

# MHSA Minutes



## Mental Health Services Act Stakeholder Forum/ Quality Improvement Committee Joint Meeting

Date: Tuesday, October 2, 2019 | Time: 5:00 – 7:00 pm

Location: Consolidated Tribal Health Project, 6991 N. State St., Redwood Valley, CA 95470

Teleconferenced via WebEx

### In Attendance:

Colleen Gorman	William Riley	Kathleen Postal	Tamara Babcock	Dina Hutton	Richard Towle
Kayla Miles	Caitlin Colby	Mary J. Norris	Sarah Livingston	Cynthia Rodgers	Ben Anderson
Bhavvy Ducharme	Rena Ford	Sarah Walsh	Anna Taft-Victoria	Stephen Quinn	Kristen Bogner
Richard Matens	Mariah Hunt	Joanna Olson	Robin Meloche	Maria Nieto	Katrina Marie Miles
Natalie Shepard	Gabriel Ray	Erica Carson Jr.	Trilby Kerrigan	Debbie Swayze	Christine Friedrich
Buffey Wright	Karen Smith	Noemi Doohan	Billie Wyant	Sophia Ashurst	Carmen Harris
Andrea Williams	Joel Soinila	Martha Barra	Patrice Mascolo	Julie Fetherston	Diana Billy-Elliott

	Discussion Item	Action Item/Next Steps	Complete Date
1.	<p><b>Introductions &amp; Handouts</b></p> <ul style="list-style-type: none"> <li>• <b>Education regarding purpose of stakeholder meetings and the Community Planning Process</b> <ul style="list-style-type: none"> <li>○ Handouts: Agenda, Schedule of Forums for 19/20, MHSA &amp; QIC Minutes for 5/30/19, MHSA Snapshot, MHSA/QIC forum surveys, MHSA CSS and PEI 4th Quarter Data Graphs, MHSA Public Forum PowerPoint Presentation; QIC documents: Appeals, Grievances &amp; Change of Provider Report, Data Dashboard presentation, Grievance Appeal Request.</li> <li>○ MHSA Issue Resolution forms (English and Spanish) were available to take.</li> <li>○ Community members introduced themselves around the room.</li> <li>○ Colleen explained the Agenda and the purpose of the meeting, the importance of collecting information from and relaying information to consumers, providers, and community members.</li> </ul> </li> </ul>		
2.	<ul style="list-style-type: none"> <li>• <b>Comments &amp; Questions for Providers, Consumer &amp; Public Feedback</b></li> <li>• <b>What is working?</b> <ul style="list-style-type: none"> <li>○ Consumers from various agencies reported successes:</li> </ul> </li> </ul>		

- “I was a foster kid at 15, graduated from High School, and was on my own. Shortly thereafter I went to Arbor, homeless and with a newborn. They helped prepare me for the workforce, and I ended up working for RCS as a peer partner. I’ll never leave.”
- “I’m a mental health patient and meth addict, lately living in my car and then Jail. RCS has helped me stay clean for over 20 days. I’m getting treatment, and feeling stable.”
- “I was put the first time in the system at 7 y/o. I was in and out of placements till 11 y/o. I was then with Tapestry for 3 years, and foster care from 14 on. After years in transitional housing, I spent time at Arbor House. Within the last year - I met my husband, we have our own place, I’m working part time and we have a car.”
- “I was a mess as a little girl. I was born with hereditary disorders, couldn’t stop crying, and felt that I never met anyone’s expectation. Once I got into RCS things started getting better. After getting services, I can control my emotions. I’m so grateful for the help.”
- “I am 62 y/o, who has fell through the cracks for a long time. I’m from the Coast, have been homeless for years. Now I live at Willow Terrace, and am so grateful. There is a lot of information you may not have on needs for the homeless, because you can’t find us.”

***What is not working?***

- Richard Matens, Executive Director of Consolidated Tribal Health, shared that his board members had expressed at a recent meeting a strong desire to have County BHRS/MHSA form more direct relationships with the individual tribes, each of which has their own individual needs. Others from CTHP’s board and some of the individual tribal councils reinforced this message.
- Buffey Wright, a member of the Tribal Council of the Sherwood Valley Band of Pomo Indians, said many people in her area are not able to get to Mental Health services, and end up in jail, juvenile hall or expelled from school. Youth and others cannot get immediate help. She specifically mentioned need for help with suicidal issues. There are limited services through Consolidated. After hours and weekends are times when there is a lot of need, but services are unavailable.

***Other Comments & Questions***

- Richard Matens, CTHP E.D., made two points: 1) the tribes are grateful for the funding that has come from MHSA for CTHP, but ideally there would be independent grants addressing the individual needs/concerns of each tribe. They feel they are an “afterthought” and we should not consider that taking care of Covelo is sufficient for covering the needs of native communities of the county. 2) Funding is needed across the spectrum, all components of MHSA. The current PEI grant is good, but was understood as a “one-time” funding, using up funds that would otherwise not be spent, with no assurance of continuation. There is a great need for more funds in the CSS category that could cover more of the treatment needs.
- Erica Carson Jr., in a handwritten note, submitted: “I’m interested in the innovative project. I would like to see a project where we measure if Traditional Healing is effective in our Native communities if we have an Elder and community panel to assess the data. Can we offer Traditional Healers from each community? We need to approach the project with input from adults and youth perspective. What are the barriers and successes?”
- Needs for transportation to mental health services was brought up several times by different speakers, especially from outlying communities, i.e. Laytonville.
- Dina from Nuestra Alianza expressed that we should be training younger Latinos and women to be psychologists.
- Sheri, of Mendocino County Youth Project (MCYP), mentioned the Prevention and Early Intervention their organization has been doing in the schools. Joanna Olsen, MCYP E.D. , joined in saying they employ therapists and youth workers, do screenings and catch “early break” situations. It is working well and they would like to branch out to have this in even more schools. The services are currently aimed at the middle school level. She thinks it would be helpful to branch out to cover 5<sup>th</sup> through 12<sup>th</sup> grades. She said young people are “experiencing things” at an earlier age these days.
- Gabe, from the Pinoleville Tribal Leadership, requested that when communicating with tribal leadership, they prefer to have higher level decision makers be involved, so

	<p>there is less of “having to check and get back to you.” Colleen responded that for the presentations on the new 3-Year Planning process, the two highest decision-makers at BHRS would be there, and encouraged tribal leadership to attend. She further noted that because of various oversight entities, there are approvals required from various levels of leadership on all major decisions.</p>		
<p>3.</p>	<p><b>MHSA Report</b></p> <p><b>a) Upcoming Events, Forums, and Planning</b></p> <ul style="list-style-type: none"> <li>• <b>Community Program Planning (CPP):</b> 3-year planning process announcement will be soon. There will be informational sessions inland and on the coast in early November for providers interested in providing MHSA services.</li> <li>• <b>Suicide Prevention Activities:</b> Robin Meloche reported on activities for Suicide Prevention Week. She participated as a presenter at the 3<sup>rd</sup> Annual Walkathon put on by the Pinoleville tribe, at the Ukiah High School track. She noted the strong sense of camaraderie present there and recommends people participate in future. Gabe added that this was the 5<sup>th</sup> year of a grant supporting the Walkathon. When these grant funds run out they will need to plan for future walks. He hopes it can become an event with broad community support and participation. There will be a planning meeting November 11 at 9 AM. A new contracted provider, Marvel Harrison, has provided Question Persuade &amp; Refer (QPR) training to 70 people who can now provide it in community and work environments. Robin is offering an intensive ASIST (Applied Suicide Intervention Skills Training) November 6 &amp; 7 in Conference Room 2. The Suicide storyboard tour went to 6 venues all around the county this year.</li> <li>• <b>Workforce Education and Training (WET):</b> The Cultural Diversity Committee will be offering a training on <i>Gangs: A Cultural Approach to Prevention</i>, on October 24, 4-6pm at the Farm Advisory Building, 890 North Bush Street, Ukiah. For more information contact Carlos Jacinto at <a href="mailto:JacintoC@mendocinocounty.org">JacintoC@mendocinocounty.org</a>. Diana Billy-Elliott, Hopland Band of Pomo Indians, asked if</li> </ul>	<p>Colleen to let Ms. Billy-Elliott know about Cultural Diversity Committee</p>	

	<p>there was Native American representation on the Committee. Colleen will follow-up with an answer to that question.</p> <p><b>b) Issue Resolutions and Trends</b></p> <ul style="list-style-type: none"> <li>No Issue Resolution requests have been received this year. No trends.</li> </ul> <p><b>c) Innovation (INN) Updates and Opportunity for Input</b></p> <ul style="list-style-type: none"> <li><b>Round Valley Crisis Response</b> Round Valley’s Center of Healing Heart, continues operations with two Natural Helpers and a Respite House Manager. People are able to drop in to a place where they feel safe, have someone to talk to and can get help to overcome overwhelm. One of the purposes of this center is to reduce the number of people who have to travel to Willits for crisis evaluations, and to learn and understand the crisis needs of the Covelo community. The Center is exploring various approaches to healing and wellness, involving traditional arts through a beading group, and is considering a storytelling group.</li> <li><b>Healthy Living Community</b> Proposal is written, aimed at individuals living in mental health supported housing who were homeless or at risk of homelessness prior to being housed. This project will try to reduce recurring homelessness by bringing wellness-style services to residents, including facilitation, peer networking and others. Once finalized, proposal will go through public comment period and Public Hearing at BHAB, and then be submitted to the state approval body, the MHSOAC.</li> <li><b>Tech for Trauma</b> This project is being developed, even as technological possibilities continue to change, to help those with trauma (starting with youth). Virtual reality has proved successful when used in treatment of PTSD, anxiety and depression. This project hopes to grow as this quickly moving field grows, and is currently in the research and development phase.</li> </ul>	<p>Membership.</p>	
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	<p><b>d) MHSA Quarterly Services Report</b></p> <ul style="list-style-type: none"> <li>• <b>Community Services and Supports (CSS) Data Report</b> Colleen presented CSS and PEI client service data on projected slides (also available as handout); participants commented and asked questions.</li> <li>• <b>Housing Projects</b> Tabled due to lack of time.</li> <li>• <b>Prevention and Early Intervention (PEI) Data Reports</b> Colleen presented CSS and PEI client service data on projected slides (also available as handout); participants commented and asked questions.</li> </ul>	<p>See handout</p> <p>See handout</p>	
<b>4.</b>	<p><b>QIC Report</b> See QIC Minutes.</p>		
<b>5.</b>	<p><b>Review &amp; Approval of Minutes from May 30, 2019</b></p> <ul style="list-style-type: none"> <li>• Moved to end of meeting to give attendees time to review them for corrections, questions or comments.</li> </ul>	<p>Stakeholders to communicate corrections to MHSA. To be approved at next Forum.</p>	<p>12/4/19</p>
<b>6.</b>	<p><b>Next Meeting Date &amp; Location</b></p> <ul style="list-style-type: none"> <li>• December 4, 2019, 12-2pm, at Action Network, 200 Main Street, Point Arena CA 95468</li> </ul>	<p>Agenda and flier will be sent out to stakeholders when finalized.</p>	