MarinSpace
Building Collaboration from the Ground Up

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Mental Health Action Plan Summary Notes

An overarching common **goal** behind many brainstormed activities involved **enhancing early intervention through increasing sensitivity toward, and an ability to assess, mental health issues** before they resulted in secondary complications (such as evictions, hospital visits etc.).

While there was a lot of interest around developing a more robust, wraparound care coordination system to accomplish this goal, there also appeared to be consensus that before undertaking this more complicated strategy, more work needed to be done to improve caregiver and social service staffs' overall sensitivity, awareness, and an ability to assess needs prior to moving forward with a care coordination system.

Therefore the top year one activities associated with **improving sensitivity and assessment** included:

1. Co-produce and sponsor a pilot **sensitivity and assessment workshop** for caregivers, staff, medical professionals, and first responders possibly based on the Mental Health 1st Aid program.
2. Work together to publish easy, quick and uniformly adopted **mental health field assessment/recognition & referral tools** that can be used in the field by staff, caregivers, etc.

Note: The strategy adopted by the group for producing the above two action items was to 1) research and implement existing best practice tools (rather than re-create something new). 2) Focus on wide-spread adoption of common practices, and 3) possibly adopt a "train the trainer" approach rather than just host individual workshops. **Also note that these same activities were also prioritized by the Dementia Workgroup.**

The following longer term, more involved, (important but possibly not doable in year one) activities revolved around **a coordinated care system**:

3. Co-convening **an interdisciplinary coordinated care treatment planning team** (grand rounds).
4. Co-developing a **seamless intake system** used across all organizations so that no one is turned away without a minimum amount of initial assistance and an appropriate referral if needed (especially important for those without insurance).
5. Co-creating **shared service level protocols** (for the above mentioned minimum assistance services)
6. Develop a distributed, **virtual "Wellness Coaching"** program to train and coordinate Coaches to provide call-in wellness coaching support services.

Note: It was also noted that this longer-term activity, as well as options counseling may be incorporated into the Aging & Disabilities Resource Center (ADRC) project already underway.

Activities that were not discussed in any length at the meeting, but were not yet removed as possible options included:

7. Working together to agree on a **shared definition/description/language** for mental health, mental wellness, and mental illness.

8. Co-develop a **"speakers' bureau"** of individuals living with mental illness that can assist in outreach and training programs.
9. Work together to improve and increase **transportation access** to existing programs and services
10. Co-produce and publicize a comprehensive, county-wide **aging activities calendar** to combat isolation and loneliness.

Other Action Planning Considerations that were discussed at the meeting:

- It was noted that sensitivity and assessment alone would not be fully effective without a robust and comprehensive resource referral process to hook into. Staff and caregivers with the skill and ability to understand and assess mental health issues still need a quality referral system to connect people to the appropriate services.
- It was agreed that the focus of the activities should be on "undiagnosed" or "non-medical" mental health behaviors rather than people already designated with "mental illness" that have access to insurance and diagnosis-based support services.
- A number of macro process issues related to action planning for year one were also raise:
    - What coordinating and administrative infrastructure support will be available to the group during implementation of year one actions? Who will provide this and what is the participation expectation of the current workgroup members beyond meeting and advising?
    - What funding is available to support both the coordination process as well as the specific activity expenses? From whom? And how will allocation decisions me determined?