the BA within two (2) days of the receipt of the request from BA, Whereupon the BA will be authorized to provide access to the client.
- h. **Amendment of PHI.** Within ten (10) business days of receipt of a request from CE for an amendment of Protected Information or a record about an Individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any Individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) business days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Accounting Rights.** Within ten (10) business days of notice by CE of a request for an accounting of disclosures of Protected Information, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed and (iv) a brief statement of purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the Individuals' authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) business days of a request forward it to CE in writing. However, it shall be BA's responsibility to prepare and deliver any such accounting requested and to do so in accordance with law. BA shall not

EXHIBIT M

BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

disclose any Protected Information except as set forth in Sections 2.b. of this Exhibit "M" [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528].

- j. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use, disclosure and privacy protection of Protected Information available to CE and to the DHHS Secretary for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the DHHS Secretary concurrently with providing such Protected Information to the DHHS Secretary.
- k. **Minimum Necessary.** BA and its agents or subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use, or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the DHHS Secretary with respect to what constitutes "minimum necessary."
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information. The CE is the owner of all protected information and/or records containing such PHI provided to BA pursuant to the Contract or this Exhibit "M."
- m. **Notification of Breach.** Unless stricter reporting requirements apply in accordance with federal or state laws or regulations, other provisions of the Contract, or this Exhibit "M", BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. Unless CE provides BA with written notice within 3 (three) business days that it will undertake such obligations on behalf of BA, BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations. The parties agree that CE has the sole discretion to determine whether or not it will undertake such obligations on behalf of BA and that, if it does, CE has the right to require BA to pay for any or all costs associated therewith. BA shall provide notice to CE as set forth in paragraph 6.
- n. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or this Exhibit "M" or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the DHHS Secretary. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or this Exhibit "M" or other arrangement within five (5) business days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation. BA shall provide notice to CE as set forth in paragraph 6.
- o. **Audits, Inspection and Enforcement.** Within ten (10) days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, contracts, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Exhibit "M" for the purpose of determining whether BA has complied with this Exhibit; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, contracts, policies and procedures does not relieve BA of its responsibility to comply with this Exhibit "M", nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or this Exhibit "M". BA shall notify CE within ten (10) business days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination of Contract

EXHIBIT M
BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

- a. **Material Breach.** A breach by BA of any provision of this Exhibit "M", as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** Notwithstanding any provision in the Contract to the contrary, CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Exhibit "M" to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. Indemnification

In addition to any other indemnification and defense obligation under the Contract, BA will indemnify, defend and hold harmless CE and its respective employees, directors, officers, subcontractors, agents and affiliates from and against all claims, actions, damages, losses, liabilities, fines, penalties, costs or expenses, including without limitation reasonable attorney's fees, suffered by CE from or in connection with any breach of Exhibit "M", or any negligent or wrongful acts or omissions in connection with this Exhibit "M", by BA or its employees, directors, officers, subcontractors or agents.

5. Insurance

BA shall maintain insurance with respect to BA's obligations under the Contract and this Exhibit "M" reasonably satisfying to CE and provide from time to time as requested by CE proof of such insurance.

6. Notices

Any notice to be given under this Exhibit "M" to CE shall be made via overnight mail or hand delivery at CE's address given below and by providing telephonic notification as specified below. Any such notice shall be deemed given when so delivered to or received at the proper address.

Notice to CE:

- a. Privacy Officer – Department of Health and Human Services, 3240 Kerner Blvd, San Rafael, CA 94901.
- b. Compliance and breach reporting line – (415) 473-2973.

Notice to BA:

Taryk Rouchdy dba International Effectiveness Centers
21 Tamal Vista Blvd., Suite 234
Corte Madera, CA 94925

7. Disclaimer

CE makes no warranty or representation that compliance by BA with this Exhibit "M", HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

8. Certification

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's

EXHIBIT M
BUSINESS ASSOCIATE AGREEMENT

July 1, 2015 – June 30, 2017

expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Exhibit.

9. Amendment

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or this Exhibit "M" may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Exhibit "M" embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or this Exhibit "M" when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or this Exhibit "M" providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.
- b. **Amendment of Exhibit "M".** This Exhibit "M" may be modified or amended at any time without amendment of the Contract, but only by written agreement of the parties.

10. Assistance in Litigation of Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

11. No Third-Party Beneficiaries

Nothing expressed or implied in the Contract or this Exhibit "M" is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

12. Effect on Contract

Except as specifically required to implement the purposes of this Exhibit "M", or to the extent inconsistent with this Exhibit "M", all other terms of the Contract shall remain in force and effect.

13. Interpretation

The provisions of this Exhibit "M" shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Exhibit "M". This Exhibit "M" and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Exhibit "M" shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

14. Survival of Provisions

Excepting only the provisions regarding BA's use or disclosure of Protected Information for the purpose of performing BA's obligations under the Contract, the terms of this Exhibit "M" shall survive the termination of the Contract so long as PHI obtained or generated during the term of the Contract is retained by BA.



INTEEFF-01 KHARENCA ME

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Vantreo Insurance Brokerage 100 Stony Point Rd, Suite 160 Santa Rosa, CA 95401	CONTACT NAME: Sandra Miller
	PHONE (A/C, No, Ext): (707) 546-2300 FAX (A/C, No): (707) 546-2915 E-MAIL ADDRESS:
INSURED International Effectiveness Centers 21 Tamal Vista Blvd. Suite 234 Corte Madera, CA 94925	INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company, LTD NAIC # 11000
	INSURER B: Twin City Fire Insurance Company 29459
	INSURER C: Continental Casualty Company 20443
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		57SBADO4737	04/30/2015	04/30/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			57SBADO4737	04/30/2015	04/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	57WECDI8013	09/01/2014	09/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab			425121739	03/31/2014	03/31/2016	Per Claim/Agg 1,000,000
C	Professional Liabili			425121739	03/31/2014	03/31/2016	Retention 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 County of Marin, its officers, agents and employees are included as additional insured in regards to general liability per form SS 00 08 04 05 attached

CERTIFICATE HOLDER

CANCELLATION

County of Marin Dept of Health and Human Services 20 N San Pedro Rd Ste 2028 San Rafael, CA 94903	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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BUSINESS LIABILITY COVERAGE FORM

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Real Estate Manager

Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Temporary Custodians Of Your Property

Any person or organization having proper temporary custody of your property if you die, but only:

- (1) With respect to liability arising out of the maintenance or use of that property; and
- (2) Until your legal representative has been appointed.

d. Legal Representative If You Die

Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this insurance.

e. Unnamed Subsidiary

Any subsidiary and subsidiary thereof, of yours which is a legally incorporated entity of which you own a financial interest of more than 50% of the voting stock on the effective date of this Coverage Part.

The insurance afforded herein for any subsidiary not shown in the Declarations as a named insured does not apply to injury or damage with respect to which an insured under this insurance is also an insured under another policy or would be an insured under such policy but for its termination or upon the exhaustion of its limits of insurance.

3. Newly Acquired Or Formed Organization

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain financial interest of more than 50% of the voting stock, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and

b. Coverage under this provision does not apply to:

- (1) "Bodily injury" or "property damage" that occurred; or
- (2) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

4. Operator Of Mobile Equipment

With respect to "mobile equipment" registered in your name under any motor vehicle registration law, any person is an insured while driving such equipment along a public highway with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the equipment, and only if no other insurance of any kind is available to that person or organization for this liability. However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person driving the equipment; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

5. Operator of Nonowned Watercraft

With respect to watercraft you do not own that is less than 51 feet long and is not being used to carry persons for a charge, any person is an insured while operating such watercraft with your permission. Any other person or organization responsible for the conduct of such person is also an insured, but only with respect to liability arising out of the operation of the watercraft, and only if no other insurance of any kind is available to that person or organization for this liability.

However, no person or organization is an insured with respect to:

- a. "Bodily injury" to a co-"employee" of the person operating the watercraft; or
- b. "Property damage" to property owned by, rented to, in the charge of or occupied by you or the employer of any person who is an insured under this provision.

6. Additional Insureds When Required By Written Contract, Written Agreement Or Permit

The person(s) or organization(s) identified in Paragraphs a. through f. below are additional insureds when you have agreed, in a written

BUSINESS LIABILITY COVERAGE FORM

- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after you cease to lease that equipment.

c. Lessors Of Land Or Premises

- (1) Any person or organization from whom you lease land or premises, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land or premises leased to you.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
- (a) Any "occurrence" which takes place after you cease to lease that land or be a tenant in that premises; or
- (b) Structural alterations, new construction or demolition operations performed by or on behalf of such person or organization.

d. Architects, Engineers Or Surveyors

- (1) Any architect, engineer, or surveyor, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
- (a) In connection with your premises; or
- (b) In the performance of your ongoing operations performed by you or on your behalf.
- (2) With respect to the insurance afforded to these additional insureds, the following additional exclusion applies:
- This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:
- (a) The preparing, approving, or failure to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs or drawings and specifications; or
- (b) Supervisory, inspection, architectural or engineering activities.

e. Permits Issued By State Or Political Subdivisions

- (1) Any state or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
- (a) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

f. Any Other Party

- (1) Any other person or organization who is not an insured under Paragraphs a. through e. above, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
- (a) In the performance of your ongoing operations;
- (b) In connection with your premises owned by or rented to you; or
- (c) In connection with "your work" and included within the "products-completed operations hazard", but only if
- (i) The written contract or written agreement requires you to provide such coverage to such additional insured; and
- (ii) This Coverage Part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".
- (2) With respect to the insurance afforded to these additional insureds, this insurance does not apply to:
- "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

WHAT IS LANGUAGE LINE?

LANGUAGE LINE SERVICES QUICK REFERENCE GUIDE

When receiving a call:

1. Use your phone's conference button to place the non-English speaker on hold.
2. Dial 9 1 877-261-6608
 - a. Press "1" for Spanish
 - b. Press "2" for all other languages (speak the name of the language at the prompt)
 - c. You may press "0" or stay on the line for assistance.
3. Enter on your telephone keypad or provide the representative with:
 - a. The County of Marin 6-digit Client ID: **501413**
 - b. Organization Name: Marin County – Telecom
 - c. Personal Code: **Use your 4-digit County Phone Extension Number.**

An interpreter will be connected to the call.

4. Brief the interpreter. Summarize what you wish to accomplish and give any special instructions.
5. Add the non-English speaker to the line.

When placing a call to a non-English speaker, begin at Step 2. If you need assistance when placing a call to a non-English speaker, you may press "0" to transfer to a representative at the beginning of the call.

DEMONSTRATION LINE – Want to hear a recorded demonstration of over-the-phone interpretation? Call our demonstration line at 1 800 996-8808.

UNKNOWN LANGUAGE – If you don not know which language to request, Language Line will help you; press "0" or stay on the line for assistance.

WORKING WITH AN INTERPRETER – Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

LENGTH OF CALL – Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning-for-meaning, not word-for-word. Concepts familiar to English speakers often require explanation or elaboration in other languages and cultures.

CUSTOMER SERVICE – Call 1 800 752-6096 extension 1

MENTAL HEALTH CONSUMER RIGHTS

MEMBERS OF MARIN COUNTY MENTAL HEALTH PLAN ARE ENTITLED TO:

- Be treated with respect and with consideration for their dignity and privacy.
- Services provided in a safe environment.
- Receive information on available treatment options and alternatives.
- Participate in planning their treatment and may refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request access to their medical records and to request that they be amended or corrected.
- Confidential care and record keeping.
- Informed consent to treatment and to prescribed medication(s), including potential side effects.
- Receive reasonable accommodations for disabilities.
- Register a complaint and/or file a grievance regarding services.
- The right to file a request for a State Fair Hearing upon receipt of a Notice of Action stating that the services are being denied, reduced, or terminated if they are Medi-Cal beneficiaries.
- Authorize a person to act on their behalf during the complaint, grievance, or State Fair Hearing process.
- Request a change of therapist, a second opinion, or a change in level of care.
- Have consideration of a problem or concern about services by the person or agency providing their care.
- Have access to indicated and appropriate health care services (in accordance with CFR, Title 42, Section 438.206-210).
- Receive services in the language of choice.



GRIEVANCE ■ APPEAL ■ CHANGE OF PROVIDER

What if I Don't Get the Services I Want From My County Mental Health Plan?

Marin Mental Health Plan (MMHP) members are encouraged to discuss issues regarding their mental health services directly with their provider. However, members may file a written or oral Grievance at any time without having to discuss the issue with their provider first.

Grievance and Appeal forms and self-addressed envelopes are available for beneficiaries at all Mental Health provider sites. Alternate electronic formats are also available if you have a visual or hearing impairment. A Grievance, Appeal, or Expedited Appeal may also be initiated by calling **toll-free at 1 (888) 818-1115**.

Your current Marin County Mental Health Services will NOT be adversely affected in any way by filing a Grievance.

GRIEVANCES

The Grievance process is an expression of unhappiness about anything regarding your specialty mental health services. If you feel that the resolution of your Grievance was not satisfactory, you may ask for an Appeal, Expedited Appeal, or State Fair Hearing at any time.

Your Patient's Rights Advocate or any other person you choose may assist you with filing your Grievance. You will receive written notification of receipt of your Grievance, indicating that the MMHP will resolve the Grievance within 60 days from the date of filing.

APPEALS

The Appeal process is a request for review of a problem you have with the MMHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MMHP may take up to 45 days to review it.

EXPEDITED APPEALS

If you think that waiting up to 45 days for a standard Appeal decision will jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you may request an expedited Appeal.

STATE FAIR HEARINGS

Once you have completed the problem resolution process at the MMHP, Medi-Cal beneficiaries who are not satisfied with the outcome have the right to request a State Fair Hearing. You may contact the Patient's Rights Advocate listed below for assistance in filing for a State Fair Hearing, or you may call the **State Fair Hearing Office at 1 (800) 952-5253 (Fax: (916) 229-4110)**.

Please see *The Guide to Medi-Cal Mental Health Services* booklet for more information on the various processes listed above.



CHANGE OF PROVIDER

If you receive services from a Mental Health Services clinic, *Request for Change of Provider* forms are available at the front desk. If your provider is in a private office, you can call the Mental Health Access Line at 1 (888) 818-1115 for assistance in requesting a change.



Members may contact the following offices where staff can assist them with Grievances, Appeals, Expedited Appeals, and State Fair Hearings:

Patient's Rights Advocate: (415) 256-7525
Marin Mental Health Plan: Call toll-free at 1 (888) 818-1115/TTY 1 (800) 855-2881.

DERECHOS DEL CONSUMIDOR DE SERVICIOS DE SALUD MENTAL

LOS MIEMBROS DEL PLAN DE SALUD MENTAL DEL CONDADO DE MARIN TIENEN DERECHO A:

- Ser tratados con respeto y con consideración hacia su dignidad y privacidad.
- Los servicios son proveídos en un ambiente seguro.
- Recibir información acerca de opciones para su tratamiento y sus alternativas.
- Participar en la planeación de su tratamiento y de poder rehusar tratamiento.
- Ser libre de cualquier forma de restricción o reclusión utilizada como una manera de coerción, disciplina, conveniencia o represalia.
- Pedir acceso a sus expedientes médicos y pedir que sean modificados o corregidos.
- Manejo y trato confidencial de expedientes.
- Consentimiento Informado acerca del tratamiento, de medicinas prescritas, incluyendo posibles efectos secundarios
- Recibir adaptaciones razonables para discapacitables
- Hacer un reclamo y/o hacer una queja formal respecto a los servicios.
- Los beneficiarios de Medi-Cal pueden pedir una Audiencia Justa al Estado después de recibir una Notificación de Acción indicando que los servicios han sido negados, reducidos o terminados.
- Autorizar a una persona que actúe a su favor durante el proceso de reclamo, queja, o proceso de Audiencia Justa con el Estado.
- Pedir un cambio de terapeuta, una segunda opinión, o un cambio en el nivel de cuidado que está recibiendo.
- Tener consideración acerca de un problema o preocupación respecto a los servicios dados por la persona o agencia encargada de su cuidado.
- Tener acceso a servicios de salud indicados y adecuados (en acuerdo con CFR, Título 42, Sección 438.206-210).
- Recibir servicios en el idioma de su elección



QUEJAS ■ APELACION ■ CAMBIO DE PROVEEDOR

Qué pasa si no recibo los servicios que yo quiero de mi Plan de Salud Mental del Condado?

Se les sugiere a los miembros del Plan de Salud Mental de Marín (Marín Mental Health Plan- MMHP) discutir las cuestiones acerca de los servicios de salud mental directamente con su proveedor. Sin embargo, los miembros pueden dar una queja oral o presentarla por escrito en cualquier momento sin tener que discutirlo primero con su proveedor.

Las formas de Quejas o Apelación, y los sobres con la dirección a donde enviarlos están disponibles para los beneficiarios en todas las oficinas de servicios de Salud Mental. Formatos electrónicos alternativos también están disponibles si Ud. tiene un impedimento visual o auditivo. Quejas, Apelaciones o Apelaciones Aceleradas se pueden iniciar llamando al teléfono gratis 1 (888) 818-1115.

Su plan actual de Servicios de Salud Mental del Condado de Marín NO será afectado de ninguna manera por su Queja.

QUEJAS

El proceso de quejas es una expresión de insatisfacción con respecto a los servicios especializados de salud mental. Si Ud. siente que la resolución de su Queja no es satisfactoria, Ud. puede pedir una Apelación, Apelación Acelerada, o una Audiencia Justa del Estado en cualquier momento.

El Defensor De Sus Derechos Como Paciente o cualquier otra persona que Ud. escoja le puede ayudar a llenar su Queja. Ud. recibirá una notificación por escrito de su Queja, indicándole que El Plan de Salud Mental de Marín resolverá su queja dentro de 60 días a partir de la fecha de presentación de la queja.

APELACIONES

El proceso de apelación se solicita para revisar un problema que Ud. tenga con el Plan de Salud Mental de Marín o de su proveedor, que lleva a la negación o cambios de servicios que Ud. considera que necesita. Si Ud. pide una Apelación estándar, el Plan de Salud Mental de Marín se puede tomar hasta 45 días para revisarlo.

APELACIONES ACELERADAS

Si Ud. considera que esperar 45 días para una decisión de Apelación Estándar pone en peligro su vida, salud o su habilidad para obtener, mantener, o regresar a una funcionalidad máxima, Ud. puede pedir una Apelación Acelerada.

ESTADO DE UNA AUDIENCIA JUSTA

Una vez haya completado el proceso de resolución de problemas de Plan de Salud Mental de Marín, los beneficiarios de Medi-Cal que no estén satisfechos con el resultado, tienen el derecho de pedir una Audiencia Justa con el Estado. Ud. puede contactarse al número del Defensor de Derechos de Pacientes que se encuentra abajo para pedir asistencia con una Audiencia Justa del Estado, o puede llamar directamente a la **Oficina de Audiencia Justa del Estado 1 (800) 952-5253 (Fax: (916) 229-4110).**

Por favor lea *La Guía para Servicios de Salud Mental de Medi-Cal* para obtener más información acerca de los procesos explicados en esta forma.



CAMBIO DE PROVEEDOR

Si Ud. recibe servicios en una clínica de Servicios de Salud Mental, las formas para pedir un Cambio de Proveedor se encuentran en la oficina del frente. Si su proveedor está en una oficina privada, Ud. puede llamar a la línea de Acceso de Salud Mental al 1-(888) 818-1115 para pedir asistencia con este cambio.



Los miembros pueden contactar a las siguientes oficinas donde le pueden ayudar con Quejas, Apelaciones, Apelaciones Aceleradas, y Audiencias Justas del Estado:

Defensor de los Derechos de los Pacientes:

(415) 526-7525

Plan de Salud Mental de Marín: Llame gratis al 1 (888) 818-1115/TTY 1 (800) 855-2881.

**IF YOU NEED ASSISTANCE TO
COMPLETE THIS FORM:**

- ❖ You may ask any Mental Health staff to assist you.
- ❖ You may call the Marin Mental Health Plan at the 24 hour toll-free access line at 1 (888) 818-1115
TTY 1 (800) 855-2881.
- ❖ You may call the Patients' Rights Advocate at (415) 526-7525.

State Fair Hearing

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing you may also call 1 (800) 952-5253 or send a fax to 1 (916) 229-4110.

Filing a complaint, grievance, appeal, or expedited appeal will not affect your ability to obtain services.

09/15

County of Marin

**Department of Health
& Human Services**

**Mental Health & Substance
Use Services**

**GRIEVANCE,
APPEAL, OR
EXPEDITED
APPEAL FORM**

You may return this completed form to the front desk, or you may request a postage-paid envelope to mail it to the address below.

**County of Marin
Dept. of Health & Human Services
Marin Mental Health Plan/Quality
Improvement
20 N. San Pedro Rd., # 2028
San Rafael, CA 94903**

Grievance, Appeal, or Expedited Appeal Form

-Return this completed form to the front desk, or you may request a postage-paid envelope to mail the form in to file a grievance, appeal, or expedited appeal-

Client Information:

Name _____ Date of Birth _____

Address _____

Phone/E-mail _____ Best way to reach me _____

My problem or concern is about the following program or provider: _____

Description of problem or concern: _____

What I would like to have happen: _____

I am filing a: Grievance Appeal Expedited Appeal

I authorize the following person to act on my behalf (*optional*) _____

I understand that I will not be subject to discrimination as a result of filing a grievance, appeal, or expedited appeal.

Signature of client or legal guardian _____ Date _____

Signature, if not signed by
the client or legal guardian _____ Date _____

FOR OFFICE USE ONLY

Date received _____ Grievance Appeal Expedited Appeal Oral report received by _____

File Number _____ Acknowledgement letter mailed on _____

Assigned to _____ or Referred to _____

County of Marin Department of Health & Human Services
Marin Mental Health Plan/Quality Improvement
20 N. San Pedro Rd., #2028, San Rafael, CA 94903

**SI NECESITA ASISTENCIA
LLENANDO ESTE
FORMULARIO:**

- ❖ Le puede pedir a cualquier trabajador de Salud Mental que le asista.
- ❖ Ud. puede llamar al número gratis del Plan de Salud Mental de Marín, 24 horas al día: 1 (888) 818-1115
TTY 1 (800) 855-2881.
- ❖ Ud. puede llamar al teléfono del Defensor de los Derechos de Paciente al (415) 526-7525.

Hacer un reclamo, poner una queja formal, apelar o pedir una apelación acelerada no afectara su habilidad para obtener servicios.

Audiencia Justa del Estado

Una audiencia Justa del Estado es una evaluación independiente hecha por el Departamento de Servicios Sociales de California para asegurarse que Ud. está recibiendo los servicios especializados a los cuales tiene derecho bajo el programa de Medi-Cal.

Ud. puede pedir una Audiencia Justa del Estado escribiendo a:

State Hearing Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Para pedir una Audiencia Justa del Estado también puede llamar al: 1 (800) 952-5253 o mandar un fax al 1 (916) 229-4110.

Condado de Marín

**Departamento de Salud y
Servicios Humanos**

**Mental Health & Substance
Use Services**

**FORMULARIO
PARA QUEJAS,
APELACIONES, O
APELACIONES
ACELERADAS**

Usted puede devolver este formulario completo a la recepción, o puede solicitar un sobre con franqueo pagado para enviarlo por correo a la siguiente dirección.

**County of Marin
Dept. of Health & Human Services
Marin Mental Health Plan/Quality
Improvement
20 N. San Pedro Rd., # 2028
San Rafael, CA 94903**

Formulario Para Quejas, Apelaciones, o Apelaciones Aceleradas

- Devuelva este formulario completo a la recepción, o puede solicitar un sobre prepagado para enviar por correo el formulario para presentar una queja, apelación o apelación acelerada -

Información del Cliente:

Nombre _____ Fecha de Nacimiento _____

Dirección _____

Teléfono/E-mail _____

La mejor manera para contactarme es: _____

Mi problema o preocupación es acerca del siguiente programa o proveedor: _____

Explique su problema o preocupación: _____

Qué me gustaría que pase: _____

Estoy haciendo una: Queja Apelación Apelación Acelerada

Yo autorizo a la siguiente persona para que actúe de mi parte (*opcional*) _____

Yo entiendo que no voy a ser sujeto a discriminación como resultado de hacer esta queja, apelación, o apelación acelerada.

Firma del cliente o tutor legal _____ Fecha _____

Firma, si no es firmado por el cliente o el tutor legal: _____ Fecha _____

FOR OFFICE USE ONLY

Date received _____ Grievance Appeal Expedited Appeal Oral report received by _____

File Number _____ Acknowledgement letter mailed on _____

Assigned to _____ or Referred to _____

County of Marin Department of Health & Human Services
Marin Mental Health Plan/Quality Improvement
20 N. San Pedro Rd., #2028, San Rafael, CA 94903

Physical Health Care and Dental Care

You do not need to call the MMHP for authorization of physical health services or dental care.

Mental Health Services from Primary Care Physicians

If a doctor who is not a psychiatrist can assist you with a mental health problem, you may use your Medi-Cal to pay that doctor without MMHP involvement.

Confidentiality

The MMHP is committed to protecting your privacy. We will not give out information about you or your treatment unless you give permission, or unless allowed or required by law. Your provider will be required to share information with the MMHP in order to get paid for the services provided.

Changing Providers or Getting a Second Opinion

If you need a second opinion about your mental health condition, the services you need, or if you wish to change providers, please call the MMHP.

County Medical Services Program (CMSP)

If you are insured through CMSP, you are not a member of the MMHP; however, you may still call the MMHP for information and referrals.

Your Suggestions

Members' suggestions and opinions are important to improving the quality and effectiveness of services. The MMHP periodically conducts client satisfaction surveys to get your opinions. Members are encouraged to submit ideas for improving services at any time by writing, phoning or telling a member of the MMHP in person.

Patients' Rights Advocate

Members are encouraged to discuss issues regarding their mental health services directly with their providers. Any member may also contact the County's *Patients' Rights Advocate* by calling **(415) 456-7693** at any time for information about resolving grievances.

Consumer Grievance Resolution

Members who have a grievance are encouraged to discuss it directly with their providers. Members may also call the MMHP to file a grievance over the phone; or you may request a grievance form from your provider, or from the MMHP at **(415) 473-6785** in order to file a written grievance. Grievances are reviewed by the MMHP, which assures timely resolution within 60 days of the filing. Members may authorize another person to act on their behalf at any point in this process.

Advanced Health Care Directive

MMHP members have the right and are encouraged to have an Advanced Health Care Directive. For complaints about the Advance Directive requirement, please call (800) 236-9747.

Fair Hearings

When members receive a Notice of Action stating that services have been denied, changed or terminated, they may file for a State Fair Hearing. To find out how to schedule your Fair Hearing, you may call **(800) 952-5253**. The FAX is **(916) 229-4110** or you may send mail to: Fair Hearings, 744 P St, Box 19-37, Sacramento CA 95814-6485.

State Mental Health Ombudsman

If you need help finding information about Medi-Cal services and your rights, you can call the CA Dept of Mental Health Ombudsman in Sacramento at **(800) 896-4042**.

MEMBER HANDBOOK

MARIN MENTAL HEALTH PLAN

County of Marin
Dept of Health & Human Services
Mental Health and Substance Use Services
Marin Mental Health Plan
P. O. Box 2728
San Rafael CA 94912-2728

Outpatient Authorization:
Phone: (415) 473-3068 or
(888) 818-1115 (toll free)
Fax: (415) 473-2353

Welcome to the Marin Mental Health Plan (MMHP). As your Mental Health Plan, we have the responsibility for making needed mental health services readily available to you; as a member, you have certain responsibilities. This handbook will describe both. If you have further questions after reading it, you may call **(415) 473-3068** (local call) or **(888) 818-1115** (toll-free in California) to have your questions answered.

Se Usted Habla Español

Se necesita esta información en español, por favor llame al **(415) 473-3068** o al **(888) 818-1115** (gratis en California).

How To Get Mental Health Services

All mental health services that are not emergencies will be provided for MMHP members by staff of Community Mental Health Services, contracted community agencies and private therapists. If you are already receiving services from a Medi-Cal provider (a psychiatrist or psychologist), ask your provider if he or she has joined the MMHP network of providers. If so, your provider can assist you with continuing your services. If not, call the MMHP at **473-3068** or **(888) 818-1115** (toll-free) to receive a referral to a new provider.

As Medi-Cal beneficiaries, if you think you or a family member needs mental health services, simply call the Outpatient Authorization Team (see front cover for numbers).

The MMHP can give you information and assess your need for treatment. Based on the needs of each person, the Team may give you a referral and/or authorize services.

Responsibilities of the MMHP

- Provide access to medically necessary mental health services;
- Make sure providers are available to serve the needs of members;
- Work with you and your provider to ensure quality mental health services;
- Respond to the needs of our members, both adults and children;
- Provide grievance and Fair Hearing procedures that are available to, and easy to use by, all beneficiaries.

Responsibilities of MMHP Members

- Call the MMHP when you need services or have questions about your *mental health* services. Keep all of your scheduled appointments.
- Call your provider at least a day in advance if you have to miss a scheduled appointment.
- If you have any other health insurance like Medicare, Kaiser, or Blue Cross, please inform the MMHP at the time of your first contact.
- Follow the plan of care you have agreed to with your provider.
- If your medications don't work or have unpleasant side effects, contact your provider.
- Get any necessary prescriptions renewed before they run out.
- Ask your provider to explain your treatment whenever you don't understand something.
- Tell your mental health provider if you are receiving other health care services.
- Use a hospital emergency room or Psychiatric Emergency Services (473-6666) **ONLY in emergency situations.**

Emergency Services

Psychiatric Emergency Service (Crisis Intervention) is available 24 hours a day, seven days a week, at the Psychiatric Emergency Service (PES) at 250 Bon Air Rd, Greenbrae in the Marin General Hospital building, or by calling **(415) 473-6666**. If you are outside of Marin County and have a life-threatening emergency, call **911** or go to the nearest emergency room. If you need continued services after the emergency, call the MMHP at **(415) 473-3068** or **(888) 818-1115** (toll-free).

Hospital Services are provided to members for evaluation and treatment of severely acute conditions for which services cannot be provided on an outpatient basis.

Outpatient Services

Counseling focuses on problems. The aim is to reduce distressing symptoms and help you achieve your goals. This may include individual, family, or group counseling.

Medication Services professionals evaluate the need for psychiatric medications, provide prescriptions, and educate members about compliance, side effects and effectiveness.

Intensive Services

A case manager can arrange long-term care. Services may include adult case management, day treatment (for children or adolescents) and older adult case management and peer counseling.

Prescription Drugs

Ask your psychiatrist to determine if your medications are covered by Medi-Cal. You will need a written prescription from your psychiatrist to get these medications. You can continue to use your current pharmacy or ask your psychiatrist for the name of a convenient pharmacy.



California Department of Health Care Services

516
SPANISH
Adult and
Older Adult

Por favor ayude a nuestra agencia a mejorar los servicios que le ofrecemos, contestando algunas preguntas. Sus respuestas serán confidenciales y no influenciará en los servicios que usted recibe actualmente o en el futuro. Por favor rellene completamente el círculo que corresponda con su opinion sobre cada una de las siguientes declaraciones.

EJEMPLO: ●

Encuesta para el Consumidor del Programa de Mejoramiento de Estadísticas de Salud Mental Comunitario (MHSIP)*:

Por favor responda las siguientes preguntas basándose en los últimos 6 meses que usted recibió servicios. Si no a recibido servicios por 6 meses, responda basándose en los servicios que usted a recibido hasta ahora. Indique si usted está **Definitivamente de acuerdo, De acuerdo, Indeciso, En desacuerdo o Definitivamente en desacuerdo** con cada una de las siguientes declaraciones. Si la pregunta es sobre algo que usted no a experimentado, rellene el círculo que dice **No Aplica** para indicar que está declaración no le aplica a usted.

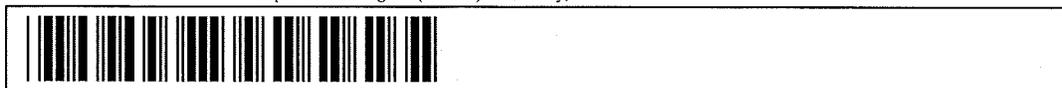
	Definitivamente de acuerdo	De acuerdo	Indeciso(a)	En desacuerdo	Definitivamente en desacuerdo	No Aplica
1. Estoy satisfecho(a) con los servicios que recibí en esta agencia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Aunque tuviera otras opciones, yo preferiría seguir recibiendo servicios en esta agencia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Yo le recomendaría esta agencia a un(a) amigo(a) o familiar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. La localidad (estacionamiento, transportación pública, distancia, etc.) de la agencia donde yo recibí servicios fue conveniente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. El personal estaba dispuesto a verme todas las veces que fuera necesario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. El personal me regresó mis llamadas dentro de 24 horas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Los servicios estaban disponibles a horarios que eran convenientes para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Recibí todos los servicios que yo pensé necesitaba.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Pude ver a un psiquiatra cuando yo quise o pensé necesitarlo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. El personal de esta agencia cree que puedo crecer, cambiar y recuperarme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Me sentí cómodo(a) para hacer preguntas sobre mi tratamiento y medicamento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Sentí que podía quejarme, si fuera necesario.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Me dieron información sobre mis derechos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. El personal me motivo para poder tomar responsabilidad por la manera en que vivo mi vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. El personal me informó sobre los posibles efectos secundarios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. El personal respetó mis deseos sobre quién puede y quién no puede recibir información sobre mi tratamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. El personal no decidió, sino que yo decidí mis metas para el tratamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. El personal tomó en cuenta y fue sensible a mis antecedentes étnicos y culturales (raza, religión, lenguaje, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. El personal me ayudó a obtener información que necesitaba para que yo pudiera controlar mi enfermedad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Me recomendaron usar programas administrados para el consumidor, como grupos de apoyo, llamar a la línea telefónica de crisis y visitar centros disponibles a cualquier hora.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Para uso de la oficina solamente

Página 1 de 3

Serial Number:

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.



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44583

Como resultado de los servicios que recibí:	Definitivamente de acuerdo	De acuerdo	Indeciso(a)	En desacuerdo	Definitivamente en desacuerdo	No Aplica
21. Es más fácil para mí tratar de solucionar mis problemas de cada día.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Puedo controlar mi vida mucho mejor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Puedo controlarme mejor en causa de una crisis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Me llevo mejor con mi familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Me desenvuelvo mejor en situaciones sociales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Me va mejor en la escuela o en el trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Mi situación de vivienda a mejorado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Mis síntomas no me molestan tanto como antes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Me involucro en cosas que son más significantes para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Soy más capaz de cuidar y ocuparme de mis necesidades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Soy más capaz de manejar las cosas cuando me salen mal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Soy más capaz de hacer cosas que yo quiero hacer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Para preguntas 33-36 por favor responda tomando en cuenta las relaciones que usted tiene con otras personas que no sean su proveedor(es) de salud mental.

Como resultado de los servicios que recibí:	Definitivamente de acuerdo	De acuerdo	Indeciso(a)	En desacuerdo	Definitivamente en desacuerdo	No Aplica
33. Estoy feliz con las amistades que tengo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Tengo gente con las cuales puedo hacer cosas agradables y que disfruto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Siento que pertenezco y soy parte de mi comunidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. En caso de una crisis, yo tendría el apoyo que necesito de mi familia o amigos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Por favor responda las siguientes preguntas para que nos deje saber como usted se encuentra.

1. ¿Aproximadamente, ¿cuanto tiempo tiene usted recibiendo servicios aquí?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
○ Está es mi primera visita aquí.	○ 1 a 2 meses	○ Más de 1 año	
○ He tenido más de una visita pero he recibido servicios por menos de un mes.	○ 3 a 5 meses		
	○ 6 meses a 1 año		

Si ha recibido servicios durante UN AÑO O MENOS, llene el espacio de la izquierda. Si ha recibido servicios durante MAS DE UN AÑO, llene el espacio de la derecha. No es necesario que llene ambos espacios.

UN AÑO o MENOS	MAS DE UN AÑO
2. ¿Desde que empezó a recibir servicios de salud mental, ha sido usted arrestado? <input type="radio"/> No <input type="radio"/> Sí	2. ¿Fue usted arrestado durante los pasados 12 meses? <input type="radio"/> No <input type="radio"/> Sí
3. ¿Fue usted arrestado durante los 12 meses antes de recibir servicios? <input type="radio"/> No <input type="radio"/> Sí	3. ¿Fue usted arrestado durante los 12 meses antepasados? <input type="radio"/> No <input type="radio"/> Sí
4. Desde que usted empezó a recibir servicios de salud mental, sus encuentros con la policía han: <input type="radio"/> Disminuido (por ejemplo, no ha sido arrestado, molestado por la policía, no ha sido llevado a un albergue o programa de crisis) <input type="radio"/> Mantenido igual <input type="radio"/> Incrementado <input type="radio"/> No aplica (No e tenido ningún encuentro con la policía este año o el año pasado)	4. Durante el año pasado, sus encuentros con la policía han: <input type="radio"/> Disminuido (por ejemplo, no ha sido arrestado, molestado por la policía, no ha sido llevado a un albergue o programa de crisis) <input type="radio"/> Mantenido igual <input type="radio"/> Incrementado <input type="radio"/> No aplica (No e tenido ningún encuentro con la policía este año o el año pasado)

Para uso de la oficina solamente

Página 2 de 3

Serial Number:



44583



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Por favor responda las siguientes preguntas para que nos de a saber un poco más sobre usted.

5. ¿Cuál es su sexo? Femenino Masculino Otro
6. ¿Es usted de origen Mexicano/Hispano/Latino? No Sí No sé
7. ¿Cuál es su raza? (Por favor llene todas las respuestas que apliquen.)
 Anglosajón / Blanco Indio Americano / Nativo de Alaska Raza desconocida
 Afro-Americano / Negro Nativo de Hawai / De otras Islas del Pacífico
 Asiático Otra raza
8. ¿Cuál es su fecha de nacimiento? / /
MM DD AAAA
9. ¿Los servicios que usted recibió fueron proveídos en el idioma que usted prefirió? No Sí
10. ¿Hubo información escrita disponible para usted en el idioma que usted prefirió (por ejemplo, folletos describiendo los servicios disponibles, sus derechos como consumidor y materiales educativos sobre la salud mental)? No Sí
11. ¿Cuál fue la razón principal por la cuál usted se involucro con este programa? (Marque solo una respuesta)
 Yo decidí venir por mi propia voluntad.
 Alguien más recomendó que yo viniera.
 Vine encontra de mi voluntad.
12. Por favor identifique quién le ayudó a completar cualquier parte de está encuesta. (Marque todas las respuestas que apliquen)
 No necesité ayuda. Un entrevistador profesional me ayudó.
 Un partidario de salud mental/voluntario me ayudó. Mi clínico o manejador de caso me ayudó.
 Otro usuario de servicios de salud mental me ayudó. Un miembro del personal que no sea mi clínico o manejador de caso me ayudó.
 Un miembro de mi familia me ayudó. Alguien más me ayudó. ¿Quién?

13. Estamos interesados en recibir sus comentarios ya sean positivos o negativos. Sí tiene algún comentario escríbalo en este espacio, o si es necesario detrás de esta pagina. También nos interesa saber si hay áreas (preguntas) que no cubrimos, que usted piensa deberíamos de cubrir en este cuestionario. Sí es así, por favor escríbalas aquí. Gracias por cooperar con nosotros y por tomar su tiempo para completar este cuestionario.

!Gracias por tomar el tiempo para responder estás preguntas!

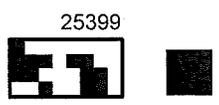
Para uso de la oficina solamente Página 3 de 3

Reason for not completing: Impaired Refused Language Already Completed Other Age 60 or older

CSI County Client Number:

Date of Survey Administration:
 / /
MM DD YYYY

Serial Number:

County of Marin Mental Health & Substance Use Services (MHSUS)	POLICY NO. MHSUS-16
POLICY: <u>USE OF INTERPRETERS</u>	Review Date: April, 2019
SUPERCEDES – PP209-04 AND 208-12	Date Approved: April 15, 2016 Date Reviewed/Approved:
	By: <u>Suzanne Tavano, PhD</u> Suzanne Tavano, PhD Director, MHSUS

POLICY:**USE OF INTERPRETERS****I. PURPOSE:**

The purpose of this policy to provide culturally and linguistically competent interpretation and translation assistance to individuals seeking or receiving mental health and/or substance use services, including those who do not meet the threshold language criteria, those who have Limited English Proficiency (LEP), or those who have other language or communication barriers (i.e. visual or hearing impairment), in a manner that affords equal access to these services.

II. REFERENCES:

Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d. CFR, Title 45, Part 80
California Government Code, §§ 11135 & 7290 et seq.
California Health and Safety Code § 1259
California Code of Regulations, Title 9, Chapter 11, Section 1810.410(e)(2)
DMH Information Notice No. 02-03, Enclosure, Page 17
DHCS Medi-Cal Review Protocol

III. POLICY:

Marin County's Mental Health and Substance Use Services Division (MHSUS) shall make services available to all qualified consumers who need them in a manner that promotes, facilitates and provides equal access. Services shall be delivered in ways which recognize, are sensitive to, and respectful of individual and cultural differences. MHSUS shall provide culturally and linguistically competent interpretation and translation assistance to individuals seeking or receiving mental health services, including those who do not meet the threshold language criteria, those who have limited English proficiency (LEP), or those who have other language or communication barriers (i.e. visual or hearing impairment), in a manner that affords equal access to these services.

All individuals served by MHSUS shall be informed, in a language they understand, that they have the right to language assistance services. MHSUS shall ensure that interpreter services are available for all languages at key points of contact to assist consumers with access to specialty mental health services. MHSUS shall ensure that language assistance services are made available in a timely fashion, as is reasonably possible given the time of day and presenting circumstances, and are of no cost to the individual.

County of Marin Mental Health & Substance Use Services (MHSUS)	POLICY NO. MHSUS-16
	Review Date: April, 2019
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SUPERCEDES – PP209-04 AND 208-12	

IV. AUTHORITY/RESPONSIBILITY:

Program Managers/Supervisors
Quality Management/Compliance

V. PROCEDURE:

A. Key Points of Contact:

- (1) MHSUS shall maintain an operating 24-hour telephone line with statewide toll-free access and threshold language capability for consumers provided through Marin County, (415) 473-6666 or (888) 818-1115).
- (2) In addition, threshold language speaking staff and/or interpreters shall be made available at the following key locations:
 - (a) 3230 Kerner Blvd, San Rafael; Youth and Family Services.
 - (b) 3270 Kerner Blvd, San Rafael; STAR Program, Adult O/P Services.
 - (c) 250 Bon Air, Greenbrae; Psychiatric Emergency Services and Adult O/P Clinic.
 - (d) 100 6th Street, Pt. Reyes; West Marin Service Center.
 - (e) 20 North San Pedro Road, San Rafael; Administrative Offices.
 - (f) 10 North San Pedro Road, San Rafael; HOPE Program.

B. Use of Interpreter Services:

- (1) Consumers with limited English language proficiency and other language or communication barriers shall be identified as early as possible during the initial contact with MHSUS.
- (2) MHSUS shall maintain availability and access to language services 24 hours per day, seven days per week, depending on the business hours of the program, as to avoid delay in service to benefit individuals with LEP.
- (3) MHSUS shall **NOT** require or expect individuals with LEP to use family members, escorts or friends as interpreters.
 - (a) In emergency situations, an individual's adult family members, escorts, or friends may be asked to provide basic information in order for the individual to receive immediate and appropriate services. This shall not replace but shall take place pending the securing of an interpreter.

County of Marin Mental Health & Substance Use Services (MHSUS)	POLICY NO. MHSUS-16 Review Date: April, 2019
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- (b) An individual with LEP may secure the services of his or her own interpreter at personal expense or through family or friends; however, this does not waive the responsibility of the MHSUS to provide interpreter services.
 - (c) **MHSUS prohibits the use of minors as interpreters.**
- (4) Interpreters services shall be used in all of the following situations:
- (a) Interpreter services are necessary for the consumer to access any services provided by any county operated mental health program.
 - (b) An interpreter is requested by the consumer.
 - (c) An interpreter is requested by a service provider on behalf of the consumer.
- (5) All consumers will be linked to appropriate services whether or not they meet threshold language criteria.
- (6) Whenever feasible, and at the request of the consumer, MHSUS will provide an opportunity to change persons providing the specialty mental health services, including the right to use culturally specific providers, per MHSUS policy.

C. Steps for Securing Interpreter Services:

- (1) Whenever possible, a MHSUS bilingual employee shall be used to facilitate bilingual communication.
 - (a) The names, phone numbers, work locations, and times of availability of bilingual staff will be placed on a centralized list at each service site.
 - (b) Clinical bilingual staff should always be used to facilitate bilingual communications **prior** to using contracted interpreter services such as the Language Line Services.
- (2) In the absence of a MHSUS bilingual employee, MHSUS staff will offer and secure a certified interpreter from the agency currently contracted by Marin County Health and Human Services and MHSUS to provide interpreter services.
- (3) When neither a bilingual employee nor a contracted interpreter service is available to provide interpreter services, MHSUS staff shall contact either:
 - (a) International Effectiveness Services (IEC) at (415) 788-4149; or
 - (b) The Language Line Services 1(877) 261-6608.

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- (4) For consumers who are hearing or speech impaired, Language Line Services will connect the caller and the provider through the use of the TTY Line. Staff calls 1-800-855-2881 for this service. This requires the use of the TTY device. The device is available on site at the Psychiatric Emergency Services and staff are routinely trained in its use.
- (5) When reception receives a phone call from an individual with Limited English Proficiency, the Language Line Services will be used as the primary response when bilingual reception staff is not available.
- (6) All staff will receive training in the use of the language line at the time of employment, and periodically thereafter.

D. Translated Written Materials:

- (1) Major written communications of MHSUS services shall be made available in the county's threshold language(s) as well as in English.
- (2) Translation of English documents into the county's threshold language(s) shall be obtained from official federal, state, or county government publishers or from a contracted language translation agency.
- (3) All translated materials shall be field tested prior to public release.
 - (a) Field testing will be provided by a bilingual/bicultural staff person from a Community Based Organization or MHSUS.
- (4) Major written communications, usually displayed and easily accessible to consumers in all public reception areas of MHSUS, shall be made available in the threshold language(s) as well as English.
- (5) Major communications mailed to consumers from MHSUS shall be made available in the threshold language(s) as well as English.

E. Documentation of Use of Interpreters:

- (1) The types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the consumer and which may require the use of interpreter services, include, but are not limited to:
 - (a) Obtaining psychiatric and medical histories;
 - (b) Providing emergency psychiatric services;

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- (c) Explaining any diagnosis and plan for treatment;
- (d) Discussing any mental health issues or concerns;
- (e) Explaining medication instructions or change of regimen of medications, and potential side effects;
- (f) Explaining the use of seclusion or restraints;
- (g) Obtaining informed consent.

- (2) The documentation of the provision and the means of provision of interpreter services shall be recorded in the medical record.

F. Monitoring and Authorization:

- (1) The Quality Improvement Committee will be responsible for annually monitoring the implementation of the Quality Improvement Work Plan as it pertains to language access and the delivery of culturally competent mental health services.

FACT SHEET ON TRANSLATION OR INTERPRETATION SERVICES

Effective July 1, 2015, the County has renewed its contract with International Effectiveness Centers (IEC), located in Corte Madera, to provide translation or interpretation services. The contract is in effect through June 30, 2017. The following is a guide on how to access these services:

Translation of Written Materials - (Documents, Forms, etc.)

Please ensure documents sent for translation are final documents that do not require further review and revision within the County to avoid multiple translations of the same document. Allow a lead time of at least one week for translation requests to be completed. While translation can be provided on a "rush" basis, please try to adhere to the lead time indicated.

Documents for translation should be sent via email to: iec@ie-center.com
While email submission is preferred, requests may be sent via fax to (415) 788-4829.

Requests for translation should include the following information:

1) Contact information for the County staff person requesting translation

- Name
- Department
- Program
- Telephone number

2) Information on the type of translation services requested

- Language(s) to be translated into
 - *Reading levels:* It is strongly suggested that the document be written at the same reading level that you would like in the translated document.
- Any special formatting requirements
- Time frame for completion of translation (target or hard due date to County)

Interpreters (Face-to-face meetings, Events, & Presentations)

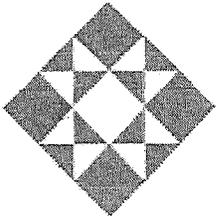
Requests for interpreter services should be made by phone or by fax. You are encouraged to give IEC as much advance notice as possible for these requests. A minimum of a 2 day lead time is needed for most interpreters and a 24-hour cancellation policy applies.

Phone number for interpreter requests: (415) 788-4149
FAX number for interpreter requests: (415) 788-4829

Requests for interpreter services should include:

1) Contact information for the County staff person requesting interpreter service

- Name
- Department
- Program
- Telephone number



CommunityActionMarin

CLIENT DRIVEN RECOVERY AND WELLNESS

I.

- A. Our History & Mission Statement are found on our website (camentalhealth.net).

See attached

Enterprise Resource Center's schedule is attached. (Note: Bilingual Advocate)

Peer Counseling Education introduces staff to cultural competency.

See attached highlighting:

- Module 1
- Module 2
- Module 3
 - Module 2 see attached Table of Contents for Peer Counseling and Case Management

II.

- A. County Referrals

- Access Line: (888)-818-1115

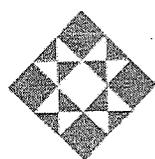
Canal Community Alliance Referrals

- Adrian Aragon: (415)-454-2640
- Relias
 - Required annual trainings for all staff and all volunteers include Cultural Competency
- Cultural Competency County Trainings
- Bilingual (Spanish) Advocate Esmeralda Garcia: (415)-526-7525

- B. Enterprise Resource Center's Brochure is attached.

- C. Medi-Cal information available in English & Spanish at the ERC and 29 Mary St.

- D. ERC information available in the attached Brochure. ADA approved drop-in center at the Wellness Campus.



Community Action Marin

Mental Health Programs

HISTORY:

Home

Programs & Services

Education & Training

Recent Events

Art Slam/deYoung Museum

Upcoming Events

1108 Art Gallery

Bipolar Depression Support Group

Poetry Corner

Links & Resources

Newsletter

FAQ's

Locations

What do you think?

New Job Openings Updated
10/19/2016

Donate

Contact Us

Fall 2016 Schedule

Community Action Marin's Mental Health programs began with the "Enterprise Resource Center" program. The peer run facility day drop-in center had been serving Marin County since the 1980's and began a partnership with Community Action Marin more than twenty years ago. Fifteen years ago the Mental Health Department added its second program, "Mental Health Outreach." From that point in time to the present our Mental Health Programs have continued to grow in number. Today they number ten with the major themes being our drop-in center, outreach programs, telephone counseling, companion programs, education, peer case management, and employment.

MISSION STATEMENT:

The mission of Community Action Marin's Mental Health Programs is to provide an atmosphere of warmth and caring that will give the best opportunities for those with mental illness to reach their highest potential. The Mental Health Program is committed to teaching, empowering, and advocating for our clients.

All services are provided by trained Mental Health Peer Counselors. Our activities range from working with individuals and families as peer case managers to helping people through times of crises. Referrals to us can be made through a variety of ways including calls directly from clients, family members, friends, law enforcement officers, community agencies, therapists and physicians.

For more information, please email us at mparker@camarin.org

Peer Counseling Education

Module 1: Introduction to Peer Counseling

This course starts with a section on symptom management utilizing the Wellness Recovery Action Plan (WRAP) format. Following an introduction to cultural competency the majority of the course is concerned with building effective communication skills with a special emphasis on listening skills that are integral to peer counseling.

Module 2: Peer Counseling and Case Management

This course is primarily concerned with culture and mental illness. It looks at the cultural variations in understanding mental illness. Race and ethnicity in the United States are considered in terms of access, diagnosing, treatment, and outcomes. Material is also presented comparing treatment and outcomes in the West compared to the developing world. This manual also includes material on ethics and note-taking.

Module 3: Introduction to Abnormal Psychology

This course deals almost exclusively with abnormal behaviors and how in exaggerated forms they may lead to clinically significant mental disorders as they are described in the DSM 5. (Diagnostic and Statistical Manual). This is a survey course highlighting the most prevalent diagnoses, describing the current research on causation and briefly outlining types of treatment available. Cultural differences in diagnoses are surveyed.

Module 4: Introduction to Psychiatric Medications

This course presents material on psychotropic medications from a first exposure perspective. The material is not subjective with respect to cause and effect, but is clinical connecting behavior modification and pharmacology. The material introduces classes of medications coupled with types and classifications of mental disorders. The main objective of the course is to introduce symptom management with pharmacology.

Module 5: Advanced Peer Counseling/Case Management

This advanced course offers introductory information about Axis I and Axis II diagnoses, how they are presented in the DSM, how they are diagnosed, coded, and classified. It also offers students the opportunity to participate in mock treatment conferences in order to understand how a Client Treatment Plan is developed and implemented.

ENTERPRISE RESOURCE CENTER

Fall Schedule 2016

MONDAYS:

11am – 12pm	IMPROV Group w/Michael Dunne
12:30pm - 1pm	Smoke Busters! In the LRAC Room
1pm – 2pm	Women of Courage w/Michele Stewart (Dual Diagnosis Group for women ONLY)
2pm – 3pm	Process Group

TUESDAYS:

10:30-11:30am	Life Management w/ Crisis Planning w/ Andrew F.
12pm – 1pm	Managing Voices & Negative Thoughts w/Robin Buccheri (2 nd Tues. of the month)
1pm – 2pm	Women's Support Group
2pm - 3pm	Process Group
6pm – 8pm	NAMI Family Support Group (2 nd and 4 th Tues. of each month)

WEDNESDAY:

11am-12:30pm	PEER COMPANIONS
1pm – 3:30pm	Computer Tutorials w/Peer Counselor
2:00pm – 3:00pm	Process Group
3pm – 4pm	"Groups Made Easy" w/Terry Fierer (3 rd Wed of month)
6pm – 8pm	DBSA (Depression Bipolar Support Alliance) w/ Ona Weizmann

THURSDAYS:

10:45 – 11:45am	Drama Therapy
12-1pm	WRAP w/ Leah and Marisa
1pm - 2pm	Dual Diagnosis Group w/Alex Markels and Lisa Peacock Compton
2pm – 3pm	Process Group
7pm - 8:30pm	NAMI English/ Spanish Bi lingual Family Support Group (1 st and 3 rd Thurs of the month)

FRIDAYS:

10am – 11am	Movement Group with Anna Webb called "Movement Makes You Happy!"
2pm – 3pm	Process Group
2:30-5:00	WRITE-ON Group with Robert Harry Rovin in the LRAC Room

NOTE: M-F a bilingual advocate, Esmeralda Garcia is available by appointment: CALL 415-526-7525.
One-on-one Peer Counseling available by appointment: CALL 415-721-2234
Crisis Planning with Deborah Sawicki by appointment: CALL 415-306-3289

SATURDAYS:

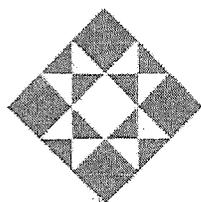
12noon – 1pm	Process Group
1pm - 4pm	Art Group w/Marisa in the LRAC Room
	Movie in Group Room

SUNDAYS:

1pm – 2pm	Process Group	
2pm - 3pm	DRA Group (Dual Recovery Anonymous)	9/14/16

Website: camentalhealth.net
 (415) 457-4554

9am to 4pm M-F and 10am to 4pm Sat. & Sun.
 3270 Kerner Blvd., Bldg. A, Suite C, San Rafael, CA 94901



Community Action Marin

**PEER COUNSELING
AND
CASE MANAGEMENT**

INSTRUCTION MANUAL

**Compiled, Edited, and Written by
Michael Payne, Dir.
Mental Health Programs,
Community Action Marin**

Proofread by Terry Fierer

Table of Contents

	Page
Introduction	9
SECTION I	10
What is Recovery?	10
What are People Recovering From?	10
What is the Impact of Mental Illness on One's Sense of Self?	11
Loss of Sense of Self	12
Loss of Connectedness	12
Loss of Power	13
Loss of Valued Roles	13
Loss of Hope	13
How Peer Counselors/Case Managers...	13
Taking Stock	14
Putting One's Self Into Action	14
Reclaiming Connectedness	15
Acceptance	17
Self-will/self-monitoring	17
Mutual aid groups/supportive friends	17
Spirituality	18
A significant other	18
Temporal perspective	18
Reclaiming Valued Roles	18
1. Vocational training and work	19
2. Supported Education	19
3. Mentors	19
4. Models	19
5. Reclaiming Hope	20
6. Medication	21
Conclusion	21
Experiences of Those Who Supervise Employees...	23
• Treat them like employees...	24
• Strive for clear and direct communication	24
• Provide adequate orientation and training	25
• In general, let the employee raise...	25
• Consumers may be hesitant to discuss...	26
• If you're hiring consumers into a hostile environment...	26
• Ask consumers what they need or want in a supervisor	27

Advice for Those Who Supervise Employees Who Are Also Consumers	27
Conclusion	28
Cultural Competency and Recovery...	29
Abstract	29
What is Cultural Competency?	29
And why is it important?	29
Culture and language ...	30
Glossary of Terms	30
CLAS standards	30
Culture	30
Cultural and linguistic competence in health	31
Culturally and linguistically appropriate services	31
Health care organizations	31
Limited-English proficiency	31
Patient/consumers	32
Staff	32
Code of Ethics	33
I. Principles of Confidentiality	34
II. Principle of Responsibility Toward Clients	35
III. Principles of Responsibility Toward Family Members	36
IV. Principle of Responsibility of Staff Toward one another	37
V. Principle of Responsibility to the public	38
VI. Principle of non-exploitation	39
VII. Principle of quality of service	40
VII. Principles of ethical behavior	41
Is there a difference between counseling and therapy?	42
Counseling	42
Therapy	42
Something to keep in mind:	43
The Difference Between Counseling & Therapy	43
Mental Health Case Manager	44
Position Purpose (definition)	44
Examples of Duties and Responsibilities	44
Human Behavior	45
Factors affecting human behavior	45
Culture	46
Cultures within a society	46
Cultures by region	47
Cultural change	47
Executive summary	48
Chapter 2: Culture Counts	49
Chapter 3: African Americans	50
Need for Services	50
Availability of Services	51
Access to Services	51

Utilization of Services	51
Appropriateness and Outcomes of Services	51
Chapter 4: American Indians and Alaska Natives	51
Need for Service	52
Availability of Services	52
Access to Services	52
Utilization of Services	52
Appropriateness and Outcomes of Services	52
Chapter 5: Asian Americans and Pacific Islanders	52
Need for Services	52
Availability of Services	53
Access to Services	53
Utilization of Services	53
Appropriateness and Outcomes of Services	53
Chapter 6: Hispanic Americans	53
Need for Services	53
Availability of Services	53
Access to Services	54
Utilization of Services	54
Appropriateness and Outcomes of Services	54
Culture and Mental Illness	54
Excerpts from a transcript between the "Washington Post..."	54
Racial Disparities Found in Pinpointing Mental Illness	56
Rethinking a Diagnosis	59
Social Network's Healing Power is Borne Out in Poorer Nations	62
Families Play a Crucial Role	66
Battling Social Withdrawal	67
SECTION II	68
Peer Counseling an Overview	68
Introduction	68
Independent Living model	69
Advantages	69
Personal Characteristics	69
Ethics	70
Models of peer counseling	70
1. The generalist approach	70
2. Instructional counselor	70
Outreach	70
Advocacy	71
History	71
Program planning	71
Conclusion	72
Five Great Lessons	72
1. Most Important Question	72

2. Pickup in the Rain	72
3. Always remember those who serve	73
4. The Obstacle in Our Path	73
5. Giving Blood	73
Three Cases of Peer Counseling Dilemmas	74
1. The woman at the top of the stairs	74
2. The Lakota man from San Quentin	74
3. The hippie	75
Case Management	75
From the Encyclopedia of Mental Disorders	75
Definition	75
Purpose	75
Historical background	76
Models of case management	76
Assertive community treatment	77
Intensive case management	77
Clinical case management	78
Case management for children and adolescents	78
Conclusion	78
Peer Counseling Job Description	79
Essential tasks	80
Examples of some specific duties	80
Qualifications	80
Peer Case Aide Job Description	81
Essential Duties	81
Other Duties	81
Qualifications	81
Peer Case Manager	82
Essential Duties	82
Other Duties	83
Qualifications	83
Three Case Management Examples	84
1. The 55 year old German immigrant	84
2. The 30 year old bulimia nervosa black American woman	84
3. The Vietnamese boat man	85
The difficult case of Ayoub	85
SECTION III	88
The various varieties of notes	88
Some of the commonly used guidelines	88
Who relies on your documentation	89
Everything you ever wanted to know about case notes	89
Why Documentation is Important	90
In order for services to be reimbursed	90
Medical Necessity consists of	90
Interventions	90
Assessment, Case Formation, Client Plan	90

Client Plans	91
Notes must reflect	91
Remember	91
Common Errors (True or False)	91
Writing Behavioral Goals	92
Active verbs	93
Intervention phrases	93
Goals	93
SOAP note format	94
Subjective	94
Objective	94
Plan	95
Case Note Format – DAP Charting	95
Sample	95
Chart order	95
Left side	95
Right Side	96
Case Note Format – DAP Charting Part 2	96
1. 1/29/97	96
2. 2/3/97	97
Review	97
Example	98
Example	98
Example	99
SIP Notes	99
S= Situation	99
I=Intervention	99
P=Plan	99
SIP Explanation	99
Situation	99
Intervention	100
P=Plan	100
Guideline for SIP Charting	100
1. Note have multiple purposes	100
2. Avoid	101
3. Points to remember	101
Intervention Word Samples	101
More Verbs for Progress Notes	102
More SIP Examples	102
1.	102
2.	102
3.	102
4.	103
5.	103
6.	103
7.	103

8.	104
Example of Objective and related SIP note.....	104
SIP Note Example	104
SECTION IV	105
Mental health: What's normal, what's not	105
Culture, science and mental health	105
Distinguishing mental health from mental illness	106
Determining what's normal mental health and what's not	106
Your own perceptions	107
Other's perceptions	107
Cultural and ethnic norms	107
Statistical values	107
Evaluating your mental health	108
Mental health as an evolving continuum	108
Mental health treatment available but not always needed	109
Mental Illness and Culture Revisited	110
The Mutual Embeddedness of Culture and Mental Illness	110
Abstract	110
Introduction – Illustrative Examples	110
A.	110
B.	111
C.	111
D.	111
Note. excerpt from “Comparative Psychiatry and Tropical Psychiatry”	113
1.	113
2.	113
3.	113
4.	113
5.	113
6.	114
7.	114
8.	114
9.	114
10.	114
Theoretical Orientations	114
Current Cultural and Cross-cultural Research in Mental Health	116
A Critical Approach to the Problem	118
Questions for discussion	116
1.	120
2.	120
3.	120
4.	120
5.	120
6.	120
7.	120
Epilogue	121

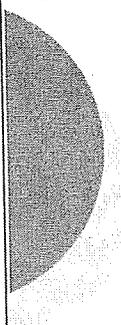
The Enterprise Resource Center is managed exclusively by trained mental health Peer Counselors. Our staff of peers allows us the opportunity to uniquely relate to, understand and help the people who come to the center. We have all once been in the shoes of those we now serve.

ENTERPRISE
RESOURCE CENTER
3270 Kerner Blvd.
Building A, Suite C
San Rafael, CA 94902
Phone: (415) 457-4554
Fax: (415) 721-2231
camentalhealth.net
erc@camarin.org

Other Community programs that meet at the Enterprise Resource Center location are:

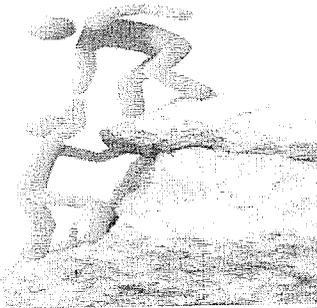
- Meditation Group
- Smoke Busters
- Women of Courage for Women ONLY
- Mindfulness Group (thru April)
- Depression & Bipolar Support Alliance
- Dual Diagnosis Support Group
- NAMI Family Support
- NAMI Spanish /Bilingual Family Support
- Spanish B-lingual Advocate
- Training & Support Group for Peer Group Leaders
- Dual Diagnosis Training
- WRITE-ON! with Robert-Harry

Please Call
(415) 457-4554
or Dates and Times



ENTERPRISE RESOURCE CENTER

*Advancing the
possibilities for people
with mental illness.*



PROGRAMS & SERVICES

A variety of programs are offered at the Enterprise Resource Center. All services are free of charge to those with a mental illness and to their family members and friends.

Each day we work to help teach people about their illness or recent diagnosis. We educate parents, family members and friends about mental illness so that they will be better able to help their loved ones.

Our mission is to provide a safe, caring environment where people can discuss their illnesses, obtain feedback from peers, learn about community resources and feel connected to a community which is there to help as well as provide a social setting. People not only learn at the Center, they make friends here.

ERC Hours:

Monday-Friday 9:00am-4:00pm
Sat. & Sunday 10:00am-4:00pm

Warm Line:

Monday-Friday 1:00PM - 9:00pm
Sat-Sunday 1:00pm-9:00pm

PERSONAL GROWTH

Programs and services providing personal support and growth include:

- Daily Process Groups
- Women Only Support Group
- Walk-in or call-in appointments with Peer Counselors
- Assistance in locating community resources & utilizing these services.
- Peer Companion Program for people who tend to isolate
- Professional One-on-One counseling
- Peer Counseling training followed by internships at ERC
- Connecting the homeless mentally ill with the CARE Team

SPECIALTY GROUPS SUCH AS

- Drama Therapy
- Meditation Group
- Movement Group
- Crisis Planning Workshop
- Improv Group
- Art class & movie each Saturday
- Free computer use with Internet
- Computer Tutorials Wednesday 1:00PM - 4:00pm

RESOURCE REFERRAL

The staff is trained to provide appropriate referral to other agencies and resources within the County of Marin. We often can facilitate access to and provide assistance with using other resources.

Some of the services we provide are:

- Informing clients about community programs
- Referring clients to medical care who have no doctor, psychiatrist or dentist
- Assisting clients in applying for food stamps, Medi-Cal, health insurance and social security
- Advocating for mental health clients and providing support in accessing services
- Assisting clients in accessing crisis planning



Marin Recovery Project

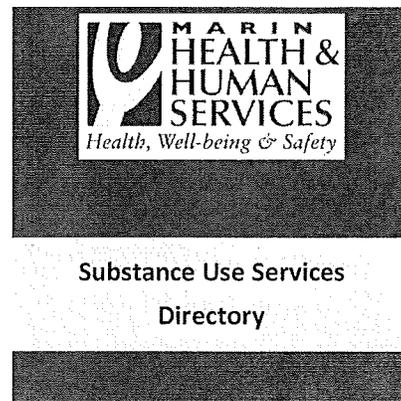
Peer recovery support services are provided by individuals who have gained practical experience in both the process and maintenance of recovery. Peers donate their time to the recovery project out of a desire to give back to the community by helping others who are seeking to recover or maintain their recovery. Peer recovery support services provide linkages to housing, vocational, life skills, health and other ancillary services to support individuals at all stages on the continuum of change which constitutes the recovery process.

Marin Recovery Project

✦ 415.473.6403



County of Marin
 Behavioral Health and Recovery Services
 20 N. San Pedro Road, Suite 2021
 San Rafael, CA 94903
 Substance Use Services: 415.473.3030
 Tobacco: 415.473.3020
 Fax: 415.473.7008
 Access Line (24/7): 1.888.818.1115
www.MarinHHS.org/MHSUS



*Services are
 comprehensive, integrated
 and recovery-oriented*

Prevention

Community Coalitions

- ✦ Larkspur/Corte Madera
415.927.5150
- ✦ Novato
415.899.8200
- ✦ Mill Valley
415.388.4033
- ✦ West Marin
415.488.8888
- ✦ Smoke-Free Marin
415.473.3020
www.SmokeFreeMarin.com

Community Prevention and Youth Development

- ✦ Youth Leadership Institute /
Friday Night Live
415.455.1676 x232

Information, Assessment and Referral

Substance Use Screening, Assessment and Referral

- ✦ Marin Behavioral Health and
Recovery Services Access and
Assessment Line

1.888.818.1115

24/7 Telephone Line

Treatment

Adult Residential Detoxification Services

- ✦ Buckelew Programs -
Helen Vine Recovery Center
415.492.0818

Adult Residential Treatment

- ✦ Center Point
Men, Women, Women with Children
415.456.6655

Adult Outpatient Treatment Services

- ✦ Bay Area Community Resources
Women, Women with Children
415.328.6269

- ✦ Center Point
Men, Adult Drug Court
415.456.6655

- ✦ Marin Outpatient & Recovery
Services
Spanish (Co-Ed), English (Men)
415.485.6736

- ✦ Marin Treatment Center
Opiate Disorder (Co-Ed)
415.457.3755

- ✦ Ritter Center
Safety Net (Co-Ed)
415.457.0728

Adult Medication-Assisted Treatment, Outpatient Detoxification & Methadone Maintenance

- ✦ Marin Treatment Center
415.457.3755

Treatment (continued)

Adolescent Services

- ✦ Bay Area Community Resources
415.755.2345
- ✦ Huckleberry Youth Programs
415.258.4944

Bay Area Community Resources for Tobacco Cessation

- ✦ 415.755.2399

Drinking Driver Program

- Bay Area Community Resources
✦ 415.453.9980

Therapeutic Justice Programs

Therapeutic Justice Programs

(Consult with your Attorney for eligibility requirements)

- ✦ Adult Drug Court
- ✦ AB 109/SB 678 Services
- ✦ Diversion Program

This full continuum of client-focused services is provided based on a public health-oriented chronic care model.

Marin County Resources

Emergency

Suicide Hotline:
800-273-8255

Psychiatric Emergency Services:
415-473-6666

Non-Emergency

Mental Health Access and
Assessment Line:
1-888-818-1115

Helen Vine Recovery Center:
415-492-0818

NAMI of Marin County
415-444-0480 (M-F 1pm-3pm)
namimarinoffice@gmail.com

Warmline: Phone Support for
Peers (7 days a week 1pm-9pm):
415-459-6330

Additional Community Resources:
211



**Mental Health and
Substance Use Services
Division**

**Mobile Crisis
Response Team
(MCRT)**

7 days a week 1pm-9pm
415-473-6392
415-473-3344 TTY

**After Hours support through
Psychiatric Emergency
Services
415-473-6666**

Mental Health and Substance
Abuse Support and Crisis
Intervention in Marin County

Mobile Crisis Response Team
Administrative Office
250 Bon Air Road
Greenbrae, CA 94904
415-473-6392



Mobile Crisis Response Team (MCRT)

What is the Mobile Crisis Response Team?

The MCRT is a team staffed by one Licensed Mental Health Clinician and one peer provider. The purpose of the MCRT is to respond to mental health and substance abuse crises and psychiatric emergencies in the community throughout Marin County.

MCRT works collaboratively with the citizens of Marin County, community based mental health and substance abuse agencies, hospitals and local law enforcement to increase the safety of individuals in a crisis.



Revised/Updated January 2016

How the Mobile Crisis Response Team Helps?

MCRT will provide rapid crisis intervention in the field to address and de-escalate, as well as stabilize, an immediate crisis in the least restrictive environment possible. These interventions include but are not limited to:

- Face-to-face crisis counseling and brief supportive interventions
- Assessment of the individuals mental health and/or substance abuse needs
- When necessary facilitate transportation to psychiatric emergency services (PES)
- Coordination of appropriate and available community-based services for on-going treatment and follow-up
- Family support services
- Available for phone consultation to law enforcement, first responders, community providers, families and other community members

When to call the Mobile Crisis Response Team?

- Your family/friend/loved one is experiencing a mental health or a substance abuse crisis
- Someone is expressing or threatening suicide but has not yet acted

When to call 911

- An individual is actively engaged in a suicide attempt
- An individual has experienced physical harm that requires medical attention
- An individual is violent, aggressive, destroying property, physically harming or threatening others

Tips for Effective 911 Communication

- Stay calm
- Call away from a loved one
- Identify yourself and your relationship to the situation/individual
- Explain behaviors and any statements that have been made
- Ask for a CIT officer and a 5150 evaluation

RECURSOS DEL CONDADO
DE MARIN

Emergencia

Línea de emergencia para Suicidio:
800-273-8255

Servicios Psiquiátricos de
emergencia:

415-473-6666

No-Emergencias

Línea de Acceso de Salud Mental:
1-888-818-1115

Helen Vine Centro de Recuperación:
415-492-0818

NAMI of Marin County
415-444-0480 (M-F 1pm-3pm)
namimarinoffice@gmail.com

Warmline: Línea de soporte de
personas con experiencia personal (7
días a la semana de 1pm-9pm):
415-459-6330

Recursos Comunitarios Adicionales:
211



**División de Servicios de
Salud Mental y del Uso de
Sustancias**

**Equipo Móvil de Crisis Mobile
Crisis Response Team (MCRT)**

**7 días a la semana
1pm-9pm
415-473-6392
415-473-3344 TTY**

**Horario después de horas de
trabajo para ayuda Psiquiátrica
de Emergencia
415-473-6666**

Intervención de Crisis y Apoyo
para la Salud Mental y el Abuso
de Sustancias

Equipo Móvil de Crisis
Mobile Crisis Response Team
(MCRT)
Oficina Administrativas
250 Bon Air Road
Greenbrae, CA 94904
415-473-6392



Equipo Movil de Crisis

Que es el Equipo Móvil de Crisis?

El equipo móvil de crisis, Mobile Crisis Response Team (MCRT), es un equipo compuesto de un Clínico con licencia en Salud Mental y otra persona que ha enfrentado y superado estos tipos de crisis.

El propósito de este equipo (MCRT) es de responder a la crisis de salud mental, abuso de sustancias, y a emergencias siquiátricas en las comunidades del condado de Marín.

El equipo móvil de crisis, Mobile Crisis Response Team (MCRT), trabaja en colaboración con los ciudadanos del condado de Marín, las agencias de salud mental y de abuso de sustancias dentro de la comunidad, los hospitales y la policía local para incrementar la seguridad del individuo en crisis.



Revisado/Actualizado Enero 2016

Que clase de ayuda el Equipo Móvil de Crisis le puede proveer?

El equipo móvil de crisis (Mobile Crisis Response Team (MCR) ofrece ayuda inmediata para casos de intervención en el área de salud mental con el objetivo de minimizar la crisis, y estabilizar a la persona en un ambiente que no este muy restringido. Estas intervenciones incluyen pero no están limitadas a:

- Consejería personal cara a cara y apoyo breve de intervención
- Evaluación de la salud mental/o abuso de sustancias del individuo
- Cuando sea necesario, facilitar la transportación del individuo a una facilidad de servicios psiquiátricos de emergencia (Psychiatric Emergency Services-PES)
- Coordinación disponible y apropiada basada en servicios comunitarios para continuar el tratamiento
- Servicios de apoyo para la familia
- Ayuda telefónica disponible con los cuerpos policiales, equipos de emergencia, familiares, y otros miembros de la comunidad

Cuando llamar al Equipo Movil de Crisis?

- Cuando un ser querido o familiar este experimentando un problema de salud mental o abuso de sustancias
- Cuando alguien este amenazando por suicidarse sin haber actuado todavia.

Cuando se debe de llamar al 911

- Cuando el individuo este intentando suicidarse
- Cuando alguien se haiga hecho daño y requiera ayuda medica inmediata
- Este violento o agresivo, este destruyendo propiedad o haciendo daño fisico a otra persona y amenazando a otros

Concejos Efectivos de Comunicacion con el 911

- Mantengase calmado, y llame al 911 cuando la personano este presente
- Idnetifiquese y defina su relacion con la situacion/o persona afectada
- Describa el comportamiento y declaraciones que se han hecho
- Pregunte por el oficial entrenado en intervenciones de salud mental, Crisi Interventaion Training (CIT), para posible evaluacion 5150 (codigo que obliga a la persona a ser recluida en un hospital siquiatrico)

**COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY MENTAL HEALTH SERVICES**

POLICY/PROCEDURE

NUMBER: 210-06

APPROVAL: _____

Bruce Ingerson, MFT

DATE FIRST ISSUED: August, 2005

EFFECTIVE DATE OF CURRENT REVISION: March 30, 2010

SUPERSEDES: PP 209-09 & 205-02

TITLE: Marin Mental Health Plan Authorization Criteria

BACKGROUND

The Marin Mental Health Plan (MMHP) is guided by clearly stated principles and values that direct activities at all levels of client services. Services must be flexible, client-centered, family-centered, and culturally competent. Whenever possible, consumer and family involvement is included in planning and evaluating of services and the system is to be "user friendly" with easy access for beneficiaries.

POLICY

It is the policy of the Marin Mental Health Plan to apply consistent criteria to requests for service and to ensure fair and consistent authorization decisions. The Department of Mental Health (DMH) Medical Necessity Criteria for Specialty Mental Health Services and Code of Federal Regulations are the basis for all authorization decisions.

The MMHP provides each individual and organizational provider with a manual on an annual basis that specifies all procedures, authorization criteria, MMHP and Contract Provider responsibilities and standards that is also delineated in the provider contracts.

PROCEDURES

I. Authorization for In-County Beneficiaries

1. Emergency services for beneficiaries in Marin County are provided by Psychiatric Emergency Services (PES) at (415) 473-6666.
2. MMHP staff will determine Medi-Cal eligibility, Medical Service Necessity, and gather demographic data necessary to provide a referral and authorization.
3. Services are pre- authorized by the MMHP when Medical Necessity for mental health services is found.
4. If the client meets criteria, the MMHP staff will identify a provider, authorize services and distribute an authorization letter to the client and the provider.
5. If no Medical Necessity is found to exist, the beneficiary may be referred to other county or community service, social welfare, and protective or health agencies as necessary.
6. All planned services to beneficiaries are pre-authorized by the MMHP for adults and through Children's Managed Care (CMC) for children who have benefits through Early Periodic Screening Diagnosis and Treatment (EPSDT)
7. The MMHP will provide for a second opinion from a qualified health care professional within the Plan, or arrange for a second opinion out of Plan at no cost to the beneficiary. However, the MMHP reserves the final right of assignment of the beneficiary to a service provider. Client choice, past history of treatment, availability of services, and ability to meet special needs are important factors in making this decision.
8. Requests for service may originate from the beneficiary, a community agency, a primary care physician, a specialty mental health provider or the family.
9. Requests for pre-authorization of services for Adults are received through the MMHP by telephoning (415 473-4271 or toll free at (888) 818-1115.
10. Requests for initial authorizations for children can be obtained by calling (415) 473-3068 or toll free at (888) 818-1115.
11. Services for beneficiaries may be authorized by telephone without a face-to-face assessment or the appropriateness for services may be determined by a face-to-face assessment.
12. Additional criteria for services will take into account special clinical, linguistic, cultural, geographic or other service needs.
13. If the MMHP or CMC clinician has additional questions about a request for authorization, the individual or organizational provider will be contacted by phone or by fax for the specific information that is required to make the authorization.

II. Authorization for Out-of-County Beneficiaries:

1. Beneficiaries who are outside Marin County can obtain emergency mental health services through any facility designated to evaluate and treat clients under the Welfare and Institutions Code 5150.
2. Adults in Out-of-County residential placements:
 - 1) County contracts with Out-of-County residential placements provide that:
 - i. The placements provide on-site psychiatric care and medication monitoring.
 - ii. Emergency physical health care is obtained through the closest hospital.
 - iii. Case management services are provided by CMHS for each client placed in out of county facilities.
 - iv. Case managers monitor client's progress and care through monthly site visits. The goal for each client is to refer back to the community when housing becomes available, unless there is a contra-indication for doing so.
3. Children in out of county placements:
 - 1) Marin County ensures that medically necessary specialty mental health services are provided for children in a foster care, KinGAP or Aid to Adoptive Parents (AAP) aid code placed outside of Marin County per DMH Information Notice No.: 09-06.
 - 2) Marin Mental Health Plan contracts with Values Option to provide services for children in out of county placements.
 - 3) In addition, a Memorandum of Understanding (MOU) is completed for every child placed in an out of county placement. The MOU covers all authorization and legal requirements between the placement and County of Marin, Community Mental Health Services.

RESPONSIBILITIES

I. Marin Mental Health Plan Responsibilities

1. Provide a 24-hour toll-free telephone line for information and referrals.
 - 1) Standard: Callers with emergency situations speak with a clinician within 15 minutes.
 - 2) Standard: Callers with non-emergency situations have calls returned by a MMHP clinician no later than the next working day.

- 3) Standard: Callers with emergency situations may speak to a clinician at the PES for immediate consultation after 4:30 p.m., before 9:00 a.m., on weekends and holidays.
 - 4) Standard: Requests for individual therapy must be submitted in writing and authorized by the Program Manager or designee.
2. Assess all members for ongoing need and eligibility when they request or are referred for outpatient services. Assessments may be done via telephone or face-to-face as needed.
 - 1) Standard: the MMHP schedules assessments within ten working days.
 - 2) Standard: Assessments are conducted by licensed or waived staff.
 3. Maintain written communication with members, contract providers and referring sources so an unbroken feedback loop concerning service need and clients' rights is established.
 - 1) Standard: Confirmation of authorization is telephoned or faxed to contract providers within 24 hours, or the next business day, of determination of need for services.
 - 2) Standard: Written confirmation of authorization is sent by mail to the member and contract provider within 10 (ten) working days of determination of need for services.
 - 3) Standard: When psychiatric consultation is provided by the MMHP or county provided mental health service, the Primary Care Physician (PCP) or other referring clinician receives a telephone call and/or written feedback within one week of the consultative session.
 - 4) Standard: When providing an authorized consultation at the request of a PCP, to communicate findings back to that PCP within one week of the session.
 4. Provide Provider Notices to contract providers to inform them of policy, administrative or financial changes and updates. All changes to the MMHP manuals have the authority of policy and are binding, as indicated, to both county and providers.

II. Contract Provider Responsibilities

1. Inform all inquiring beneficiaries of the requirement for MMHP assessment and authorization prior to beginning a course of treatment.
2. Assist those beneficiaries with the process of communication with the MMHP.

3. Ensure that all beneficiaries are provided with informing materials as indicated by regulation.
4. Providers are obligated to accept all referrals from MMHP unless the MMHP has been notified of the provider's temporary inability to accept new clients. This suspension of referrals exists until the provider notifies the MMHP that new referrals are accepted.
5. Provide only those services to beneficiaries that are specified and authorized by the MMHP. Authorized services may include (but are not limited to) assessment, evaluation, medication support therapeutic services, and psychotherapy.
6. Schedule an initial visit with an authorized client within 5 (five) working days the client's request for an appointment.
7. Request informal consultation with the MMHP about a potential planned admission of a member into an inpatient psychiatric hospital.
8. Provide services to beneficiaries in accordance with legal and ethical standards in accordance with all relevant professional, federal, state, and/or local regulatory and statutory requirements.
9. Maintain clinical records according to MMHP standards records must be legible and kept in detail consistent with appropriate medical and professional practice in order to:
 - 1) Permit effective internal professional review and external audit; and,
 - 2) Facilitate an adequate system for follow-up of treatment.
10. The contract provider must maintain clinical records for at least seven years from the last date of service to the beneficiary, and must make the books and records which pertain to the services provided to members under the contract provisions of the MMHP, available for inspection, examination or copying:
 - 1) By the MMHP, the State Department of Health Services, and the United States Department of Health and Human Services;
 - 2) At all reasonable times at the provider's place of business or at another mutually agreeable location; and
 - 3) In a form maintained in accordance with the general standards applicable to such record keeping.
11. Each provider reports any and all information required by the state Client Services Information (CSI), a system to track demographic and diagnostic information about the clients served.

12. Providers must notify the MMHP when they no longer have openings. Availability of services can be directed to Marin Mental Health Plan administrative office @, 415 499-4254.
13. To ensure clinicians maintain current and renewed licenses and certificates.
14. To ensure each individual clinician has an NPI number and each Organizational Provider has an NPI number and that it is provided to the CMHS fiscal department prior to any billing.
15. To ensure Medi-Cal program certification requirements are maintained.

References: CFR, Title 42, 438.210(b) (1) (3); Department of Mental Health, Title 9, Section 1810, 405(e) 1830.205, 1830.210, 1830.215 and 1830.220; DMH Information Notice No.: 09-06

VOICE YOUR OPINION!
Mental Health Services Act (Prop 63)
FY 2017-20 Three Year Plan Meeting

The County of Marin, Health and Human Services, Behavioral Health and Recovery Services would like you to voice your opinion on how to improve mental health and substance use services in Marin County. Express your feedback / recommendations on Marin's MHSA Three Year Plan! Now is the time to speak out about what your community needs and how you envision change.

Join us at one of our community meetings:

<p>Thursday November, 10 6:30 - 8:30 pm</p> <p>Mill Valley Community Center</p> <p>180 Camino Alto, Mill Valley</p>	<p>Tuesday November, 15 6 - 8 pm</p> <p>Novato Youth Center</p> <p>680 Wilson Ave, Novato</p>	<p>Monday December, 5 10 am- Noon</p> <p>Albert J. Boro Community Center</p> <p>50 Canal St, San Rafael</p>
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Transportation to participate at these meetings is available, please read below.

Refreshments and child supervision will be provided. If you have any questions, please contact: Gustavo Goncalves at: ggoncalves@marincounty.org or 415.473.2543. Please distribute this information widely.



All County public meetings are conducted in accessible locations. If you require transportation to participate at these meetings, please contact us at least 72 hours in advance by calling: (415) 473-2543 (voice) or (415) 473-3344 (TTY) or by email at: ggoncalves@marincounty.org. Copies of documents used in this meeting are available in accessible formats upon written request.

Marin City Community Meeting

March 17, 2015 (11:30-1:00)

First Missionary Baptist Church

Present: Ronnie Striplin, Mattie Walker-Striplin, Steve Eckert (Buckelew Programs), Margaret Hallett (Buckelew and Family Service Agency), Chris Kughn (MHSUS), Dr. Suzanne Tavano (MHSUS), Sylvia Bynum, Shannon Bynum, Tara Seekins (Willow Creek), Melvin Atkins, Belinda Ingraham (CSD), Laura Kantarowski (BACR), Johnathan Logan (CSD), Nancy Johnson (CSD), Homer Hall, Andrew AbarJawale (CSD), Daron Austin, Catherine Condon (MHSUS), Cesar Lagleva (MHSUS), Afriye Quamina, Janice Mapes, Rev. Rondall Leggett, Warren Alexander, Kerry Peirson,

Overview:

The purpose of the community meeting was to engage Marin City leaders and residents, and MHSUS and contract service agency partners that are funded by MHSA (Mental Health Services Act/Prop. 63) to discuss community needs, concerns, hopes and ideas. The goals of the meeting are 1) to share current information about mental health and substance use services and resources that are available for Marin City residents; 2) to gain a better understanding about other community resources that exist in Marin City, and 3) to develop new relationships which will hopefully lead to better collaborations and coordination of resources and services in Marin City.

Summary of Meeting:

- Introduction of all in attendance
- Each attendee provided information about her/his role in providing support and assistance to Marin City residents
- General discussion around community leaders'/residents' needs, concerns, hopes and ideas. Representing agencies also described current services that are being provided in Marin City.

Thematic Needs and/or Goals of Marin City leaders/residents:

1. **Services, resources and opportunities provided in Marin City should work towards greater self-sufficiency of residents who receive services.**
2. **Outreach efforts by organizations that provide services in Marin City should work to better understand community needs, and to provide information about programs and services that are being provided. Targeted outreach should include having a physical presence at the Golden Gate Village housing complexes.**

3. **Develop and maintain relationships between Marin City leaders/residents and agency providers for the purpose of improving communication and creating meaningful collaborative partnerships.**
4. **Improve access to existing services by having culturally appropriate providers.**
5. **Obtain and disseminate an ongoing and up-to-date list of services, resources and opportunities that are being provided and available in Marin City.**
6. **Marin City leaders/residents need to have its own community needs assessment process to determine what types of support, opportunities, resources and services they need. Needs assessment should also include data from MHSUS and other sources to accurately analyze its needs and assets.**
7. **Marin City leaders/residents need to equally share delegation of responsibilities to ensure that resources, communication and information are well coordinated.**

Next Steps:

- Cesar will continue to fill the role of a liaison between mental health and substance service agencies and Marin City leaders/residents.
- Cesar has offered to facilitate a community needs/assets assessment for Marin City leaders/residents.
- MHSUS (Cesar) will provide a list of available mental health and substance use-related service and resource directory in Marin City.
- MHSUS will provide data information to Marin City leaders/residents related to mental health and substance use services, opportunities, programs, as requested.



Family Service Agency
~ OF MARIN ~
A division of Buckelew Programs

MEMORANDUM

DATE: February 12, 2016

TO: Suzanne Tavano
cc: Dawn Kaiser; Cesar Lagleva

FROM: Margaret Hallett; Steve Eckert

RE: Southern Marin Services FY2015-16

Based on meetings at the end of December and mid-January, we understand that Marin County would like to make changes in this year's SMS contract. These include separating Outreach and Engagement from Outpatient Mental Health Services components, and integrating the Outpatient MH Services with FSA's Specialty contract.

At our last meeting on January 15th, we proposed that, due to the significant impact of transitioning the outpatient services to a fee-for-service model, the contract continue through the end of this fiscal year as currently funded. This would provide us with much needed time to make programmatic adjustments that would result in financially sustainable community based services in southern Marin.

I wanted to take this opportunity to update you on fast moving developments with the program.

The Community Services Project, which is this year's new outreach and engagement component, is progressing well. We now have a team of Community Service Trainees who are placed at three Marin City partner organizations (Marin City Community Services Corporation, Performing Stars of Marin, and Marin City Community Development Corporation). The Project Coordinator and Trainees are now focused on developing protocols for tracking outcomes related to helping community residents access mental health and related services.

In SMS Outpatient Mental Health Services, a number of staff positions are terminating, which will reduce our overall expenditures for this component. The Administrative Assistant is leaving at the end of February and the Program Director will leave in mid-March. We are transferring appropriate Medi-Cal and low income uninsured clients to our two remaining SMS therapists. Our Psychiatrist recently let us know that she has accepted another position, though she has agreed to continue with current cases for the next three to four months.



We were informed by the landlord for our 3000 Bridgeway facility to expect a substantial increase in monthly rent as of June 2015. As a result, we are developing plans to close the suite of offices on the second floor by the end of May and consolidate in the one accessible office on the first floor. We will need to work with county staff regarding SMS furniture and equipment that were purchased with contract funds.

In light of the information above, we recommend that we start a process of tapering down the SMS outpatient services with final closure of the current contract on 6/30/16. Attrition will reduce costs, resulting in an estimated savings of between \$10,000 to \$20,000 (possibly more) by the end of the fiscal year. Given the number of activities required to close this component, a June 30 date continues to be the most realistic.

It would be very helpful to have agreement on the plans for the program so that we can work with clients and staff, as well as coordinate with county management, during the transition phase. Thank you for your support and consideration.

	<p>services.</p> <p>f). All cases will document coordination among all providers.</p> <p>g). Client Plan objectives are specific, measurable and observable.</p> <p>3. Conduct internal UR with 10% randomly selected case records:</p> <p>a) monthly UR by SMS and supervisors/Clinical Team</p> <p>b) annual UR by Quality and Compliance Team</p>	<p>3.a) Determine monthly meeting dates;</p> <p>b) TBD</p>	<p>3. a) N.J. (R); S.C. (P)</p> <p>b) D.S. and QC Asst (R); S.C. (P)</p>
Strengthen outreach and engagement	<p>1. Program Director will attend monthly MDT meetings</p> <p>2. Staff will offer psychoeducational programs to community and to local healthcare providers (minimum of five presentations reaching 50 youth and adults)</p> <p>3. Director will contact local schools and churches to inform about services SMS provides</p> <p>4. Staff will provide psychoeducational training for teachers and students (minimum of six presentations reaching 75 youth and adults)</p> <p>5. Maintain MOU and collaboration with Center for Domestic Peace including C4DC outreach staff on-site at SMS office</p> <p>6. Review progress towards outreach and engagement objectives.</p>	<p>1. monthly</p> <p>2. ongoing</p> <p>3. monthly</p> <p>4. ongoing</p> <p>5. ongoing</p> <p>6. 1/9/15; 4/10/15</p>	<p>1. N.J. (R)</p> <p>2. SMS staff</p> <p>3. N.J. (R)</p> <p>4. SMS staff</p> <p>5. N.J. (R)</p> <p>6. S.C. (R); N.J. and M.H. (P)</p>
Enhance accountability with County of Marin MHSUS	<p>1. Quarterly meetings with County liaison</p> <p>2. Utilize Staff Master Worksheet to inform County on timely basis of activation and deactivation of Staff accounts CG access</p> <p>3. Staff will have last sessions with clients at least one week prior to termination date in order to have all documentation completed by day of termination of employment</p>	<p>1. TBD</p> <p>2. Two weeks prior to staff termination</p> <p>3. One week prior to termination of employment</p>	<p>1. N.J. and S.C. (R); M.H., D.S. and Chris Kughn (P)</p> <p>2. N.J. (R)</p> <p>3. N.J. (R), S.C. (P)</p>

*** Key to initials and Names:**

N.J.= Nancie Jordan MFT, SMS Program Director

S.C.= Sarah Chapman, Clinical Training Director and SMS Supervisor; M.H.= Margaret Hallett, FSA Director

M.C.= Mark Choa MD., Psychiatrist

D.S. = Dee Schweitzer, BP Director of Quality and Compliance; Diane Suffridge, PhD – FSA Clinical Supervisor SMS office and Consultant

FAMILY SERVICE AGENCY
A division of Buckelew Programs

SOUTHERN MARIN SERVICES
PLAN OF CORRECTION
November 2014

Key to initials: N.J.= Nancie Jordan; S.C.= Sarah Chapman; M.C.= Mark Choa MD., Psychiatrist; D.S.=Dee Schweitzer

ISSUE/PROBLEM	CORRECTIVE ACTIONS	TIMELINE	PERSON RESPONSIBLE (R); PARTICIPATING (P)*
Outpatient clients meet SMI and SED eligibility criteria	<ol style="list-style-type: none"> 1. All new intakes will be reviewed by Supervisor of program to be sure of eligibility. 2. All current clients will be reviewed by Program Director and assessed for eligibility. 3. Any current client where eligibility is unclear will be reviewed by Supervisor. 4. All clients, current or new, where there is question about eligibility, will be offered up to 4 assessment sessions and then reviewed by Program Director and Supervisor. 5. All current clients assessed as Mild/ Moderate including Psychiatry only, will undergo planned termination process with referral if appropriate. 6. Develop Mild/Moderate referral sources and procedures. 7. Review overall caseload and evaluate status of items 1 – 6. 	<ol style="list-style-type: none"> 1. 11/14 forward 2. 11/14 forward 3. 11/14 forward 4. 11/14 forward 5. 11/14 – 12/14 6. 12/1/14 forward 7. 1/9/15; 4/10/15 	<ol style="list-style-type: none"> 1. S.C. (R), N.J. (P) 2. N.J. (R), S.C. (P) 3. S.C. (R) 4. N.J. (R), S.C. (P) 5. N.J. (R), S.C. and M.C. (P) 6. N.J. (R), M.C. (P) 7. S.C. (R); N.J. and M.H.(P)
Improve clinical recordkeeping	<ol style="list-style-type: none"> 1. All SMS staff will receive training on current documentation requirements by County. 2. Documentation requirements will be adhered to including the following: <ol style="list-style-type: none"> a). all client plans and addendums will be signed by client or documented why no signature (e.g. if refused). b). Assessments will be completed within 60 days. c). Client Plans will be completed within 60 days. d). All notes will be entered and finalized within 72 hours. e). All functional impairments will be documented in Client Plan and support Medical Necessity and need for 	<ol style="list-style-type: none"> 1. TBD 2. 11/14 forward 	<ol style="list-style-type: none"> 1. Annessa Larson, Co. of Marin QI specialist 2. N.J. (R), Diane Suffridge, PhD. – Supervisor, (R), S.C. (P)

March 24, 2015

Maria – DHHS -requested input regarding the meeting structure. Formal vs Informal. Thanks to Maria for continuing and supporting the collaboration and helping it evolve and bringing the issues of empowerment and immigration to the table. Please continue to invite community members from all areas of W. Marin.

Introductions

Socorro – Abriendo Caminos – Empowerment training – How to get Latino population involved in community advocacy. March 10 and 11th WAS VERY SUCCESSFUL. The curriculum included personal stories of immigration, how those experiences relate to being a strong leader and empowering members to be leaders in the community. The group addressed different community problems, who the problem it effects, who holds the power and what is the vision to advocate and change.

Housing, Labor (ranches) and Immigration – fear of stigma, lack of English language, provide support, advocacy to change laws and housing testimonials, know services currently available, take risks.

School – motivate parents to work with administrators, teachers and kids, make presentations to the Board, Administrators, MCF and include and train youth in this advocacy process.

The process empowered families, made attendees aware they were leaders from their experiences, build community and expressed gratitude to one another. Next steps: Western Weekend Parade at the Commons, Mexican Independence Celebration and the Mesa/Cultural Competency and Fundraiser for seniors in Mexico.

Nicole at the San Geronimo Cultural Center – June 6th upcoming Mexican celebration 1-4pm. Photo show will be there!

Kerry – Marin Organic – She would like help in identifying families that don't access food pantries or access points. She has a mobile market and can go to ranches to drop off food. kerry@marinorganic.org

Socorro – Oyster Farm – four families are still on the farm and are in need of housing and would like to stay local. They are all employed and they will need to leave by May 20th.

Coastal Health Alliance – there is a new bilingual/bicultural dentist who has been hired and a new Medical Doctor will begin on May 1st.

W. Marin Fund - May 1st philanthropy workshop with Ann Schulman

Convening of school personnel/school district to seek funding as a collaborative for programs and summer

Suzanne – San Geronimo CC – April 8th and May 13th are the next teen clinics at the center that will serve ages 16-24. She wrote a recent article in Stone Soup about the differences of collaboratives and coalitions. S.G. Healthy Community Collaborative meetings are informal, with no bylaws and sometimes offer speakers or presentations and time set aside for each participant to talk about their work and concerns that affect the community. The mission is to work collaboratively to serve families and the community as a whole. The West Marin Coalition for Healthy Kids is developing and has a Memorandum of Understanding from community organizations and advocates, formal decision making processes, and informing members and the community about the nature of the program. The mission is to work together toward changing cultural norms that contribute to underage use of drugs and alcohol and providing youth with tools and programs to make healthy choices. Email: valleyresourcecenter@sgvv.org

Pam – Roadmap to Services meeting on May 26, 2015 at W. Marin School 10-12pm. Service providers are meeting to discuss and exchange services they provide and identify what services may be needed. Concerns regarding too many meetings and pulling members away from this collaborative and is the mission the same were addressed. The Roadmap to Services is specific to current services and provides a place to exchange information. This W. Marin Collaborative meeting members requested more school administrative staff attend this meeting. ptaylor@bacr.org

Kathleen – Marin Co. Public Health – Public Health Nurse – they have created a health resource kiosk with a comprehensive resource list for W. Marin. It will be available for distribution soon. KRoach@marinco.org

Bonnie – Library – Event this evening at 6pm. They are reaching out to ensure that all kids have a library card and eliminating fines for kids. S. Novato Library will be having a book sale of 15,000 books.

Mainstreet Moms – they would like to recruit more leaders and members

Madeline – TBYC – a number of events are upcoming

March 30 – 6-8pm parent meeting of members

May 9 – Toxic Away Day at Pt. Reyes Fire Station

Rummage Sale

W. Marin Commons – The property at USCG Tomales will be transformed into housing for the community.

Looking for Executive Directors for Papermill and Dance Palace and Spanish speaking advocate for W. Marin Senior Services.

WEST MARIN COLLABORATIVE

24 marzo, 2014

Maria - DHHS -entrada solicitada en cuanto a la estructura de la reunión. Formal versus Informal. Gracias a Maria para continuar y apoyar la colaboración y ayudar a su evolución y lograr que los problemas de la autonomía y la inmigración a la tabla. Por favor, seguir invitando a los miembros de la comunidad de todas las áreas de W. Marin.

Las introducciones

Socorro - Abriendo Caminos - Capacitación - Cómo llegar población Latina en defensa de la comunidad

10 De Marzo y el 11 FUE UN GRAN ÉXITO. El plan de estudios incluye historias personales de la inmigración, cómo esas experiencias se refieren a ser un líder fuerte y responsabilizando a los miembros a ser líderes en la comunidad. El grupo abordó diferentes problemas de la comunidad, que el problema, efectos, que tiene el poder y lo que es la visión de abogado y el cambio Vivienda, el trabajo (granjas) y la inmigración, el miedo al estigma, la falta de idioma Inglés, proporcionar apoyo, promoción para cambiar las leyes y la vivienda los testimonios, servicios disponibles en la actualidad, tomar riesgos. Escuela - motivar a los padres a que trabajen con los administradores, maestros y niños, hacer presentaciones a la Junta, los administradores, MCF e incluir y capacitar a los jóvenes en este proceso de defensa.

El proceso autorizó las familias, conscientes de que los asistentes eran líderes de sus experiencias, construir comunidad y expresó su agradecimiento a una de la otra. Próximos pasos: Western Semana desfile en la Cámara de los Comunes, celebración de la Independencia Mexicana y la Mesa/Competencia Cultural y recaudar fondos para los ancianos en México.

Nicole en el Centro Cultural San Geronimo - 6 junio próxima celebración mexicana 1-4h. Foto estará allí!

Kerry - Marin orgánico- le gustaría ayudar a identificar las familias que no tienen acceso a los alimentos despensas o puntos de acceso. Ella tiene un mercado móvil y puede ir a las granjas para dejar caer la comida. kerry@marinorganic.org

Socorro - Criadero de Ostras - cuatro familias aún se encuentran en la granja y se encuentran en necesidad de una vivienda y quisiera permanecer en el ámbito local. Todos ellos son trabajadores por cuenta ajena y tendrán que dejar de 20 mayo.

Alianza Costera de Salud - hay un nuevo bilingüe y bicultural dentista que ha sido contratado y un nuevo médico comenzará el 1 de mayo.

W. Marin Fondo - 1 Mayo taller filantropía con Ann Schulman Convocatoria de personal de la escuela/distrito escolar como para buscar financiación para programas de colaboración y el verano

Suzanne - San Geronimo CC - 8 abril y 13 Mayo son los siguientes clínicas adolescentes en el centro que servirá las edades 16-24. Ella escribió un artículo reciente en Sopa de Piedra sobre las diferencias de las colaboraciones y las coaliciones. S. G. Colaboración comunidad saludable las reuniones son informales, sin estatutos de la asociación y a veces ofrecen los altavoces o presentaciones y tiempo dedicado a cada participante a la hora de hablar de su trabajo y a las cuestiones que afectan a la comunidad. La misión es la de trabajar en colaboración para servir a las familias y la comunidad en su conjunto. El West Marin Coalición de Healthy Kids está desarrollando y tiene un Memorando de Entendimiento por parte de las organizaciones de la comunidad y de los abogados, los procesos de toma de decisiones formales, y comunicaba a los miembros y la comunidad acerca de la naturaleza del programa. La misión consiste en trabajar juntos para cambiar las normas culturales que contribuyen

a menores consumo de drogas y alcohol y dotar a los jóvenes de herramientas y programas para tomar decisiones saludables.
Correo electrónico: valleyresourcecenter@sgvv.org

Pam - Guía de Servicios reunión el 26 de mayo de 2015 W. Marin Escuela 10-12h. Los proveedores de servicios se están reuniendo para discutir e intercambiar servicios que proporcionan, y determinar lo que puede ser necesario recurrir a servicios. Las preocupaciones relativas a demasiadas reuniones y miembros de esta colaboración y es la misión que el mismo se acordaron. El plan de servicios es específico para los servicios y proporciona un lugar para el intercambio de información. Este W. Marin reunión de colaboración los miembros solicitaron más personal administrativo de las escuelas asistir a esta reunión.
ptaylor@bacr.org

Kathleen - Marin Co. Salud pública - Enfermera de Salud Pública, han creado un recurso sanitario quiosco con una completa lista de recursos para W. Marin. Estará disponible para su distribución. KRoach@marinco.org

Bonnie - Biblioteca - Evento esta noche a las 6 de esta tarde. Están llegando a asegurar que todos los niños tengan una tarjeta de la biblioteca y eliminar las multas para los niños. S. Biblioteca Novato va a tener un libro venta de 15.000 libros.

Mainstreet Madres - que le gustaría contratar a más dirigentes y miembros

Madeline - TBYC - una serie de eventos próximos 30 marzo - 6-8pm reunión con los padres de los miembros 9 de mayo - Día de Tóxicos en Pt. Reyes Estación de Bomberos Venta W. Marin Commons - La propiedad en USCG Tomales será transformado en viviendas para la comunidad.

Buscando a los Directores Ejecutivos para Palacio Papermill Drive y Danza y español defensor de W. Marin Senior Services.

ROADMAP TO SERVICES IN TOMALES

Thursday, April 30, 2015 10am-12pm

Tomaes Elementary School – Art room

40 John Street, Tomales

NOTES

Thank you for attending!

Please save the date for the next Tomales meeting on September 3, 2015 at 10am.

Student population at Shoreline Unified School District 2014-2015

	Sonoma County	Marin County	
Tomaes Elementary	72 %	28%	167
Tomaes High School	59%	41%	172
Bodega Bay School	100%		26
West Marin/Inverness		100%	156
TOTAL	48%	52%	521 students

Jeffrey Westman at Marin Organic Jeffrey@marinorganic.org and/or Kerry@marinorganic.org They distribute fresh produce and dairy throughout Marin and Sonoma Counties. They are able to drop off goods on Mondays and Tuesdays but are in need of cold storage.

***We are in need of nonperishable protein sources.**

Socorro Romo at West Marin Community Resources Services sromo@westmarincommunityservices.org They provide assistance and referrals to families in crisis including housing/utility assistance, car repairs, medical equipment, dental services, etc. They offer food bank once a week in Pt. Reyes Station and the proceeds from the thrift store fund their services.

Dominic Yazzolino at Marin County Sheriff School Resource Officer DYazzolino@marinsheriff.org He works with Shoreline and MCOE to provide school safety, emergency preparedness as well as citing and arresting for school issues. He offers summer camp programs, Camp Chance for middle school students at Walker Creek Ranch for 80 students. There are 12 high school students that serve as mentors. The camp is free and is offered for one week after

July 4th Holiday. They offer a Youth Academy – Feb to April for 25 students to work in the Sheriff's office in San Rafael. He is willing to do presentations on drugs, gang prevention to parents and kids (in English). If a crime occurs in Sonoma County then the Sonoma County SRO in Petaluma is contacted.

***We need parent education and gang prevention in Spanish.**

Skip Schwartz Executive Director at West Marin Senior Services skip@wmss.org
Terri Sylvain terri@wmss.org and Mary Morgan bmsanfran@gmail.com WMSS provides services and referrals to any Marin resident over sixty or severely disabled regardless of income. They offer home delivery meals three days a week (7 days a week), transportation services, reimbursement for transportation services, loan equipment and assisted living facilities in W. Marin

***We need assistance in identifying seniors that qualify and volunteers to assist seniors that are homebound.**

***Transportation** - The Shopper Shuttle is available through Whistlestop on Wednesdays and is open to all ages. It stops in Tomales/Dillon Beach on Wednesdays and goes to Petaluma for shopping needs. West Marin TAG and Tomales Transit may be able to help with transportation needs.

Sonoma County People and Senior Services should be invited to the next meeting.

Bonnie White at Marin County Library bnwhite@marincounty.org She runs the West Marin Free Library which offers an array of free services to anyone. This includes literacy services, English/Spanish classes, "Help my computer's broke" classes. They recently worked with the preschool to offer dental screening, the Flagship program to schools and on Tuesdays 9:30-10:45am, Library Beyond Walls which provides services to homebound clients and the book mobile offered on the 1st and 3rd Wednesdays of the month from 2:30-3:30pm. They offer online access ordering and will bring to Tomales and Reading on the Ranches where an adult and two teen volunteers go to the ranches and offer library services.

Pamela Taylor at Bay Area Community Resources/Shoreline Unified School District ptaylor@bacr.org Prevention and Early Intervention of Mental Health and Substance Use Services to students K-8th grade. Provide individual and family

intervention, referral to community services, curriculum to students, staff trainings and parent groups.

Tom Stubbs Superintendent at Shoreline Unified School District
tstubbs@shorelineunified.org

Maria Niggle – W. Marin Health and Human Services at Point Reyes Station
mniggle@marincounty.org She is the Chair of W. Marin Collaborative which meets monthly to identify community needs and provide resource information to the community. She and Socorro Romo just completed the Latino Empowerment Community Meetings to identify Latino Community Advocates. She offers case management for older adults and works collaborative with Coastal Health Alliance to provide services to the Latino community. She oversees the Promotores program which are community liaisons that offer support and referrals to families in need in West Marin. They recently completed their training in Mental Health, Empowerment and Motivational Interviewing.

***We identified need is affordable dental and health services and mobile providers in West Marin.**

Madeline Hope at Tomales Bay Youth Center/Coalition for Health Kids/Zero Waste Marin/ Arts in the Schools Program hope.madeline@gmail.com She works with W. Marin youth through the youth center, arts program and coalitions to reduce substance use and educate the community about risks. She will be starting a mentoring program for high school students to mentor younger students at the youth center. She has organized an upcoming presentation “Kids, Drugs and Alcohol: A Community Forum” in Pt. Reyes Station on 5/19 at 6pm and San Geronimo Valley Community Center on 5/20 at 6pm.

Cindy Mann is a school counselor at Shoreline Unified/West Marin School/Inverness and Tomales Elementary. Cindy.mann@shorelineunified.org She works with students individually and class lessons including Family Life Planning.

Gonzalo Romo at Latino Service Providers in Sonoma County –
gromo@latinoserviceproviders.org His office is in Windsor and provides referral services and is hoping to begin providing direct services to families in need. Please email him to sign up for their newsletter which includes opportunities for

professional development, available resources and classes. The LSP-SC mission is to build a healthier community by serving and strengthening Latino families and children, and reducing disparities related to ethnicity or race within Sonoma County. They are funded by the Sonoma County Mental Health Services Act.

Sonoma County Community PEI Providers include Petaluma People Services, Latino Student Council and Russian River Advocates. Elia Solar eligibility worker in Petaluma Health Center

Natalie Ingram- The Trevor Project natalie.ingraham@thetrevorproject.org The Trevor Project does outreach to students, parents, staff and community to educate about transgender and LGBTQ community and suicide prevention. She is available to offer trainings until June 30th 2015 on suicide prevention, transgender/LGBTQ staff training, LGBTQ parents and staff (3 hours) and suicide workshop for kids(1) . They are also part of the community agencies that provide ASSIST trainings (2 day suicide training for staff) Stinson and San Geronimo Valley.

Angel Cassidy at Marin County Mental Health and Substance Use Services (MHSUS) ACassidy@marincounty.org She is providing community outreach and engagement to community members who have mental health issues. She is mobile and can travel to W. Marin to help clients who may not seek services in the clinic. She serves children, families and adults, who are insured or undocumented.

Cesar Lagleva at Marin County Mental Health and Substance Use Services (MHSUS). clagleva@marincounty.org He is the Ethnic Services and Training Manager for MHSUS. He is provide cultural competence and other trainings in San Rafael, coordinates services to older adults and the LGBT community in W. Marin.

Alejandra Diaz at Marin County Mental Health and Substance Use Services adiaz@marincounty.org She provides outreach to the Latino community and has been facilitating workshops for parents once a month in Tomales and Pt. Reyes Stations. She also provides therapy to individuals who qualify as severe mental illness and Marin County Resident. **We are in need of Spanish speaking substance abuse services.)**

MHSUS mobile teams are providing services for adults and youth that do not have a serious mental illness, may or may not have health insurance and are living in

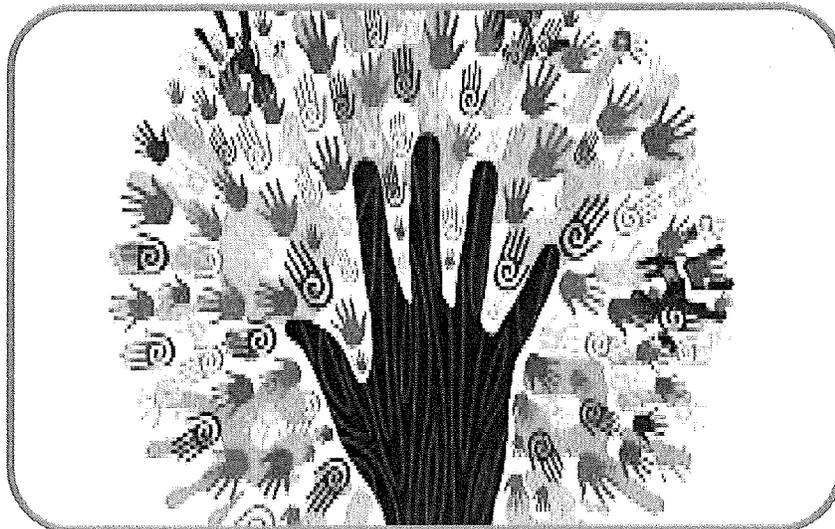
Marin County You can call the Access Line (888) 818-1115 for 1. Outreach and Engagement Team 2. Mobile Crisis 3. Mobile Triage - mild to moderate mental illness

Anna Benitez at Planned Parenthood of Northern California abenitez@ppnorcal.org She is working at schools in Marin and Sonoma County to offer sexuality education to middle school, high school students and parents, staff trainings for teachers, and parents in Spanish.

Sandy Ponck at Canal Alliance sandyp@canalalliance.org They provide support and training for the family advocates, working with DHHS for the Promotores program and assigned a behavioral health coordinator to Tomales once a week and W. Marin School once a week. They offer short term brief intervention that is trauma based.

Kate Kain at Center for Domestic Peace KKain@c4dp.org She was unable to attend the meeting but would like to provide 10 week group for survivors (parents and children of domestic violence). Information meeting with her on June 2, 2015 and group would begin in Pt. Reyes Station over the summer and Tomales in September 2015.

Rebecca Breen at Jewish Family Child Services/ Parents Place RebeccaB@JFCS.org They are providing Triple P positive parenting classes to parents of children ages 0-11 in English/Spanish at Tomales Elementary and W. Marin School.



Marin Mental Health and Substance Use Services
Community Action Marin

CAREGIVER DAY OF RESPITE

Picnic for caregivers of loved ones with mental illness

Saturday, September 19, 2015

12 p.m. - 4 p.m.

McNear's Beach 201 Cantera Way, San Rafael

Self-care is a vital part of caregiving!
Celebrating You!

Come join us for an afternoon of Food, Games,
Wellness Activities, Music, Resource Information
Childcare provided
Free Parking

*Due to limited space, please RSVP by 9/10:
dhensley@marincounty.org or 415-473-7814*

**Please indicate the amount of people attending*

MARIN CITY COMMUNITY HEALTH OUTREACH

HEALTH & WELLNESS LUNCHEON

FREE AND OPEN TO THE PUBLIC

FEBRUARY 27, 2015

11:30 AM - 2:30 PM

MANZANITA RECREATION CENTER

630 DRAKE AVE

MARIN CITY, CA 94965

SPEAKER:

ANTHONY E. JONES, M.D.

FAMILY MEDICINE & HIV SPECIALIST

"BLACK LIVES MATTER IN THE DOCTOR'S OFFICE"

FEBRUARY 27TH IS



**NATIONAL
BLACK
HIV/AIDS
AWARENESS DAY**

**I AM MY BROTHER'S
AND SISTER'S KEEPER.
FIGHT HIV/AIDS!**

COMMUNITY PARTNERS:

**MARIN CITY HEALTH & WELLNESS CENTER, MARTIN LUTHER KING ACADEMY,
PHOENIX PROJECT, MARIN CITY COMMUNITY SERVICES DISTRICT,
MARIN HOUSING AUTHORITY, MARIN CITY CX3-NUTRITION WELLNESS,
MARIN COUNTY HEALTH AND HUMAN SERVICES,
MARIN CITY COMMUNITY DEVELOPMENT CORPORATION**

SPONSORS:

MARIN AIDS PROJECT /

GET YOURSELF TESTED

**MARIN HOTLINE
FREE - FAST - CONFIDENTIAL TESTING
#GET EDUCATED ABOUT HIV
CALL HOTLINE
415.457.2002**

Mawsal - 12:30

Cicilia

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Sadeh

2/10

APPENDIX 8

**COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY MENTAL HEALTH SERVICES**

Policy/Procedure**NUMBER:** 209-08**APPROVAL:** _____**DATE FIRST ISSUED:** October 27, 1999**SUPERSEDES POLICY NUMBER:** 99-04; 204-08**EFFECTIVE DATE OF CURRENT REVISION:** October 12, 2009**TITLE:** Consumer Grievance Resolution**POLICY:**

Marin County Community Mental Health Services makes every reasonable effort to meet consumer's needs. The consumers' satisfaction with a particular provider or provider organization and with the treatment received is an important indicator of quality. Consumers will be advised of the Consumer Grievance Resolution process and given the opportunity to resolve dissatisfaction about any matter or concern she or he may have at any time.

The objectives of this policy are, to assure that all consumers of mental health services receive written and oral information concerning the problem resolution process, to provide a process for resolution of grievances and appeals, to assure that all providers are in compliance with California Department of Mental Health regulations regarding problem resolution, to assure that the Marin Mental Health Plan (MMHP) monitors the problem resolution process and provides a Quality Improvement feedback loop to improve the quality of services provided to recipients of mental health services in Marin County.

Definitions:**Grievance:** An expression of dissatisfaction about any matter other than an Action.

Any consumer may submit a grievance orally or in writing.

Appeal: A request to review a Notice of Action. An appeal can only be made by a Medi-Cal beneficiary.**Action:** An action occurs when the MMHP denies or limits authorization of a requested service or suspends or terminates a previously authorized service.

California Department of Mental Health Cultural Competence Plan Requirements

PROCEDURES:***I. Consumer Awareness of Grievance Resolution Process***

1. Consumers are notified about the grievance and appeal procedures, the availability of fair hearings and advocacy services at admission and annually when the Client Plan is completed.
2. Published information is available in the MMHP “Member Handbook” about the Grievance and Appeal Process in English and Spanish.
3. Grievance/Appeal forms are available in English and Spanish
4. The MMHP “Member Handbook”, Grievance/Appeal forms, and information about how to access the Patients’ Rights Advocate will be made available at each CMHS clinic site and each contract provider site.
5. Self addressed envelopes are kept in prominent locations accessible to consumers in waiting areas of clinics and organizational provider sites.
6. Grievance/Appeal forms and envelopes can be obtained without having to make a verbal or written request.
7. The above information is available for those Consumers who are in residential treatment programs (Institutes of Mental Disease, Skilled Nursing Facilities and Licensed Board and Care Homes).

II. Grievance Resolution Process

1. When an employee of Marin County Community Mental Health Services or an agency contract provider learns of a consumer’s dissatisfaction with services, providers, or any matter other than an action, the consumer will be notified of the option to file a grievance with the MMHP.
2. The consumer can fill out the Grievance/Appeal form and mail it to the MMHP using the prepaid postage mailer or may file the grievance by phone with the Program Manager of the MMHP at (415) 473-6785.
3. The MMHP logs the grievance within one working day of receipt and acknowledges the receipt of the grievance in writing to the consumer.

California Department of Mental Health Cultural Competence Plan Requirements

4. Grievances must be resolved within sixty (60) calendar days from the date the grievance is filed.
5. The time frame can be extended for up to fourteen (14) days in certain circumstances.
6. The beneficiary may authorize another person to act on his/her behalf.
7. Upon request, the beneficiary may identify a staff person or other individual to assist with the grievance and appeal process.
8. The beneficiary will not be subject to discrimination or any other penalty for filing a grievance or appeal.
9. Upon request, the beneficiary may identify a staff person or other individual to provide information regarding the status of the grievance or appeal.
10. If the grievance is about a non-clinical issue, the MMHP may be the decision maker.
11. If the grievance is about a clinical issue, the decision maker must be a health care professional with the appropriate clinical expertise in treating the consumer's condition.
12. The MMHP must notify the consumer or representative in writing of the grievance decision, or document the efforts to notify the consumer if she or he could not be contacted.

III. Grievance Resolution Levels and Time Lines

There are three Grievance Resolution levels:

- The Mental Health Unit Supervisor/Program Director,
- If unresolved at previous level, the Program Manager,
- If unresolved at prior two levels, the Mental Health Director.

A. Level I- Unit Supervisor/Program Director

1. Within five (5) working days of the MMHP's receipt of a grievance, the Program Manager of the MMHP will contact the involved Unit Supervisor or Program Director to attempt resolution.
2. Within fifteen (15) working days after receipt of the grievance, the Unit Supervisor/Program Director will investigate the nature of the grievance. Information

California Department of Mental Health Cultural Competence Plan Requirements
will be gathered from the Consumer/Designated Representative, and any other involved parties as appropriate.

3. Within twenty (20) working days after receipt of the grievance, the Unit Supervisor/Program Director will submit results of the investigation and the decision made to the Program Manager of the MMHP.
4. The Program Manager of the MMHP will notify the consumer in writing of the grievance investigation and decision within ten (10) working days of the decision.
5. If the consumer is satisfied with the results, the process is complete.
6. If the consumer expresses dissatisfaction with the resolution within ten (10) working days after receiving the grievance decision of the Unit Supervisor/Program Director, the consumer/designated representative may request a review at the next level. This request may be made orally or in writing to the Program Manager of the MMHP.

B. Level II-Community Mental Health Services Program Manager

1. Within fifteen (15) working days after receipt of the consumer/designated representative request for review at Level II, the Program Manager will investigate the grievance. All those involved in the Level I process will be contacted as needed to investigate the grievance.
2. Within twenty (20) working days after receipt of the request for review, the Program Manager will submit a decision in writing to the Program Manager of the MMHP.
3. The Program Manager of the MMHP will notify the consumer in writing of the grievance investigation and decision within ten (10) working days of the decision.
4. If the consumer is satisfied with the results, the process is complete.
5. If the consumer expresses dissatisfaction with the resolution, within ten (10) working days after receipt of the Program Manager's decision, the consumer/designated representative may request a review at the next level. This request may be made orally or in writing to the Program Manager of the MMHP.

C. Level III- Mental Health Director

1. Within fifteen (15) working days after receipt of the consumer/designated request for review, the Mental Health Director will investigate the grievance. All those involved in the Level II process will be contacted as needed to investigate the grievance.
2. Within twenty (20) working days after receipt of the request for review, the Mental Health Director will submit a decision in writing to the Program Manager of the MMHP. The decision of the Mental Health Director will be final.

California Department of Mental Health Cultural Competence Plan Requirements

3. The Program Manager of the MMHP will notify the consumer in writing of the grievance decision within ten (10) working days of the decision.

IV. Standard Appeal Process for Medi-Cal Beneficiaries

1. Only consumers who are Medi-Cal beneficiaries may submit a request to appeal an action.
2. Only a Notice of Action may be appealed.
3. An action occurs when the MMHP denies, limits authorization of a requested service, reduces, suspends, or terminates a previously authorized service.
4. Appeals must be resolved within forty-five (45) calendar days of the MMHP receipt of the appeal.
5. The Medi-Cal beneficiary files an appeal orally or in writing with the Program Manager of the MMHP requesting review of an Action. The appeal must be filed within ninety (90) days of the Action.
6. If the appeal is oral, the beneficiary must follow up with a signed, written appeal. The date of the oral appeal starts the time clock.
7. The MMHP will log the appeal within one (1) working day of the date of receipt of the appeal and will acknowledge receipt of the appeal in writing to the beneficiary.
8. The beneficiary may present evidence in person or in writing and may examine his/her case file and any other records pertaining to the appeal before and during the appeal process.
9. The appeal is reviewed using the Grievance Resolution Levels procedures in Section III of this document.
10. The Program Manager of the MMHP notifies the beneficiary or the beneficiary's representative of the appeal resolution in writing. If the appeal is not resolved wholly in favor of the beneficiary the notice must contain: the beneficiary's right to a state fair hearing, and the beneficiary's right to request to receive benefits while the hearing is pending and the procedures for making this request.
11. The timeframe for the appeal process may be extended by up to fourteen (14) days in certain circumstances.
12. A beneficiary may select a provider as his/her representative in the appeal process

California Department of Mental Health Cultural Competence Plan Requirements

V. Expedited Appeals for Medi-Cal Beneficiaries

1. An oral or written request for an expedited review of a Notice of Action may be submitted to the MMHP when using the standard appeal process could jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum functioning. Oral expedited appeals do not have to be followed up in writing.
2. The MMHP logs the appeal within one (1) working day of receipt of the expedited appeal request and acknowledges receipt of the appeal in writing to the beneficiary.
3. The MMHP has the authority to decide if the request for an expedited appeal meets the criteria.
4. If the request is denied, the MMHP must provide the beneficiary with oral and written notice of the denial within two (2) days. The appeal then follows the standard appeal process.
5. If the request is approved, the expedited appeal must be resolved and the affected parties must be notified of the decision orally and in writing no later than three (3) working days after the MMHP receives the expedited appeal.

VI. Quality Improvement Committee Monitoring

1. The Marin Mental Health Plan Manager will track the Consumer Grievance Resolution Process through the submission of an annual report to the Quality Improvement Committee for review.
2. The Marin Mental Health Plan Manager or designee will compile data and report number of cases submitted; types of issues, number of unresolved grievances, number of resolved grievances, number of appeals and the number of state fair hearings. The Quality Improvement Committee will identify trends that surface in the annual reports and make recommendations for improvement to program staff.

References: CFR Title 42, Sections 438.402(b)(3); Section 438.406(a)(3)(ii); Section 438.406 (b)(1-4); CCR, Title 9, Chapter 11, section 1850.205 (c)(1) (9) (d)(e)(B)(C); Section 1850.206(b); Section 1850.207(f); Section 1850.208 (f)(2):

Grievance Log

Grievance 2015-2016	People Count
Black or African American	2
Caucasian or White	16
Hispanic	4
Korean	1
Unknown / Not Reported	2
Grand Total	25

Goals	Objective/Activities	Performance Metrics																																																																																																																																																																																																																																																																																														
<p>Grievance Process Respond to grievances in a timely manner. Identify and act on improvement opportunities.</p>	<ol style="list-style-type: none"> 1. Ensure grievances are logged and responded to within required timeframes. 2. Track and trend grievances to identify quality improvement opportunities. 3. Conduct Incidence/Grievance Committee semi-annually. 4. Report grievance trends to QIC and management. 5. Conduct grievance process refresher training for staff. 	<p style="text-align: center;">Fiscal Year: <u> </u> FY 15/16 Draft</p> <table border="1"> <thead> <tr> <th rowspan="2">CATEGORY</th> <th colspan="3">PROCESS</th> <th colspan="3">DISPOSITION</th> </tr> <tr> <th>GRIEVANCE</th> <th>APPEAL</th> <th>EXPEDITED APPEAL</th> <th>COMPLETED</th> <th>REFERRED OUT</th> <th>PENDING as of June 30</th> </tr> </thead> <tbody> <tr> <td>ACTIONS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NOTICE OF ACTION - A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NOTICE OF ACTION - B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NOTICE OF ACTION - C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NOTICE OF ACTION - D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NOTICE OF ACTION - E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ALL OTHER ACTIONS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>N/A</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>ACCESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ADVICE NOT AVAILABLE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>APPEAL NOT RECEIVED</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FINANCIAL OR PROPERTY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDENTIFICATION CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LANGUAGE BARRIER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER ACCESS ISSUES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>5</td> <td>N/A</td> <td>N/A</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>QUALITY OF CARE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STAFF AWARENESS CONCERNS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TREATMENT ISSUES OR CONCERNS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDENTIFICATION CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CULTURAL APPROPRIATENESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER QUALITY OF CARE ISSUES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>7</td> <td>N/A</td> <td>N/A</td> <td>2</td> <td>0</td> <td>2</td> </tr> <tr> <td>CHANGE OF PROVIDER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDENTIFICATION CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>2</td> <td>N/A</td> <td>N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CONFIDENTIALITY CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDENTIFICATION CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td>N/A</td> <td>N/A</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FINANCIAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOST PROPERTY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IDENTIFICATION CONCERN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PATIENTS RIGHTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>REFERRALS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHYSICAL RESTRAINTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>OTHER GRIEVANCE NOT LISTED ABOVE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>3</td> <td>N/A</td> <td>N/A</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>GRAND TOTALS</td> <td>20 to date</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>2</td> </tr> </tbody> </table>	CATEGORY	PROCESS			DISPOSITION			GRIEVANCE	APPEAL	EXPEDITED APPEAL	COMPLETED	REFERRED OUT	PENDING as of June 30	ACTIONS							NOTICE OF ACTION - 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