

San Rafael Community Meeting  
Thursday, August 1, 2019  
Marin County Office of Education

MHSA, Substance Use, and Community Development Agency  
Community Input

**Breakout Discussion Groups**

***Prevention/Early Intervention***

*Discussion about problems and solutions in prevention and early intervention*

- Online access to substances is a big problem for youth. There is no oversight and it's hard to prevent when we [school staff] can't prevent their access to them.
- School administrators and teachers struggle when school resources run out. We don't know who to go to for help for families. We need better linkages and better education about what's available and how to support families and students.
- There are not many people in prevention work who look like people in the African American community. It is unlikely that people will come here from South Marin because there is no trust built up with the African American community.
- The issues will never be addressed if we're only asking these questions in South Marin. We need to talk about issues of race and service access everywhere. We should consider using informal providers for mental health outreach.
  - The group expressed the need for people with lived experience to provide prevention and early intervention services through an informal or peer-based model that also empowers people who are already doing this work.
- 12 Step program has prevention groups in the high school setting that can be used for outreach
- We should use social media and peer advocates to reach young people
- We need a broader understanding of trauma and how we categorize youth who have experienced trauma. Our understanding of trauma should include institutional racism, domestic violence, immigration experiences, LGBTQ+ discrimination.
- All suspended youth should be given an ACEs screening
- In general, we need more community education about trauma
- Youth don't feel safe opening up to teachers at schools
- It's not something we can really change, but the discrete funding streams from the state amplify collaboration challenges. BHRS should find creative ways to align activities, if not funding, to promote a more holistic approach.
- We need to connect the systems, structures, and root causes that have a role in promoting or harming wellness and address the gaps that come from treating kids like they're a hot potato. These systems need to share accountability and responsibility and make it clear to kids and families what is available to them
- BHRS needs trauma-informed providers who aren't therapists. Teachers and out of school time staff need trauma training.

- Out of school time programs can provide safe spaces for youth and serve as a place to provide prevention and early intervention education
- We need to create space for group counseling and healing in communities. Prevention and early intervention education should include mindfulness and healing practices
- The county needs to pay attention to healing for indigenous groups. Many previous efforts didn't take into account ancient cultural practices and methodologies. The county should be aware of the stigma they may have or be promoting related to this.
- There needs to be a body of people to address cultural competency needs, like a committee
- Discussion of how to improve trust among students. Youth need to feel cared for and part of the school community. Conversations shouldn't just be happening within the context of students getting into trouble or called into the office. Educators should pay attention to how youth end up on their radar and should bring them in before they're in trouble to be more proactive in providing support.
  - Focus on proactive intervention and a restorative culture
- There needs to be more cultural competency training about gender in schools. Educators need to be able to understand the basics before they can address issues among students.
- BHRS and providers should focus on the value and importance of social connectedness as a protective factor and should consider components of external prevention from an environmental perspective. Apps and technology may be available to help youth identify trusted adults or safety plan.
- There should be more activities to help kids feel good about themselves. They need an outlet for release and self-expression, especially outside of formal environments like therapy. They should be culturally specific so we can create communities based in shared experiences.
  - It's also important to acknowledge and find ways to be together as a community, not just always culturally separated
  - Culturally specific settings are necessary when systems that are intended to serve everyone fail to serve everyone equally
- One example of a successful program is the Wise Choices for Women group. We address generational trauma and provide support for adult women
- We all need to take youth issues seriously. When they express concerns about anxiety or other mental health needs, we need to know that it's not just puberty.
- We need to build the capacity of adults who work with youth to do work grounded in best practices of what we know works well
- Students need support along with the whole family
- Prevention needs to start earlier than high school
- High school students need harm reduction and bystander intervention trainings
- We need to do more to address stigma around help seeking, especially for men. There is stigma around mental health, but we don't talk about the stigma around asking for help enough.
- Youth with mental health needs struggle to prioritize academics and need support for the mental health issues before being expected to meet high academic standards. We should consider developmental stages in intervention and prevention work, factoring in how youth process trauma and how mental health issues manifest throughout development

- Schools and providers need to understand the specific barriers LGBTQ+ youth and youth of color experience and consider how the barriers in their day to day experience impact their decision making and ability to be present at school
- Older LGBTQ+ adults experience historic stigma and discrimination that has made them more isolated and impacted their ability to access and receive services
- Marin is segregated in many ways, including geographically. It's hard to identify and promote natural gathering places for communities which is isolating
  - Low income adults who aren't transition aged or older adults are isolated and the high cost of living contributes to their isolation and discomfort accessing services
- There needs to be more education and services for individuals with mild to moderate mental illness
  - There is also currently not enough county care for adults who require specialty mental health services
- We're not doing a good enough job identifying mental health issues at onset, especially for people of color
- We need to know more about what supports are available for older adults and how we share that they're available. There should be a liaison for linkages and referrals for older adults and others who need services
- We need to provide resources to empower people to identify their own issues, self-regulate, and be self-reliant
  - We need to teach adults how to do this better so they can model for youth
  - If parents cannot treat their own mental health and substance use issues, they can't support their kids' issues
- Traditional high school and college do not need to be the only options for youth – college does not have to be the next step and alternative high school is available too. We need to reduce the stigma around these other options.

### ***Treatment and Recovery (mental health and substance use)***

- Empowerment Clubhouse – important that it be included in the next three-year plan. Expansion opportunities include:
  - more interns and employment opportunities
  - funding for a larger facility
  - funding for Young Adult programs at Empowerment Clubhouse or a Young Adult Clubhouse
- Residential facilities/housing:
  - Non-medical, voluntary respite program for people in crisis (similar to John Perry-Soteria House in San Francisco)
  - More beds at Casa Rene
  - More interim housing
  - More Detox beds/facilities (““Getting into detox is really terrible, it's too late. It takes too long.”)
  - Women's recovery center (similar to Avery Lane but one that accepts Medi-Cal)
  - Residential treatment beds for Dual diagnosis
  - Housing for Young Adults

- Adolescent inpatient beds
  - Separate CSU for youth
  - Dementia crisis residential program
  - Teen Detox program
- Services for people with disabilities
- Mental Health Counseling for low income and homebound seniors (including the BOOST program)
- Transitional Age Youth (TAY) Programs—vocational, treatment, housing, wrap-around
- Transportation to access services
- Vocational training/support for entry/reentry to the job force:
  - for those in recovery from substance use disorders or mental health challenges
  - for youth
  - after release from incarceration
  - funding for the “pathway to work” program
  - Co-occurring Peer Education (COPE) training for Transitional Age Youth
- Ensuring case managers are people with heart and that clients have a say in who they work with
- Ensure case managers have training and support so the good ones don’t burn out
- Trauma Informed Care—specifically with a culturally sensitive approach
- ACEs screenings
- Treatment for people with Personality Disorders
- Pain management alternatives
- Support for Firefighters
- Life skills for people in recovery
- Support for family members of people in acute crisis
- 24 hour mobile crisis
- Permanent full-time Peer position at the Crisis Stabilization Unit
- More family therapy programs (including post CSU)
- Professionals have trouble accessing support groups – evenings and weekends
- More hearing voices groups (Hearing Voices Network a good resource)
- More paid interns
- More time with clients in crisis (one on one during crisis)
- Groups/services held in the evenings and weekends
- Detect and Connect
- More Mental Health First Aid classes
- Education on stigma for families and communities of diagnosed clients
- Increase training for police on how to best help people experiencing a mental health or substance use crisis—include annual refresher courses (in-service). Important throughout the county and especially in Marin City
- More co-responder teams with law enforcement—increase social and behavioral service workers imbedded within police and fire departments
- Helen Vine—there should be no delay for treatment and people should not have to be proactive in calling back every few hours to see if a bed has opened up—they should call you back
- Field-based workers to help with engagement for homeless population

- More Recovery Coaches
- Supportive Housing program should have a reasonable size caseload under 15 (or 10)
- More support for providers--when peer providers or clinicians relapse there is shame – support for when they relapse or are in crisis
- Assistance with navigation through the system
- More treatment options
- Support for Laura’s Law
- Training around hoarding for family members, providers, etc.—currently exists but needs more outreach about it
- Creation of Peer Liaison positions to help navigate through services
- Increase harm reduction services like needle exchange programs with referrals to services for more support
- Pedophilia treatment
- Keep people connected to services—Assertive Outreach and Field based work—END OFFICE APPOINTMENTS
- Field-based Psychiatrists and Telemedicine
- More support for the people in the client’s life—“ask how they are doing and learn from them”
- Support groups for parents and guardians of people suffering from addictions
- Isolation is a huge issue
- Need more Trans healthcare providers and training—“completely inadequate medical/mental health care for trans members of our community—often leads to self-medication
- Elderly LGBT in nursing homes end up going back in the closet—need training for staff at the nursing homes
- Explore more tele-medicine options

### ***Community Infrastructure***

- Welcoming places for homeless to congregate and receive services (not just in downtown)
- More West Marin community spaces
- Community resources/spaces equipped for medically fragile individuals to congregate, esp. during emergencies

### ***Public Services***

- Peer support programs for seniors living alone
- Food security
- Case management and wrap around services for seniors and all in need to assist in navigating services
- “One-stop shop” to learn about support services and resources
- Support network for hoarding
- Employment training for careers in fields with sustainable wages
- More job opportunities that provide a sustainable wage
- Multicultural and culturally relevant job training
- More free community events

- More services for senior who are NOT disabled
- Stipend for neighbor to neighbor support and care giving
- Emergency fund for short term crisis to prevent homelessness (ex. Short-term no interest loan for car repair, medical bill, etc)
- Life-skills training
- Affordable childcare
- More community education and transparency around VI-SPDAT rankings
- Support services for low-income families to prevent displacement out of County
- Legal services (ex. free family law, consumer protection, available to English language learners)
- Assistance getting Veterans connected to VA benefits
- Visitation support services for ranch workers isolated in West Marin (ex. healthcare, legal, education, etc.)
- Accessible taxis

### ***Housing***

- More affordable housing for all groups (ex. seniors, families, people who work in the County - esp. caregivers.
- Improved quality of existing affordable housing
- Improved ADA accessible housing for people with disabilities
- Increase housing options and support services for precariously housed and homeless seniors
- Housing and with support services for people with developmental disabilities
- Income supplement to keep seniors housed
- More housing options that provide a community for seniors (ex. Mercy Housing)
- Increased in-home support services to keep seniors housed
- Home share/match programs
- Public policy to develop affordable housing in all communities
- Campaign to change the “isolationism” mentality of keeping people of color out of Marin
- Emergency housing options
- Integrated housing communities that span age, race, income, immigration status, etc.
- Hospital discharge respite housing
- More affordable housing options for families