MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION COMMITTEE

September 13, 2013 • 1:00-3:00 PM • Mtg #18

MINUTES

NEXT MEETING: December 13, 1:00 pm. 3240 Kerner, Room 110
Recurs Quarterly on the second Friday of the month

Participants

Julie Baker, Ritter Center	Margaret Hallett, FSA	Bonne Goltz Reiser, JFCS
Laurie Buntain, CCYCO	Vinh Luu, CAM/Asian Advocacy	Lisa Schwartz, MCOE
Cecilia Castro, So Marin MDT	Nancy Masters, JFCS	Marcus Small, CRP
Paul Cohen, LAM	Lucia Melano, TAY Buckelew	Jasmine Stevenson, HYP
Cicily Emerson, HHS/PH	Sheryl Morgan, Head Start	Anita Strohmeier, CHA
Seth Friedrich, CAM	Kathy Page, Canal Alliance	Maritza Saucedo, MCC
Kristen Gardner, PEI Coord	Sandy Ponek, Canal Alliance	Sharon Turner, Marin City Ntwrk
Terrie Green, Marin City CSD	Susan Quigley, HYP	Kara Vernor, NYC
		Marty Zelin, MHB

MHSA and Related Updates *Kristen Gardner*

New Marin County Mental Health and Substance Use Services Director: Suzanne Tavano

FY13-14 Contracts: Most PEI contractors should be receiving a copy to sign in next few weeks. Meanwhile you can invoice based on your allocation.

State PEI Guidelines: The State is in the process of developing revised guidelines. In part will respond to the MHSA audit (of 4 counties) that indicated State agencies need to increase oversight of whether Counties are implementing the programs they proposed and what the outcomes are. We expect to see: evaluation indicators chosen by the State; a need to connect PEI program outcomes with 7 MHSA outcomes (reduced suicide, out of home placement, incarceration, homelessness, etc); possibly an increased emphasis on serving those at high risk of mental illness rather than broader community well-being. We expect further TA in FY13-14 from Rand Corp on logic models, eval frameworks, etc to assist with meeting State expectations.

FY14-15: FY14-15 PEI contracts will incorporate as much of revised State expectations as is known at that time. We do plan on including logic models in FY14-15 contracts.

Training Opportunity: Should have some PEI TA funds in FY13-14 for a PEI provider training. *Survey provided to determine topic.*

MHSA Three-Year Plan Input *All*

Handouts: Planning Process Overview, Proposed PEI programs for inclusion in Three Year Plan, Summary of Community input to date, Summary of Input from previous PEI Committee Mtg

- FY13-14 spending about $2mill on PEI programs. Expect about $1.2mill for programs in FY14-15.
- Input on any aspect of MH and SU services is welcome, but there will be a focus on PEI in the conversation. Write your key ideas on sheets provided for written records.
- Biggest areas of change for PEI: So Marin services, School age youth services.

Input provided included below.

PEI FY12-13 Annual Reports

Handouts: Report summaries, Number served data summary

- Include number served in previous years so can compare.
- Reports are good. Many people being served, with good outcomes. Improvement in aligning objectives, evaluations conducted and data reported.
- Providers find them useful to see what other PEI programs are doing.

MHSA Three-Year Plan Input
Consider these PEI specific, unless indicated otherwise

Existing services

Lack of support for young children (and their parents) impacted by trauma
Continue CSOC and TAY
Bilingual/bicultural services
Continue WET intern stipends (2x)
Promotora group needs to deliver better services
Mental health services are extremely limited for residents of Marin City Community
PEI services are greatly needed for the residents of Marin City Community
Need more bilingual capacity in Vietnamese in mental health and substance use services
No senior services coordinator to help Vietnamese population
Expansion of clinically trained (at a basic level, but ongong & useful) Spanish speaking promotoras (ie more of them clinically trained)
Support for immigrant families facing issues of acculturation and separation/reunification, esp school age kids *(is currently included in PEI)*
More WET funds to increase bilingual staff
Increased sharing and opportunities to interact with other providers and agencies
Clients working with county/contractors w/out medications. Increased support during medication holiday
Sustaining 24/7 suicide prevention & crisis telephone counseling – no cost and confidential
Triple P: planning, training, publicity (to consumers and referral sources) not well organized. Trained a lot of Level 4/3 providers and then, late in the 3 year plan, advertised to the public. Spent a lot of money, but now dropping at a point when referrals are actually increasing.
Wet stipends: can't legally give these to post grad (non-students) w/out getting into trouble with IRS. Consider giving stipends to agencies so they can legally give to post-grad interns.
Training opportunities for staff/interns need to be shared between agencies

New services

Older adult fear and insecurity (isolated & senior living facilities)
Personality disorders, hoarding, burning bridges with service providers, brain trauma, physically dysfunctional: facing eviction, unavailability of resources. Where can they go?
Interpreter Corp: Volunteers or low-wage panel that each agency can pull from
As the Parent Partner Program at Legal Aid is better known, the number of families on their waiting list may be the place we can get some very significant statistics and information. *(Parent Partner Program is a pilot program to serve families that are self-referred or agency referred and are at risk for CPS involvement)*
Stress of Parents during pregnancy leads to vulnerable infant. Early brain development has serious consequences, both human and financial.
Shared training would be a useful step. Vehicle for doing this? I am supervising 3 interns and would be happy to have others join some of their trainings.
Spanish language classes/training for current staff who can benefit from that "boost"
Team of MH professionals to liaison from early childhood to Kindergarten
Identify strategies to reduce stigma around BH
Trauma intervention training
Primary prevention
5-15 year old pop MH PEI needs to be addressed (2x)
Enhance bilingual capabilities of providers (incentive pay, translation, language training, training of bilingual providers)
Ongoing medication for undocumented population

Walk-in mental health services – resource for county citizens, PES, ER, police, and other providers
Training for staff to deal with and treat older adults (for all county contractors as well)
Not enough harm reduction services: ie not requiring medication or sobriety for clients (not just harm reduction techniques)
A map of how the PEI programs connect with each other and county mental health, substance use and primary care
An issue that we strongly feel as a gap is how mental health patients do not receive continual and constant primary care follow-up. This is a big issue! Patients depending on their housing, care takers and care givers.
Developing a screener for all ages for mental health
Youth psychiatric services
Opportunity for further individual/family long-term therapy for the uninsured. Focus on trauma, accessible and low/no cost.
There are no substance abuse programs in Marin City
Need a mental health education campaign and stigma reduction/elimination for African American population and people of color as first step to accessing services
Culturally competent PEI services for parents in Marin City Community: outreach, individual, group, school/parent engagement
Marin City Mental Health stigma reduction
Marin City Substance abuse services
Youth programs for immigrant youth from Spanish speaking countries
Programs that address sexual exploitation/trafficking for Spanish speaking population
Programs that work with Spanish speaking victims of crime, domestic violence, u-Visa
Pregnancy prevention education – culturally and linguistically relevant
Need for adult intervention for high risk people before meeting diagnostic criteria for County MH services
Need to address those multiple, complex issues that most often push people through the cracks (neurodevelopmental disorders, personality disorders, hard to engage, etc). At least one small step: shore information through traning or public media about fetal alcohol spectrum disorder (FASD affects 5% of the pop and accounts for most of the chronic failure in treatment and life in general
More trauma informed care – a need for training
Find a way to back-fill Head Start
Need intervention for child-rearing and marital relations: Family Wellness Program – simple, new Best Practice - 3 day trng – useful for improving (radically) home, relational environment
Family Wellness Program (trauma informed)
Bilingual staff shortage for mental health services clinical and para-professional (family advocates)
More mental health traning for front line Spanish speaking para-professional staff
Lack of services for Spanish speaking non-MediCal covered people who need substance use or mental health services beyond para-professional support
Increase number of bilingual interns in county, housed at CBOs with county supervision of professional hours
Emphasis on harm-reduction substance use programming in Marin City
Affordable bilingual culturally competent prevention and early intervention
In home family support services to address trauma and other issues for parents and children of all ages
Reduce stigma of mental health
Lack of bilingual providers. Teach Spanish to MH providers
Co-occurring competency training for MH clinicians is critical