

**MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION COMMITTEE**

September 11, 2009 • 1:00-3:00 PM • Mtg #2

MINUTES

NOTE: PEI Committee Meetings will be held quarterly 1:00-3:00 pm on the **FIRST Friday**.

NEXT MEETING: Friday December 4, 1:00-3:00 pm. Location to be announced.

Participants

Linda Allen, FSA-Suicide Prvtn	Bruce Gurganus, HHS/CMHS	Bonne Goltz Reiser, JFCS
Sally D. Arce, Full Ct Press	Myra Levenson, Volunteer	Roberta Romeo, Comm on Aging
Chris Asimos, Comsn on Aging	Patty Lyons, HHS/CMHS	Lisa Schwartz, MCOE
Alaina Cantor, Novato Yth Ctr	Nancy Masters, JFCS	John Severson, CHA
Dan Cohen, Full Court Press	Nazanin Mahdieh, MCC	Laura Trahan, MCOE
Kim Denn, Client	Gary Najarian, HHS/ADTP	Carmen Tristan, HHS -
Kathy Eagle, TAY-Buckelew	Kathy Page, Canal	Differential Response
Juanita Edwards, MC Network	Alliance/FSA	Sharon Turner, MC Network
Elberta Eriksson, ISOJI	Sandra Ponek, Canal Alliance	Donna West, HHS/DPH
Kristen Gardner, PEI Coord	Susan Quigley, Huckleberry	Mike Witte, CHA
Jamie Goetz, CHA	Amy Reisch, FIRST 5 Marin	

Welcome, Introductions and Updates

PEI Programs: During introductions, PEI Programs gave brief updates on implementation steps.

MHSA Innovation: Patty Lyons will be coordinating this component. The first planning meeting is Sept 30. A sign-up sheet was passed around for those interested in participating.

MHSA Budget: Due to the economic downturn, there are less taxes being collected for MHSA. We are currently spending monies collected a couple of years earlier, so the impact is delayed. By Fiscal Year 2012-2013 it is projected that funding will be 35-43% of current level.

IMPACT/Problem Solving Treatment Training: We have scheduled these trainings for October. There are not many slots left, so we will likely not be able to open it up to non-PEI related staff. We should know soon.

MHSA PEI Committee Vision – where we are going

Handout: PEI Committee Vision

In small groups, participants developed key points to include in a vision.

- End result is a healthy community: a community that is respectful of all age groups, provides services where people live, and that honors cooperation, communication and connection.
- Collaborative, client centered model of care which includes primary care, mental health and substance use issues. A system that has a timely response to the needs of clients.
- Integrated and interconnected accessible services. Skilled para-professional and peer support. Community as resource. Gaps identified.
- Marin Co prevention efforts are integrated and easy to access. In the long term, people that are referred to mental health services reduces over time due to early intervention. Reduction in stigma for people seeking mental health services.
- Proactive approach to wellness versus a reactive response to problems. Integrated efforts of multiple agencies. Increased access to services. Increase knowledge and decreased stigma with respect to mental health. Building a culture of wellness and prevention.
- Things can be done – we can have a measurable impact. The network works together, increasing the system’s capacity and competence. Greater literacy and competency on a provider level. An educate citizen is the best “customer.”

Action: Kristen will draft a statement to review at the next meeting.

Areas of Collaboration – mapping our path

Handout: MHSA PEI Program Objectives

In order to start uncovering the conversations that we would like to have, we developed a “map” of areas of collaboration.

This table represents the agencies in the room, types of services they provide:

INTERVENTION/TX	EARLY INTERVENTION	PREVENTION
HOPE Program and Senior Peer Counseling		
Commission on Aging		
Marin Community Clinics	MCC: IMPACT (PEI)	
Coastal Health Alliance	CHA: IMPACT (PEI)	
Canal Alliance: Youth Program (TAY MH Ed)	Canal Alliance: Support groups using WRAP (PEI)	CA: Family Resource Team (para-professional MH support & case mngmt)
Huckleberry Youth Program	HYP: TAY support (PEI)	
Novato Youth Center	NYC: TAY support (PEI)	
Buckelew/TAY		
Marin City Network: Student Assistance Prgm at MLK (PEI)		
HHS - Differential Response		
MCOE: Triple P parenting education (PEI)		
HHS- CHMS - school based YFS and ECMH		
JFCS Clinical	JFCS – Early Childhood Mental Health Consultation (PEI)	
		JFCS – Parent’s Place
HHS - Family Support		
HHS -Division of Alcohol, Drug & Tobacco Programs		
Family Service Agency	FSA: Suicide Prevention 24/7 (PEI)	
		Full Court Press: MH Awareness & Stigma Reduction (PEI)

This table represents some collaborative conversations that can be pursued:

Area	Suggested Participants	Options
<ul style="list-style-type: none"> • How do we best serve older adults with depression/anxiety • The elderly who are at risk, maybe shut in, and need to be reached and assessed for risk of depression and suicide 	HOPE - Patty Lyons * CHA MCC FSA – Suicide Prevention Com on Aging	Subgroup mtgs
TAY referral, collaboration, network of care	TAY/Buckelew – Kathy Eagle * Huckleberry – Susan Quigley * Novato Youth Ctr Homeward Bound Canal Alliance FSA CMHS MCOE – High Schools MCC CHA Police AA	Subgroup mtgs
How to collaborate with West Marin HHS, CMHS, schools to develop an integrated resource base	CHA – Jamie Goetz * W Marin Sr Svcs, home care agencies, hospice Churches (pastors, etc) Hospital discharge planners Schools (staff, tchrs, parents) Medical (W Marin Med Ctr)	Subgroup mtgs
• Client centered primary care, AOD and MH collaborative treatment	MCC - Mike Witte ?* MCC – Nazanin *	Define further

• Referrals for specific diagnosis/support	CMHS Novato Youth Center	(Subgroup mtgs?)
Family MH Continuum of Care	HHS – Donna West * MCC HHS Integrated Clinics HHS CMHS CHA FSA ECMH	(see above?)
Integrated Behavioral Health providers: how does your process work? Tools, protocols, challenges? Cross referrals?	Huckleberry – Susan Quigley * Novato Youth Center CHA MCC PPGG	Subgroup mtgs (full group?)
How can Differential Response help pgt women/teens who are homeless/using to reduce risk to the children?	Diff Resp – Carmen Tristan *	Address in TAY and ADT mtgs
Collaboration with County-wide agencies (ie Srs talking to ECMH to provide ops to bring age groups together for benefit of both)	CMHS - Sandra R Griggs * JFCS Sr Program HOPE ECMH	Define further (Coord Council?)
Shared family “care” opportunities	JFCS Differential Response	Further define
How to address AOD issues w/clients and staff	ADT – Gary Najarian * Huckleberry JFCS MCN Canal Alliance MCC MCOE FSA	Full group trng/ discussion
Integrating Primary Prevention into PEI work	ADT – Gary Najarian Huckleberry Canal Alliance MCC JFCS MCN FSA	Full group trng/ discussion
Maternal Depression – extended collaboration	FSA -Suicide Prev Diff Response	Underway
Outreach (community wide, event related) Communications Training	Full Court Press * All PEI grantees (and others)	Underway
Who wants Triple P training? Who needs to know what it is?	MCOE/PPP – Laura Trahan * (CMHS – YFS needs it)	PPP Adv Council

PEI Outcomes – how we know we got there

Handout: PEI Committee Outcomes; PEI Collaboration Evaluation Survey

The outcomes brainstormed at the July meeting are listed, along with ways to measure them. Some we will need to discuss further, but today we will focus on the Collaborative Outcomes so that we can develop a survey to get a baseline as soon as possible. Feedback was provided on the draft survey. PEI Committee participants will be surveyed every 6 months. There may be an amended survey for program staff who do not attend.

Action Kristen will edit with help from Kathy Page and Myra Levenson. Survey will be implemented before next meeting to get a baseline.

MH Awareness & Stigma Reduction/Communications

Dan Cohen discussed plans for helping with outreach and providing communications training (dates will be emailed). Please contact Dan if you have plans for Depression Week or have questions.

Closing

- See Agenda for updates to the meeting and reports schedule.
- Meeting Evaluation
 - + Vision exercise, Networking, Outcomes to guide us, Advance prep, Evaluation plan, Facilitation
 - ~ Map exercise, Time to connect/network/learn abt other orgs, Map exercise could have been open discussion, Name cards, Hard to hear everyone