



BEHAVIORAL HEALTH AND RECOVERY SERVICES DIVISION
MHSA Advisory Committee Meeting
February 22, 2017
1:30 to 3:00 p.m.

AGENDA

1:30 Welcome, Introductions and Announcements

1:45 Director's Report

2:00 MHSAAC Program Review Committee Report on findings

2:30 MHSA Community Planning Update, Current continuum of care, gaps identified,
recommendations from BHRS Management, funding

2:45 MHSAAC feedback

2:55 Committee Membership and Attendance

3:00 Adjourn

Next Meeting Date: March 22, 2017

2:00 – 3:30, 20 N. San Pedro, Pt. Reyes Conf. Room

MHSA Advisory Committee
 2/22/2017 – 20 N. San Pedro Rd., Conf. Room Pt. Reyes
 1:30 – 3:00 pm

In Attendance: Lynn Murphy, Laura Kantorowski, Carol Kerr, Sandra Ponek, Maya Gladstern, Brian Hyun Cho, Suzanne Tavano, Mary Roy, Kristen Gardner, Gustavo Goncalves, Brian Slattery, Gail Theller, Kay Browne

Next Meeting: March 22nd, 2017. 1:30 – 3:00
 20 N. San Pedro Road, Pt. Reyes Conf. Room

Agenda Item	Discussion
Welcome Introductions and Announcements	<p>Drug Medical organized delivery contract was approved</p> <p>Psychiatry - It has been increasingly difficult to recruit and retain psychiatrists. Competitors include San Quentin, Kaiser, and Marin General who provide better employee packages. Utilizing the current Locum Tenens has been challenging due to the frequent staff changes (every 3-6 months) and requesting clients to re-divulge sensitive information each time they meet with a psychiatrist. The TBH contract is a 17 month contract for 7 psychiatrists, with after hour phone coverage, tele-psychiatry, onsite coverage on Saturdays and Sundays (4 hours each day) and a new medical director. The contract is in effect. Nurse practitioners are unaffected by this contract. Recruitment has begun for new providers and a new medical director.</p>
Director's Report	<p>No Place like Home</p> <p>There are several grant opportunities with varying levels of competition.</p> <ol style="list-style-type: none"> 1. There is an opportunity to apply for \$100,000 planning grant to help with a system review, analysis, and strategic plan. This will be applied for when it becomes available in the spring. This is likely to be awarded, as it seems to be a low level of competition. 2. A \$500,000 grant is being opened and may be applied for. The four counties with the largest homeless population percentages gain preference. 3. A very competitive million dollar grant is opening – The grant has many hoops to jump through, which includes a requirement for an existing plan. These grants are considered loans and carry other implications.

**MHSA Community
Planning Update,
Current continuum
of care, gaps
identified,
recommendations
from BHRS
Management,
funding**

A large document outlining recommendations and other elements of the MHSA 3 year Plan is being prepared and will be made available for the next MHSA meeting.

Several recommendations came up that were outside the scope of the MHSA 3 year plan through the 3 year planning process. That information has been taken into consideration and will be utilized for future systems improvement.

These recommendations are a work in progress and have not been finalized.

Below: Please find a list of PowerPoint Draft Recommendations followed by discussion in *italics*.

CSS

- Adult Assertive Community Treatment Program
- Expand Crisis Response to 24 hours
- Contingency Funding for the Transition and Mobile Response Team in 2019/20
- Clubhouse Program, Southern Marin

Discussion:

- *Club House Model Program: Staff are both Consumer and Non-Consumer Staff, working together in an evidence based model psychosocial rehabilitation model. The program provides a continuum of employment skills and opportunities . Clubhouses work in conjunction with community centers such as ERC. [Similar to the Putnam House – Stanford]*

Housing

- Direct \$1.4 million CalHFA funding to establish permanent supported housing
- Support to consumers to maintain housing
- Housing Scout
- Community Partnerships
- Housing Navigator
- Comments:
- Community Education and Stigma Reduction Effort
- *The preferred route would be to partner with another agency to get more units per dollar. There are many benefits of partnering with other agencies. The alternative would be to purchase a house independently, a more costly option. Partnering with existing housing organizations on how to best utilize these funds would be beneficial. The Marin Organizing Committee and other private entities are worth considering.*
- Discussion:
- *Marin Housing Authority has started a hotline to support homeowners struggling with consumer tenants.*
- *St. Vincent's – Currently has a Housing Navigator and may be a useful resource*
- *NAMI has an existing housing directory*
- *5 individuals have been identified and placed in housing in San Rafael through the HOT team*

Integration of Mental Health and Substance Use Services

- Co-Occurring Trained Staff at Key Entry Points –
- Integration of Treatment Teams
- Cross Training
- Engagement Groups
- Utilize a Harm Reduction Model

Discussion:

- *BACR currently has a mobile crisis intervener who looked to train other staff on how to work with co-occurring consumers. They may serve as a good resource.*

Trauma Informed Care

- Evidence Based Training and Supervision
- Trauma consultation
- Increase utilization of validated pre and post-test measures specific to trauma.

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Recommendations for Children and Youth

- Establish Evidence Based First Episode Psychosis Program
- Linkage between school based services and System of Care
- Expand Newcomers groups – for individuals experiencing culture shifts
- Expand TAY Services – Sunny Hills level of care
- Review targets for PEI school based services

Prevention and Early Intervention

- Health Navigators
- Additional Mental Health Staff to serve the Latino Community
- Behavioral Health Integration in school based clinics
- Additional Stigma and Discrimination Training and Support
- Increase Dissemination of Resources to the Community
- Discussion:
 - *Beacon – opening a center in Marin*
 - *There is a need for better access to appropriate language*

Consumers

- ERC received recognition, expanding to other areas of the county
- Increase use of Peer Providers
- Support integration of peer on treatment teams
- Short term funding to support ERC moving to a fully consumer operated center
- Locate services near a transportation hubs.
- Develop speakers bureau or In Our Own Voice
- Additional psychiatry time
- Discussion:
 - *In Our Own Voice is looking to expand*
 - *Additional psychiatry time*

Latinos

- Additional community based mental health treatment
- Bilingual bicultural staff integration crisis continuum
- Health navigator to bridge PEI promotoras with system of care
- Increased training and support for promotoras
- Increase stigma and discrimination education
- Increase use of validated pre and post-test measures – clinically significant
- Ensure medication directions are provided in Spanish

Vietnamese

- Increase stigma and discrimination reduction education
- Recruit Vietnamese speaking staff at ERC
- Establish Vietnamese health navigator
- Ensure directions for medication are provided in Vietnamese

Discussion:

A need to increase availability of mild/moderate mental health services

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Gender and Sexual Minorities

- Support for school based Gay Straight Alliance Programs
- Support for System of Care Support Groups
- Continue to implement data gathering on GSA's within the system of care toward equal access
- Conduct a needs assessment for GSM's
- Discussion:

: Question on the efficacy and use of establishing support groups in settings that may be stigmatizing i.e. placing an LGBTQ support group within a mental health setting and associating sexual orientation with a mental health disorder. **Based on this discussion this recommendation was omitted**

WET

- Increase internship opportunities
- Fund competitive stipends for interns
- Continue Peer Provider Training
- Expand Peer Provider and Family Partner Positions
- Evidence based trainings, TFCBT, Mental Health First Aid, Crisis Intervention Training, Motivational Interviewing, Dual Diagnosis Training

Southern Marin

- Increase outreach and education efforts to faith communities
- Increase stigma reduction and education activities
- Clubhouse Program

Western Marin

- Consider field based Behavioral Health Outreach
- Consider establishing a health navigator
- Increase stigma reduction and education efforts
- Consider establishing integrated mobile treatment van to reach isolated communities
- Increase bilingual bicultural staff

Suicide Prevention

- Establish a suicide prevention committee
- Staff training in assessing and managing suicide risk
- Increase dissemination of resources for suicide prevention

Veterans

- Hire temporary staff
- Consider expansion once current outreach targets are met

General Recommendations

- Increase the visibility of MHSA Funded Programs
- Display the MHSA logo on all websites, brochures to increase community awareness of MHSA Programs

Discussion:

Aging community/Senior Services should be included under the list of recommendations.

Response: Some of the services requested fall under neurocognitive decline and fall outside the scope of MHSA Other members of the community are outside the scope of MHSA and have insurance and Medi-care coverage.

Discussion:

Senior Services needs to be addressed within MHSAAC for reasons like (bereavement and depression, substance use, and other challenges specific to a senior population. Isolation, depression, substance use, engagement)

Response: The omission of specific Senior Recommendations was acknowledged and will be corrected.

Discussion:

- *Request to have a Commission on Aging representative. Create a needs assessment to find out how many seniors are being served. Voiced; bring in someone to talk about the HOPE program and include outreach to folks over 65.*

Finalize Input Process

Committee Membership and Attendance	Postponed
Adjourn	Next Meeting: March 22, 2017 1:30 – 3:00pm 20 N. San Pedro, Pt. Reyes Conf. Room

Marin County MHSA

3 Year Community Planning Process

FY 2017-2020



WELLNESS • RECOVERY • RESILIENCE

Community Planning Process

- Identify the mental health needs of the community
- Identify and reprioritize strategies to meet these mental health needs
- Ensure client participation
- Ensure inclusion of the racial, ethnic, linguistic and sexual orientation of the community
- Link component parts into a continuum of care

Community Supports and Services

- Establish an Adult Assertive Community Treatment Program
- Expand the Mobile Crisis Response Team to 24-hour care
- Contingency funding for the Transition and Mobile Response Teams in FY 19/20
- Clubhouse Model Program in Southern Marin

Housing

- Direct \$1.4 million CalHFA funding to establish permanent supportive housing
- Support to maintain housing
- Housing scout
- Seek Community Partner
- Housing Navigator to support individuals in housing search
- Community Education and Stigma Reduction Effort

Integration of Mental Health and Substance Use Services

- Co-occurring trained staff at key entry points
- Integration of treatment teams
- Cross Training across disciplines
- Engagement Groups
- Mental Health Treatment within Road to Recovery

Trauma Informed Care

- Expanded Evidence Based Training and Case Supervision
- Trauma consultation
- Increase utilization of validated pre and post test measures

Children and Youth

- Establish Evidence Based First Episode Psychosis Program
- Linkage between school based services and System of Care
- Expand Newcomer Groups
- Expand TAY Services- Sunny Hills
- Review targets for intervention considering
 - Alternative Education sites
 - Davidson Middle School

Prevention and Early Intervention

- Health Navigators
- Additional Mental Health Staff to serve Latino Community
- Behavioral Health integration in school based clinics
- Additional Stigma and Discrimination Training and Support
- Increase Dissemination of Resources to Community



Consumers

- Recovery Support in other areas of the county
- Increase use of Peer Providers
- Support integration of peers on Treatment teams
- Review Peer Providers salaries and benefits
- Short term funding to support ERC moving to a fully Consumer Operated Center
- Develop Speakers Bureau or In Our Own Voice
- Age and culturally specific programming at ERC
- Locate services near transit hubs
- Additional Psychiatry Time



Latinos

- Additional Community Based Mental Health Treatment
- Bi-lingual Bi-cultural Staff integration-Crisis Continuum
- Health Navigator to bridge PEI Promotoras with System of Care
- Increased training and support for Promotoras
- Increase Stigma and Discrimination Education
- Increase use of validated pre and post-test measures – clinically significant
- Ensure medication directions are provided in Spanish



Vietnamese

- Increase Stigma and Discrimination Reduction Education
- Recruit Vietnamese Speaking Staff at ERC
- Establish Vietnamese Health Navigator
- Ensure directions for medication are provided in Vietnamese

Gender and Sexual Minorities

- Consider Providing Support to the school based GSA's
- Continue to implement data gathering on GSA's within the System of Care toward equal access
- Conduct a needs assessment for GSM's

Workforce Education and Training

- Increase internship opportunities
- Fund competitive stipends for interns
- Continue Peer Provider Training
- Expand Peer Provider and Family Partner Positions
- Scholarships for Consumer and Family Members
- Evidence Based Trainings
 - Trauma Focused CBT
 - Mental Health First Aid
 - Crisis Intervention Training
 - Motivational Interviewing
 - Dual Diagnosis Training

Southern Marin

- Increase outreach and education efforts to faith communities
- Increase Stigma Reduction and Education Activities
- Consider locating Clubhouse Program here

Western Marin

- Consider Field based Behavioral Health Outreach
- Consider establishing a Health Navigator
- Increase Stigma Reduction and Education Efforts
- Consider establishing integrated mobile treatment van to reach isolated communities
- Increase Bi-lingual Bi-Cultural Staff

Suicide Prevention

- Establish a Suicide Prevention Committee
- Staff training in assessing and managing suicide risk
- Increase dissemination of resources for Suicide Prevention

Veterans

- Hire Temporary Staff to increase outreach efforts
- Consider expanding funding when current targets for outreach are met

Increase Visibility of MHSA Funded Programs

- Display the MHSA logo on all websites, brochures to Increase community awareness of MHSA Programs

Finalize Input Process

- Establish Program Priorities within available funding
- Joint Mental Health Services Act Advisory Committee and Mental Health Advisory Board Meeting
- Post for 30 Day Public Review and Comment
- Request Board of Supervisors Approval

PEI Program return rate for validated measures

<u>Program</u>	<u>Population served</u>	<u>Return rate</u>	<u>Measure</u>	<u>No. Returned</u>
TAY-PEI (Participated in 5+ school groups who started with clinical level concerns)	26	100%	Outcome rating scale	26
TAY-PEI (Participated in 5+ school groups)	102	91%	Outcome rating scale	93
TAY-PEI (Participated in 3+ individual sessions who started with clinical level concerns)	44	100%	Outcome rating scale	44
sessions)	103	92%	Session rating scale	95
Latino Community Connection (Participated in a support group for 3+ months)	28	71%	PCL-C	20
Integrated Behav Health: CHA (Participated in 3+ individual session)	45	36%	PHQ-9	16
Integrated Behav Health: Ritter (Participated in 2+ med management session)	39	62%	PHQ-9	24
Older Adult PEI (Completed treatment protocol for depression or anxiety)	40	83%	PHQ-9, GDS, GAD-7	33
School Age PEI: Seneca (Participated in Social Emotional Skills Group)	55	80%	SDQ	44
School Age PEI: MCCSD (Participated in Social Emotional Skills Group)	53	100%	SDQ or School records on attendance/performance	53
School Age PEI: BACR (Participated in 3+ individual or group sessions)	68	46%	SDQ	31