

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

September 14, 2012 • 1:00-3:00 PM • Mtg #14

MINUTES

NEXT MEETING: Friday December 14, 1:00-3:00 pm. 3240 Kerner, Room 110

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

Participants

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| Julia Chu, JFCS Paul Cohen, LAM Elberta Ericksson, ISOJI Christina Fass, MCOE Amy Faulstich, FSA Seth Friedrich, CAM | Kristen Gardner, PEI Coord Jamie Goetz, CHA Vinh Luu, Asian Advocacy Kathy Page, Canal Alliance Michael Payne, CAM Bonne Goltz Reiser, JFCS/ECMH | Marcus Small, CRP Jasmine Stevenson, HYP Anita Strohmeier, CHA Kara Vernor, NYC Richard Waxman, LIFT Claire Zurack, Buckelew TAY |
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Welcome, Introductions

Public Comment

- No comments

MHSA and Related Updates *Kristen Gardner*

FY12-13: Additional funding has been allocated for FY12-13. The new PEI grantees will provide overviews of their programs at the December meeting. PEI programmatic descriptions can be found in the MHSA Annual Update currently posted on the County website.

MHSA 3 Year Integrated Plan: While official word from the State is pending, most likely the 3 Year Plan will not be implemented until FY14-15. This means there will need to be decisions made about FY13-14 funding before the 3 Year Plan is developed. We hope to integrate those processes so they build on each other.

FY11-12 Annual PEI Reports

The written reports, as well as summary reports and a client demographics summary, were provided in advance of the meeting, as well as copies provided at the meeting.

Questions PEI Providers discussed at the meeting:

1. Collaboration

MHSA PEI strives to not only provide specific services, but to build a system of care that:

- addresses a range of mental health needs (prevention, early intervention, and linkages to further mental health services as needed)
- coordinates among a range of services that impacts individual and family well-being (mental, physical, social, economic well-being – and others)
- is accessible, including to diverse populations

What has your experience been with collaboration (especially with other MHSA programs)?

- *What benefits has it brought to your PEI program/clients?*
- *What challenges have you experienced with collaborating?*
- *Are there any areas of your PEI program that would benefit from additional collaboration in the near future?*

2. Evaluation

MHSA PEI strives to continuously improve the system of care and services provided.

What has your experience been with evaluating your PEI program?

- *Has your PEI program changed in response to what you have learned?*
- *What challenges have you experienced with evaluation?*
- *Are you aware of unmet needs PEI could be addressing?*

Early Childhood Mental Health - JFCS

- Collaborations with MCC Pediatrics, Triple P, Canal Alliance. Will connect with other pediatrics.
- Have been able to improve their evaluation process over time, such as increase return of surveys.

Triple P- MCOE

- Collaborate with providers they train. Piloting brief skills trainings for school staff in partnership with MHSA PEI statewide Student Mental Health Initiative and Triple P.

Transition Age Youth (TAY) – Huckleberry Youth Programs/Novato Youth Center

- NYC-HYP collaboration takes time, but increases funding opportunities and ability to reach target population. Working with schools allows them to reach target population and meet needs that schools do not have the capacity to meet. Would like to work more with MCC behavioral health.
- Have improved evaluation process to better show impact of program. Hard to capture all effects.
- Not enough Spanish speaking services. Need to figure out what primary prevention looks like.

Canal Community Based PEI - Canal Alliance

- Within their agency they provide a wide array of services (food, advocacy, etc). Collaborate with RotaCare (free medical services), Legal Aid, Novato Youth center. Will work more with JFCS.
- Have adjusted services in response to feedback: changed support group format to ongoing rather than set number of sessions, now provide individual/family problem solving sessions. Need help with tools to evaluate impact on participants.

Integrated Behavioral Health in Primary Care - Coastal Health Alliance

- Not a lot of services on coast to collaborate with. Most overlap is with Ritter Center – working on inter-agency consent. Part of IBH Collaborative
- Adjusted model to respond to more issues than just depression. Looking at tools to evaluate impact.

Older Adult PEI – JFCS

- Developing relationships with other PEI programs, ISOJI-MDT, senior centers, Marin Housing Authority. Will increase collaboration with primary care providers. Seniors have a complex variety of issues and it is hard to find providers, especially since few take just Medicare.
- Developing a new assessment packet – more observation based, less self report.

Crisis Planning – CAM

- All referrals come through collaboration with case managers and PES. Will increase collaboration with Coastal Health and law enforcement.
- Early in program, so not a lot of data yet. Developing tools as the program develops.

DISCUSSION and ACTION AREAS

- Increase pool of Spanish speaking providers
- Figure out primary prevention
- Need new evaluation tools. *Kristen will send RAND info about tools.*
- Evaluate the Evaluation process: how to learn more about what can be improved?
 - look at best practices
 - RAND consultation – *Kristen will work on*
 - Focus groups with clients