

MENTAL HEALTH SERVICES ACT PREVENTION AND EARLY INTERVENTION COMMITTEE

**June 29, 2009 • 3:00-5:00 PM • Mtg #1
MINUTES**

Participants

Kay Browne, MD, NAMI Alaina Cantor, Novato Yth Ctr Candace Clark, MH Board Dan Cohen, Full Court Press Catherine Condon, HHS/ADTP Kim Denn, Client Georgianna Farren, MCC Bobbie Fischer, Full Court Press Kristen Gardner, PEI Coord Bruce Gurganus, HHS/CMHS Suzanne Kreuzer, Easter Seals	Myra Levenson, Volunteer Patty Lyons, HHS/CMHS Nancy Masters, JFCS Gary Najarian, HHS/ADTP Sandra Ponek, Canal Alliance Ann Pring, HHS/CMHS Susan Quigley, Huckleberry Amy Reisch, FIRST 5 Marin Roberta Romoe, Comm on Aging Emily Saltzman, MCC John Severson, CHA	John Shen, MCC Rebecca Smith, HHS/DPH Sparkie Spaeth, HHS/DPH Jasmine Stevenson, Huckleberry Diane Suffridge, FSA Hutton Taylor, HHS/CMHS Laura Trahan, MCOE Carmen Tristan, HHS/Differential Response Donna West, HHS/DPH Mike Witte, CHA
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Welcome, Introductions and Purpose of Today's Meeting

Bruce Gurganus, Kristen Gardner

Welcome everyone to the implementation phase of Marin's MHSA PEI projects. Marin's PEI plan was approved by the State with flying colors. Provider contracts are all in the works. This is the first meeting of this form of the PEI Committee. It will oversee the implementation of PEI projects and collaborate to build a "culture of prevention" in the county.

PEI Committee

Oversee the implementation of the MHSA PEI projects, including:

- Create a "culture of prevention" in Marin
- Improve the mental health continuum of care
- Identify & solve implementation challenges
- Review & provide feedback on program evaluations

MHSA Updates

Bruce Gurganus

- MHSA Funds: At this point the MHSA funds are expected to be stable for the next 2 years. After that, they will reduce due to the current economic downturn.
- Innovation Component: The planning for that component is just rolling out now. Patty Lyons will be coordinating that effort.
- Workforce, Education and Training (WET) Component: Marin's plan is approved and a coordinator is hired. As it rolls out we will be kept informed.
- PEI Technical Assistance & Training: There is a small pocket of funds to support providers in implementing the PEI Plan. Marin is currently applying for our allocation (*see handout*). Some funds will be used for IMPACT and Problem Solving Therapy (PST) training. The PST will be opened to PEI providers as room permits. The PEI Committee will have input into the use of the rest of the funds. Let us know if you have ideas for training or technical assistance that is needed, especially that would be helpful to more than one PEI provider.

PEI Program Overviews

Program representatives

Each program provided an overview of their program (*see handout*).

Desired Outcomes

All

The impact of PEI includes the impact of the individual programs that are being implemented AND the impact of the PEI Committee as a collaborative entity.

? How will we know in 2 years if we were successful?

? What benefits for individuals and communities would you like to see as a result of these programs and the work of the PEI Committee?

- Develop a community of collaboration:
networking
expertise sharing
build a system that follows clients traveling up and down the continuum of care
- Count the number of people served
- Understand how we have impacted people's lives
- Build a better body of data regarding:
gaps in services
needs in community (geographic, age, etc)
- Data gathered shows that programs addressed the need used to justify the programs (this may not be possible for primary prevention programs, since they intervene before a problem starts)
- Increase the comfort and confidence among providers in dealing with MH issues
- Increase screenings provided (due to there being services available to those in need)
- Increase skill among community members to deal with their issues
- Develop a body of knowledge about what tools, screenings, etc work well in the community
- Integration of the system across ages (ie ECMH screens parents, tracks them to MCC services)
- Increase the capacity of providers to address issues of stigma
- Older adults are represented in the data
- People realize that MH services work
- Show cost savings and use it to push for policy changes (ie MediCal reimbursement rules)
- Develop capacity to sustain the effective components of programs
- Build skills in the community: understand how training provided has impacted those trained (in work, lives, etc)

Evaluation Process

Kristen Gardner

See handouts: MHSA PEI Project Reporting Guidelines and Timeline

MHSA Proposed Guidelines (excerpt)

- Invoicing: Forms will be provided. Invoices due monthly, by 15th of the month.
- State Reporting: The State has not determined the reporting timeline and forms. We will give you as much notice as we can about what is due and when. Review the *MHSA Guidelines* to familiarize yourself with what is expected (highlights provided in *MHSA PEI Project Reporting*).
- Data Tracking: Each program needs to choose tools and set up data gathering methods for tracking the items listed under "Annual State Report" and in their contract Objectives. Kristen will meet with programs as needed to make sure those are in place.
- Program Evaluation and Funding: An annual evaluation report will be due at the end of the first year, then 9 months later. That is so the PEI Committee and CMHS can review the evaluations and make determinations about funding allocations as funds decrease in year 3.

Next Steps

- PEI Committee will meet quarterly, with subgroup meetings as needed
- September Mtg: Develop plans for PEI Committee (areas of collaboration, future topics, etc)
Communications (20 minutes)
- Complete and turn in survey regarding meeting times