

Campaign for Community Wellness

Steering Committee Meeting

October 26, 2007

10-1 p.m., Auburn



Attendees: Anno Nakai; Christina Nicholson; David McManus; Deanne Thronton; Debbie You; Debora Martin; Denise Lindquist; Edna Moore; Elaine Rowen; Jerry Nevins; Katherine Smith; Maureen Bauman; Michael Alward; Mike Lombardo; Gena Stahl; Richard Knecht; Sandena Bader; Sonia Samaniego; Stephanie Rogerson; Tad Kitada; Nancy Roach; Sharen Neal; David Soto; Pam Spanier; Dr. Trevor DelPape; Kristen Livak; Debby Lum; Brenda Dunlap; Mary Abbott; Michele Murphy; and Elisa Herrera

I. Welcome/Agenda Review

General comment: On the written evaluations from the September meeting, we read that some people really liked Lynne Marsenich's presentation on prevention and intervention and that some would like to move forward more quickly with the material. Lauren reminded the group that participants have a wide range of knowledge and experience in the field of mental health prevention and that the intent of the training was to give everyone a common set of language in which to move forward.

II. Voice

Jesse McBroom, a young adult consumer, shared his story as follows:

"I had a history of substance abuse and mental illness. My family recognized the mental health issues but I didn't or didn't want to.

I spent 3 years on the road—dealing with my anxiety, using drugs and alcohol and even contemplating suicide—I told my family when I got to this point, and they put me into the PHF unit in Roseville. I finally started to get help. After PHF, I went to Harmony House. I was offered many services, including meds.

Pride kept me from embracing the services—I still just didn't want to admit that I had a mental illness. Even if services are being offered to people, it doesn't mean they will use them. It is a long process of being offered services and not admitting anything is really wrong....takes years of cycling in and out before you can really start on recovery. Anyway, I kept running—I guess from myself. I hit rock bottom again, called my case worker, and AB2034 funding paid for my drug issues and housing needs.

I got SSI and AMI Housing services and started to get back on track. I also enrolled in the MAP (Mentors Assisting Peers) program, and this helped me. It took a lot of different kinds of services to help me. I even went to Sierra College and got a 4.0 grade point average for a



semester. Then, I fell back into drug use, called my case worker again, and he put me into the Eagle Recovery program.

Eventually, I found a great med combo, along with housing, and things starting looking up. I started to participate in my community again, like the Welcome Center and Operation Piece of Mind. I landed a MHSA navigator job, and I started to earn my way—people like me!

Everything is working together now, to make me feel better, and I have a lot of HOPE. Things were so bad for so long, yet now when I am alone, I truly like the company I keep—for the first time. I want to say thank you to Placer County for all the various programs you have offered me—it takes a lot of different programs and unique combinations that work for each person.”

III. Public Comment Period (3 minutes per person)

Family member: *Once a decision is made can it be brought back to the group for a revote?*

Jerry Nevins (adult consumer) read a poem about recovery (all of Jerry's poems are featured on the Campaign website www.campaignforcommunitywellness.org).

Consumer: *I would like to add that part of Jessie's formula for success is Jessie himself.*

CBO: *Thank you, Jessie, for your story. I would like to know if there was something that we, as a community, could have done to prevent you from getting to the broken point.*

Jessie: *My issues are generational so there is really nothing that you could have done. My dad had drinking and depression issues, and they were passed to me. Plus, pride was an issue. My mother tried to get me on meds, but I wouldn't admit to my issues. Maybe early intervention would have been helpful. I had to run my course—bump my head for it to break me—so I would seek help.*

CBO: *Awareness is the first part of prevention.*

Jerry: *Early identification, community acceptance and willingness to treat are important first steps, too.*



School Counselor: *Getting into schools is key to prevention. And, then, we need to have systems/supports to serve those identified.*

Family: *The RAFT program has been a huge help for my grandson. Early prevention and information about services needs to be available at school. Schools need to know what services are available for students, especially for high school students. Education! I want to thank Placer County and I want to help and I want to thank my Family Advocate for helping me with my grandson.*

CBO/Seniors: *I want to remind everyone that mental illness does not impact only children, but older adults, too. Depression is huge for this population.*

IV. Campaign Updates

A. Cultural Competence/System Transformation Update by Richard Knecht, Director, Children System of Care

For full details, please refer to the PowerPoint presentation. Below are general comments captured during the presentation.

Opening Remarks:

- *I really liked Jessie's point: I couldn't do this alone.*
- *This is something we all can relate to. None of us can walk the journey of anything (recovery, providing services) alone; it's a tapestry—this is what the Campaign for Community Wellness is about—all of us working together to meet each other's needs.*
- *The goal of the Campaign for Community Wellness is to coordinate and create community-based Systems of Care.*
- *It is easier to get services if the System of Care is in the community where people naturally are.*

Update on Cultural Competency Work

The definition of System of Care: A System of Care incorporates a broad, flexible array of services and support systems for a defined population (adult or child) that are organized into a coordinated network; integrates care planning and management across multiple levels; is culturally and linguistically competent; builds meaningful partnerships with families, youth and consumers at all levels; has supportive policy and management infrastructure, and; is **COMMUNITY DRIVEN!**



This is what the Campaign is all about.

We are ahead—some counties are still trying to build a System of Care—we already have it so we can move to the next level, and our county has the largest number of family advocates (10) in the nation.

Here is a vision for community-based mental health: At a community event, neighbor 1 says to neighbor 2, “I’ve got a problem” and neighbor 2 says, “I know somebody you can call.” Info is shared without a single phone call to the county!

B. Latino Leadership Council Update

We are a group of 25 health professionals that meets every three weeks to help improve services to the Latino population.

We are working on (1) a Latino Resource Guide and (2) an event in Lincoln in May which will include a speaker and resource fair.

Already we are serving as a “go to” group for a variety of issues in the county having to do with the Latino population.

Presentation Topic: Understanding the Latino Culture

Collectivism: A Latino value that means living in the present rather than being directed by goals.

Cooperation vs. competition:

- Family and extended family/friends are very important.
- Independence is not encouraged (family is the focus).
- Mothers are the heart of the family and are very valued.
- Religion is central as is fate.
- *Simpatia* is the expected behavior in the Latino community (welcoming, respectful, warm relations); in the Anglo community this is perceived as lack of boundaries.
- Respect for authority has a mixed response. Some authorities are not trusted (police) while others are very respected, where they do not feel a need to participate (teachers, clinical workers).
- Non-verbal communication (story telling, tone, touch, etc.) is more important than direct communication/direct eye contact.



C. Native Network Update

by Anno Nakai, who shared pictures from recent events (see PowerPoint presentation for more details).

Update:

Native Network is working with native communities; returning land and artifacts to them is a part of wellness and recovery work.

Native Network, a group of native leaders from the region, meets once a month.

For over a year, they have been working on planning to do some of the following:

- Training for Indian Child Welfare
- Building community partnerships (natural communities, elder leaders)
- Pow-wow: Create pride within the native community and awareness in the larger community
- Certifying Native Foster Homes (large need)

Tribal STAR Training:

- Cultural immersion and healing activities
- Eight workers from Placer County participated
- Strategic planning
- Historical trauma acknowledged

New Program: Colfax-Todds Valley Tribal Healing Project:

- Restoration of sacred sites and artifacts (Building Round House for healing events)
- Sponsorship of Cultural Awareness Event
- Preservation of Cultural Resources
- Cultural Arts Education
- Building Natural Supports
- Mentorship for Youth

All of this builds:

- Wellness, health
- Sense of value
- Ability for children to identify gifts that they can give back to their families and their communities
- Family values



Comments:

We would like to bring additional information on the native and Latino communities to future meetings.

V. Prevention and Early Intervention

Lauren shared with the group our progress in the planning process for the prevention and early intervention program.

Lauren shared the outcomes of the Steering Committee's September brainstorming session (after that meeting's presentation by Lynne Marsenich from California Mental Health Institute):

Who is at risk? What are the risks?

Who: Children (0-5 years old) who are:

- Near poverty
- Born to mentally ill parents
- Disabled
- Uninsured
- Living with addictive parents
- Dealing with relationship issues
- Eligible for 26.5 (school-based program)

Are at risk for:

- Abuse, neglect, trauma
- Attachment issues
- Developmental delays
- Depression
- School failure
- Mental health issues

Who: Youth (6-18 years old) who are:

- Living in "marginal families"
- Have no after school supports/activities
- Special education
- Demonstrating mental health needs
- Demonstrating at risk behavior

Are at risk for:

- Delinquency
- Substance abuse



- Psychotic break
- Depression
- Truancy
- AOD
- School failure/drop out
- Incarceration
- Suicide
- Mental health or behavioral issues

Who: Adults (19 yrs and above) who are/have:

- Single parents
- Experienced trauma
- Signs of mental health issues
- Parenting traumatized children who are not biologically theirs

Are at risk for:

- Dysfunctional relationships
- Job loss
- AOD
- Deep-end mental illness

Target Populations:

Seniors are at risk for:

- Depression
- Suicide
- Prescription drug abuse
- AOD

Homeless are at risk for:

- Mental illness
- Substance abuse
- Knowledge/access to services & benefits
- Incarceration
- Death/suicide
- AOD

Latino and Native Americans are at risk for:

- Lack of services in native language
- Stigma, discrimination
- Lack of knowledge about services
- Disparities in care



- Failure to live a decent life

Comments about the Above Brainstorming Work:

- Consumer comment: *Poverty is something that cuts across all age groups.*
- Consumer comment: *When looking at children one really needs to look at parents.*

Next Steps in Planning Process:

The next step is a series of community meetings in the region to get additional input on the questions “who is at risk” and “what are they at risk for” and what are the current protective assets that exist in our region.

Over the next two months, 4-6 input sessions will be held in the following areas and with the following groups:

1. Tahoe
2. Auburn
3. Lincoln
4. Roseville

5. Latino Leadership Council

6. Native Network

7. Consumer Council

Lauren requested assistance from the Steering Committee for locations for these meetings, and Tadd Kitada and Michale Alward offered meeting spaces at their organizations.

Asset Mapping Brainstorming Session:

Lauren asked the group, as part of the prevention and early intervention planning work, to list all of the current resources/assets in Placer County.

Process:

Steering Committee members and guests were asked to name the 1-3 “best” protective factors in our community and place the assets on a continuum of services (waterfall visual used). The continuum included 3 key areas: (1) prevention, (2) early intervention, and (3) intervention or services.



Please see Attachment A for a full description of the outcome of the above brainstorming session.

Comments made after asset mapping brainstorming:

- *There are so many more programs for children and seniors.*
- *This might be because of the group.*
- *I don't agree; fewer mental health services are available for seniors.*
- *Churches are key to making mental health more community based.*
- *I've lived here for years and I didn't know about many of these services!*
- *We need a list of resources.*
- *Reducing stigma is a prevention measure that helps everyone.*
- *I am impressed with the broad scope of services.*

VI. Next Steps

1. Community input meetings
2. Next Steering Committee meeting:

November 30, 10-1 p.m. in Roseville