

July 2015 Meeting and Program Site Visit Report to MHB

Len Marowitz

Liaison to Human Services Coordinating Council: No meeting this month.

Attended MHSA Steering Committee: See report from MHB Liaison Brian Brereton.

Attended NAMI Pathways to a Healthy Mind: An International Gathering: Celebrated National Minority Mental Health Month. Informational tables by 24 organizations representing a wide range of ethnic, racial and cultural groups. I attended very informative panels on (1) What are the Types of Mental Illness and Possible Treatments, (2) Why is the Stigma of Mental Illness Stronger in Diverse Communities, and (3) Post-Traumatic Stress Disorder (PTSD): What it Means for the Individual and the Family. All speakers were knowledgeable and well-spoken.

Liaison to Quality Improvement Committee: Cancelled due to passing of Kathy Aposhian, Chair.

Attended Cultural Competence Committee: Joanne Johnson, Chair, suggested I attend and told me that MHB used to have a liaison to this committee. Cultural Competence Plan Objectives for FY 2015/16 are: Increase diversity of DBHS direct service staff; maintain high standard of training for interpreters; 75% of direct service staff and supervisors to complete cultural competence training; monitor benchmarks for access to MH services by race, ethnicity and language; increase penetration in underserved communities by 1.5%, increase retention in underserved, unserved and inappropriately served populations to meet criteria; determine if client outcomes are equivalent regardless of ethnic group or primary language; and ensure progress in delivery of culturally competent services through a system-wide Agency Self-Assessment of Cultural Competence.

Liaison to Mental Health Partners Facility Siting Committee: Continued planning the contents of the RFP for the siting of the three 15-bed crisis residential facilities to be funded by a \$5.7 million SB 82 grant. Each facility will be of a distinct type: (1) 14-Day Rapid Response Turnaround, (2) Innovative Co-Occurring Design for Dually Diagnosed {MH & Substance Use Disorder} and (3) Maintenance of Linkages with Family and Community. These are not homeless programs and not locked facilities. Their purposes will be to help folks coming out of an inpatient hospital transition back into the community and to prevent other folks from having to go into an inpatient hospital. After completion of these 14-day or 30-day programs, folks may go home or to a board and care. The locations of these facilities must be acceptable to the BOS and to the residents living near them.