



TO: ONGOING PLANNING COUNCIL

**FROM: BRIAN MIMURA, EXECUTIVE DIRECTOR
FIRST 5 MERCED COUNTY**

SUBJECT: MHSA/INNOVATION PLAN INPUT

DATE: FEBRUARY 23, 2010

The purpose of this correspondence is to offer input regarding innovative methods of enhancing mental health in Merced County, particularly starting from birth through age 5 years.

FIRST 5’S VISION ALIGNS WITH MHSA INNOVATION GUIDELINES

First 5 Merced County provides for the optimal physical, emotional and intellectual development of our county’s youngest children. Through the 2009/10 – 2011/12 Strategic Plan, First 5 is guided by five Desired Outcomes (priorities), two of which are specifically relevant to optimal mental health:

Desired Outcome 1 targets new and early parents, with a special focus on families with children 0-3 years old. Its aim is preventive in scope, providing the basic foundations necessary for healthy, nurturing and engaging relationships between parent/s and child/ren.

Desired Outcome 3 aims to improve the system for early screening, referral, assessment and intervention services for and to identify children with special needs, including developmental, health, social, emotional, mental, and behavioral.

First 5’s Strategic Plan and its guiding Desired Outcomes drive First 5’s programmatic activities and funding investments. With the alignment of First 5’s priorities with the aims of MHSA Innovation planning, the opportunity exists to work in coordinated fashion to maximize community benefit.

OPPORTUNITY FOR MHSA INNOVATION FUNDS TO LEVERAGE FIRST 5 FUNDS

First 5 has funds available that can be used for “emerging needs and opportunities”, as well as funding mechanisms that allow First 5 dollars to be matched with other revenue streams. If the MHSA Innovation Plan includes components that are aligned with Desired Outcomes 1 and/or 3, the Innovation Funds could potentially be used to leverage additional First 5 dollars. This “joint funding” arrangement could significantly increase the amount of funds available for Innovation Plan activities by adding First 5 funds. The result is Innovation-funded projects receiving additional revenue from local sources, which in and of itself is locally ‘innovative’ as an approach to revenue maximization.

PROPOSED SYSTEM INTERVENTION

To take advantage of the alignment and joint funding opportunities between First 5 and MHS/Innovation funding, First 5 Merced County recommends that the Innovation Plan include a specific component to provide capacity building and training in the area of Infant-Family Mental Health for a diverse set of Merced County professionals. Note: This recommendation was also proposed in the submission by the Merced County Office of Education at the January 14, 2010, Ongoing Planning Council Meeting. As the Council is well-aware, Infant-Family Mental Health is at the crux of innovative and preventive approaches to optimizing lifelong mental health.

RATIONALE FOR INTERVENTION

Builds Upon Existing Regional and County-level Work: There is currently a wave of opportunity building through the regional Infant-Family and Early Childhood Mental Health (IFMH) Initiative being implemented through the Central California Children's Institute at California State University, Fresno, which is being partially funded by First 5 Merced County. This initiative is identifying infant-family and early childhood mental health professional and service needs across the San Joaquin Valley, including in Merced County.

Revised Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health have been developed through the California Infant, Preschool & Family Mental Health Initiative. Information gathered through the IFMH Initiative along with the blueprint provided by the Guidelines and Personnel Competencies are proposed to inform a local training plan that would be implemented for Merced County professionals.

This recommended training component of the Innovation Plan would build critical IFMH skills strategically and comprehensively across diverse professions touching families, including child care providers, medical personnel, mental health personnel, social workers, early childhood education staff, and many more.

Achieves Long Term Change: Direct services are expensive, individualized and at best, durable only to the individuals who receive them. Efforts focused at a systems level have further reach across the population and much more durable impact. A focus on building the knowledge and capacity of our community's service providers can bring about positive change in a more cost-effective manner and beyond the three years of the Innovation Funding itself.

The opportunity would also encourage deeper collaboration and relationships among community partners and service providers with a goal to strengthen and improve the overall well-being of children and families from the start, through early parent-child bonding and attachment. This will build capacities both within and across disciplines and service sectors, bearing especially productive fruit among those service sectors not traditionally seen as part of the critical mental health service continuum.

Ultimately, these efforts would work to shift our community's culture and norms regarding mental health services, to place value and importance on the parent-child bond from its earliest point and help to set the stage for optimal community-wide mental health for all.

For more information, please contact:

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