

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

**March 14, 2014 • 1:00-3:00 PM • Mtg #20**

**MINUTES**

**NEXT MEETING: DATE CHANGE Friday June 20 11am-2pm 3240 Kerner, Room 110**  
**Bring lunch. It will be a working session for PEI providers on evaluation with RAND**  
*Recurs Quarterly on the second Friday of the month*

**Participants**

|                                    |                                  |                                    |
|------------------------------------|----------------------------------|------------------------------------|
| Julie Baker, Ritter Center         | Jamie Goetz, Coastal Hlth Allnce | Bonne Goltz Reiser, JFCS           |
| Kay Browne, NAMI                   | Margaret Hallett, FSA Myra       | Maritza Saucedo, MCC               |
| Laurie Buntain, Catholic Charities | Levenson, Community Mmbr         | Jasmine Stevenson, Huckleberry Yth |
| Paul Cohen, Legal Aid Marin        | Nancy Masters, JFCS              | Carmen Tristan, Diff Response      |
| Julia Chu, JFCS                    | Lucia Melano, TAY Buckelew       | Kara Vernor, NYC                   |
| Elberta Eriksson, So Marin MDT     | Kathy Page, Canal Alliance       | Claire Zurack, TAY Buckelew        |
| Kristen Gardner, PEI Coord         | Ann Pring, MHSUS                 |                                    |

**MHSA Updates**

- FY13-14 Contracts: Most contracts are on their way to the Board of Supervisors – or maybe already approved!
- MHSA Three Year Plan: Final allocations are not done. They will be posted in the Three Year Plan, likely early April. Kristen will send out a summary at that time, since the budgets for the State do not specify the amounts available for contract.

|             |                                                        |
|-------------|--------------------------------------------------------|
| Early April | Post MHSA Three Year Plan for 3 day comment period     |
| May 13      | Public Hearing at Mental Health Board Mtg              |
| Mid June    | Board of Supervisors approval                          |
| June        | Release RFPs                                           |
| Sept/Oct    | Contracts for new/significantly changed programs start |

- PEI RFPs to be released: • Triple P • School Age PEI • Behavioral Health in Primary Care
- Innovation Funds: Plans for use of Innovation funds in FY14-15/15-16/16-17 have not been developed yet. Focus: Engaging and serving underserved and culturally diverse communities. Planning Process will take place this Spring/Summer. Programs to start Fall/Winter.

**Program Transitions**

We took some time to acknowledge programs that may not continue with us in FY14-15. While these programs may not receive MHSA PEI funds, they are a part of the system of care for our community and are welcome at the PEI meetings. We especially hope they participate in Resource Roundtables in the future to continue improving referral systems among services.

**Future PEI Program Evaluations**

Revised PEI Guidelines

As mentioned before, the Mental Health Services Oversight and Accountability Commission (MHSOAC) is developing revised PEI and Innovation regulations. Last report is it will be a drawn out process to get them approved, as there are aspects of them that are very controversial. Today we went over them, as Marin is making efforts to be in alignment with the aspects likely to be implemented. Key items:

- Data is to be collected annually, reported and used for Quality Improvement
- There are 5 types of programs PEI funds are for (see PEI Revised Guidelines Table)
- The type of program determines what data needs to be collected (in PEI RG Table)
- All programs must include the 4 strategies (Access & Linkage, Timely Access, Non-Stigmatizing, Effective Methods) and the related data. *The eval items in italics in the handout are the most*

*controversial, so at this time we will not discuss collecting that data – but we will work towards the basic intent: improve effectiveness of referrals to MH services.*

- In Marin’s MHSA Three Year Plan we will be using language from these guidelines and some standard language to describe how we meet some of the requirements (ie Access/Linkage).

Committee feedback:

- Access is not just to Co MHSUS services, also need to consider Kaiser and community services.
- There are not enough “therapy services” available. So that creates an Access problem.
- Develop knowledge/skills to increase effective referrals (know the svcs, how to connect to them)

Future Data Collection

| Ideas                                                                                                                                                                                                                                                                       | Feedback                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>How Much Do We Do?</p> <ul style="list-style-type: none"> <li>• Unduplicated client counts (numbers served)</li> <li>• Demographics (<i>will likely be some changes</i>)</li> </ul>                                                                                      |                                                                                                                                                                                                                                                                                                                      |
| <p>How Well Do We Do It/</p> <ul style="list-style-type: none"> <li>• Time from contact until services</li> <li>• Number of sessions (intervention completed?)</li> <li>• Satisfaction (<i>likely will standardize questions</i>)</li> </ul>                                | <ul style="list-style-type: none"> <li>• Can collect # of services, but hard to say if intervention completed unless an EBP with very structured set of services, or time limited group.</li> <li>• Align satisfaction surveys with other County agency requirements (ie Adult and Aging Svcs has a form)</li> </ul> |
| <p>Did We Make a Difference?</p> <ul style="list-style-type: none"> <li>• Change in symptoms (early intervention)</li> <li>• Change in risk/protective factors (reduce risk)</li> <li>• Change in knowledge, attitude, behavior (suicide prev, stigma reduction)</li> </ul> |                                                                                                                                                                                                                                                                                                                      |
| <p>Database</p> <ul style="list-style-type: none"> <li>• Looking at providing a database for PEI related data (ie a form of WITS)</li> </ul>                                                                                                                                | <ul style="list-style-type: none"> <li>• All providers have databases. Co would need to provide TA and funds for data to be imported from existing dbases. No double entry!</li> <li>• Could verify provider databases and just continue asking for final data (many counties do this)</li> </ul>                    |

**Coming Up**

- April 25 Trauma informed care training – see emails to register
- Next PEI Com Meeting with RAND: Will be work session on evaluation issues, so providers not continuing with PEI do not need to come. If you are continuing or plan to apply for PEI funds again, then it is important to attend.