

# MHSA Advisory Committee Meeting Notes

September 28, 2016

1:30-3:00 pm

20 N. San Pedro Road, Point Reyes Conference Room

**Next Meeting Date:** October 26, 2016, 1:30 – 3:00 pm  
20 N. San Pedro Rd., Pt. Reyes Room.

## **New member recruiting due Oct. 12th 2016**

*Advisory committee members present:* Brian Hyun Cho, Sandra Fawn, Barbara Coley, Gene Scott, Sandra Pnek, Suzanne Sadowsky, Heather Richardson, Robert Reiser, Victoria Sanders, Carol Kerr, Sandra Griggs.

*Non-committee participants present:* Kristen Gardner, PEI/INN Coordinator, Mary Roy, MHSA Three Year Community Planning, Laura Sciacca, Clinical Psychologist, and Suzanne Tavano, Director of Behavioral Health & Recovery Services.

Agenda

*Announcements:* Brain Hyun Cho announced he is no longer with College of Marin and will continue as a “freelancer”. Suzanne Tavano announced that a letter will be sent to CAL-HFA to bring back \$1.4 million being held at the state and return it to Marin County. Funds are to be incorporated into a 3 year planning process with the hopes of using it towards development of permanent housing. Laura Sciacca announced the results of the FEP (First Episode of Psychosis) study.

## **Committee Updates:**

### MHSA Planning

40-50 staff members attended a policy forum meeting and provided feedback into the MHSA planning process. Issues addressed included, health inequities, housing, reducing health disparities, moving towards a trauma informed system of care, and suicide prevention. We are seeking to improve the integration of a trauma informed care model throughout our system of care.

### Suicide Prevention

We do not currently have a suicide prevention plan and hope to develop one. Going forward, we will review relevant data and conduct a focus group on suicide prevention. The CHP who manages suicide attempts on the golden gate bridge identified an alarming increase of youth suicide

### Housing

In addressing CAL-HFA money, a meeting with 40-50 members identified health inequities and areas of improvement. Included but not limited to: housing, reducing disparity, moving towards a trauma informed system, and suicide prevention will be addressed in the county’s 5 year plan. Suicide prevention will be emphasized as it did not have a plan previously. Looking at data, community meetings, advisory boards, and

speaking with CHP, we found an alarming increase of youth suicide on the golden gate bridge.

### Directors Report

It was announced that a piece of legislation passed, rather quickly, that allocated MHSA money at a state wide level towards housing. There will be an application process to receive MHSA funds, there are no guarantees that Marin will benefit from this change to legislation. Suzanne and other members of the California Behavioral Health Directors Association (CBHDA) advocated for collaboration in developing initiatives in the future. Many MHSA initiatives create artificial barriers; as opposed to allowing counties to utilize MHSA dollars in a way that is specific to each county's needs and at their discretion.

### FEP (First Episode of Psychosis) Report

The committee was asked, by a show of hands, who is aware of FEP programs, 40% raised their hands. The Recovery After Initial Schizophrenia, a multi-state comprehensive study, looked at the standard treatment model versus a coordinated specialty care model for the 1-2% of the population likely to undergo a FEP. The core philosophy behind the coordinate specialty care model was to provide wrap around services to move these individuals back to the community and back on track as soon as possible. There are an estimated 100,000 young adults who experience a first episode of psychosis each year. The average DUP (duration of untreated psychosis) is 74 weeks within the nation. Some barriers addressed in providing services within Marin county were a conflict between private insurance and access to county services and medi-cal which may increase DUP.

An increase in DUP has been associated with a worse prognosis, the earlier the intervention the better the outcomes. The discussion captivated committee members and it was agreed upon to spend the remaining meeting time discussing FEP and services for this high risk population.

Variables such as quality of life measures (sense of purpose, motivation, structure, etc.), positive and negative symptoms (loss of motivation, anhedonia, inability to anticipate pleasure, and drug use were discussed. It was noted that positive symptoms are often times easier to identify than negative symptoms as negative symptoms are often times overlooked. Negative symptoms are also harder to treat as they don't respond well to medication. Questions on how to engage individuals with negative symptoms were raised.

Clients in the *Navigate* group, or coordinated specialty care team program were more likely to engage in treatment and to continue in the program, with better outcomes associated. However, it was more costly. Robert Reiser pointed out other possible savings with this kind of program, potential savings in SSDI, SSI, jail and other service expenses.

Along with insurance; transportation, Medi-Cal, and psychiatry were addressed as areas of need within Marin County. A navigate program would include a program director, prescriber, individual resiliency training, family education, clinician, supported employment and education specialists, and case management.

During 2014-2015 in Marin County approximately 3.75% of the cases in PES and Access were FEP's, or 24 FEP's per year. The national average for age of onset is 16. Services, like TAY, could potentially capture 4 to 29 individuals per year.

Community education to help identify young people who maybe developing a psychotic disorder and raising the awareness of stigma which often deters people from accessing the necessary services are essential components of the program.

Location for education and stigma reduction efforts may include schools and services like wellness centers. Stigma and the lack of psych-ed plays a role in how people with positive psychotic symptoms are seen. Stigma changes within cultures and a lot of education is needed to help break down these challenges.

Due to a lack of communication between services a focus has been placed on wrap around services where most of the clients needs can be met through a dedicated staff with varying backgrounds and skill sets. West Marin was addressed as an area where wrap around services are difficult to provide due to the remote location, and that a streamlined system is needed.

**An invitation was extended for those who want to be a part of a future focus group.**

**The following Agenda Items were not addressed:**

**Discussion: Role of MHSAAC Members**

**MHSA Planning overview, next steps and input**

**Meeting Location**

**Meeting Input**

### **Next Meeting Agenda**

**Our next meeting is scheduled for Wednesday, October 26, 1:30-3pm** in the Point Reyes Conference Room at 20 North San Pedro Road. A proposed agenda will be sent out in advance of the meeting.