

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

December 13, 2013 • 1:30-3:15 PM • Mtg #19

MINUTES

NEXT MEETING: March 14, 1:00 pm. 3240 Kerner, Room 110

Rekurs Quarterly on the second Friday of the month

Participants

Julie Baker, Ritter Center	Vinh Luu, CAM/Asian Advocacy	Bonne Goltz Reiser, JFCS
Julia Chu, JFCS	Nancy Masters, JFCS	Marcus Small, CRP
Elberta Eriksson, So Marin MDT	Ricardo Moncrief, ISOJI/MCHWC	Maritza Saucedo, MCC
Seth Friedrich, CAM	Sandy Ponek, Canal Alliance	Carmen Tristan, Diff Response
Kristen Gardner, PEI Coord	Ann Pring, MHSUS	Kara Vernor, NYC
Margaret Hallett, FSA	Susan Quigley, HYP	Marty Zelin, MHB

MHSUS Director – Suzanne Tavano

Suzanne Tavano discussed some of the factors affecting PEI and took questions.

- **New PEI Regulations:** The Mental Health Services Oversight and Accountability Commission (MHSOAC) is developing revised PEI and Innovation regulations. The MHSOAC has recently approved the current version, but will be taking more input before going for further State approval. These are in response to the MHSA audit of 4 counties that concluded the State was not overseeing the effect of MHSA adequately. The CA Mental Health Directors Assoc (CMHDA) has provided feedback that the proposed evaluation approach is not feasible or useful. We will continue to watch the progress on these regs and work with other counties through CMHDA to affect their final content and implementation. We will be discussing the implementation of these revised regs at the June meeting with RAND. *The draft regs and CMHDA's response are attached.*
- **Affordable Care Act (ACA):** The ACA will provide insurance coverage for more people, as well as increase the behavioral health benefits covered. For PEI programs we will be looking to ensure that PEI funds are not used to provide services that are covered by individual's insurance. Most PEI services will not be covered – but some of the treatment-oriented services might. ACA requires a screening tool to detect a variety of issues – that is being developed and may be useful for PEI providers. *A matrix about types of services is attached.*
- **Social Justice Lens:** MHSA focuses on supporting the safety net and underserved: often those who receive MediCal, MediCare or are uninsured. Cesar LaGleva is the interim Ethnic Services Coordinator and has just started a Cultural Competency Committee.
- **Access to Services:** In the planning process for the MHSA Three Year Plan it was clear that clients and providers have a hard time knowing how to access services. A service map for MHSUS programs has just been developed, providing a 2-page overview of all programs funded by MHSUS. A 24/7 Mental Health Access Line will be developed that provides information about County and community MH services. This does not replace the Substance Use line, or 211, which covers a much wider range of resources. *MHSUS Service Map attached.*

MHSA Updates – Kristen Gardner

- **FY13-14 contracts:** If you have not received yours yet, you should in next few weeks, unless I am still working with you to finalize the budget or objectives.
- **MHSA Three Year Plan:** MHSUS recommendations go to the MHSA Implementation Com on Jan 22 for feedback. MHSUS should finalize program and funding plans in February. We hope to post the Three Year Plan in March. There are a number of factors that might delay that timeline.
- **June Mtg with RAND:** RAND met with us earlier this year about Logic Models. They will come back in June to further discuss program evaluation, especially in light of the new PEI Regs. We expect

new eval processes to go into place sometime in FY14-15, depending on when the new PEI Regs are finalized.

PEI Collaboration Survey

Handout: Summary of PEI Collaboration Results

The survey indicates the sense of collaboration has increased, likely due to focusing more on case presentations and program updates in the last 1-2 years. It also indicates that larger system aspect (PEI Com level vision and outcomes) is less clear. I would expect in the next year or so to focus back on outcomes due to the revised PEI Regs. Hopefully this will bring focus back to the vision and goals of PEI as a whole.

PEI Provider Training

Based on the recent survey, the training priorities are:

1. Trauma informed care
2. Brief intervention for depression/anxiety
3. Motivational Interviewing. Interaction among physical health/mental health/substance use
4. Other: Serving older adults. Co-occurring skills for MH therapists. Mentally ill parents. Family Wellness Program. Role of religion/spirituality in MH.

Kristen will coordinate a training on Trauma informed care for clinical and non-clinical providers in first half of 2014.