

PEI 6-12 Workgroup
6/30/08

- I. Introductions
 - a. Jerry Solomon – Contracted through the County as facilitator for the PEI planning process
 - b. Charise Olson (representing COE, JoAnn Allen/oversees student support services)
 - c. Rita Flores – Asst. Dir. for Family Services
 - d. Cecile Mills – Educator/worked with students (6-12 yr olds) since 1971 (goal: what is working and not working)
 - e. Lisa Russell – Sr. Research Scientist with ETR Assoc./Background in Mental Health research
 - f. Leticia Gómez – Mgr of PVPSA (Pajaro Valley Prevention & Student Assistance)
 - g. Rosio Rodriguez – representing Latino community
 - h. Mariana Espana – Women’s Crisis Support, manage children/youth program
 - i. Stan Einhorn – Program Mgr with Children’s Mental Health services/oversee contracts for providers in the community
 - j. Eileen Brown – Director of Student Services for Santa Cruz City Schools
 - k. Tove Beatty – Executive Director of Mountain Resources serving the San Lorenzo Valley
 - l. Kate Venturini – Mother of consumer/child
 - m. Linda Betts - MHSA administrative support, minute taker
- II. Jerry reviewed the workgroup ground rules and the state Department of Mental Health (DMH) guidelines for Prevention & Early Intervention. Those in attendance accepted all these.
 - a. No hidden agenda’s
 - b. This process will be transparent
 - c. We should be proposing programs that “leverage” funds (i.e. give office space for a program, provide admin support, or take on an intern and do supervision)
- III. Agenda’s brought to this process
 - a. Jerry – known throughout community and will add integrity to this process; Outcomes would like to see youth and senior’s identified early and their needs addressed sooner, and services in non-traditional settings
 - b. Rita Flores – Family Services is a contractor with the county Mental Health department (gatekeeper for kids 0-21), because agency is a non-profit, concerned about loosing funding
 - c. Charise Olson – County office of Education, represent youth/ear and voice for education on early signs of mental illness (student support services to assist youth outside of the school). No dollar agenda
 - d. Eileen Brown – not here for dollars, envision a coordinated plan involving all agencies, education & training for counselors/teachers on noting signs of early mental illness to prevent school failure
 - e. Kate Venturini – system does not work well for people trying to find service, need a better system to find all available services, clearer pathways for consumers coming into the system.
 - f. Tove Beatty – Mountain Resources community is integrated with the San Lorenzo Valley School District, providing 30 hours a week of free counseling for 1.5 years. Would like to see services locally accessible to families. Interested in community-based organizations. Not interested in funding but is concerned about “matching funds” transparency. Envision consolidating all resources.

- g. Stan Einhorn – from the county perspective; implementation of best practices of how to get services to kids with drug & alcohol problem, and juvenile justice problems that work. We need a better means of getting mental health and resource information out to the public (i.e., media, websites).
 - h. Leticia Gómez – share what we know through the community, what’s worked and what hasn’t. Cultural Competency is needed to improve existing programs; take a holistic approach to families, following them through the services they use.
 - i. Lisa Russell – As a researcher, hoping to understand community needs and preferences and see what sort of grant writing I could do to try and bring in more money to this community to see that those things that are at risk of falling out of the fundable list don’t.
 - j. Cecile Mills – Want to see evaluations on what we are working on, how effective has it been, are we going to do it again, whom do we go to get questions answered adequately, need a good reference library. Utilize the web to have a site that is a resource, a single portal, for people to use as a one-stop shop, including a feedback option. Utilize existing programs in community to do their own surveys and share this information with each other.
 - k. Mariana Espana – Improve the crisis line (currently, volunteers go through 60+ hours of training, but are unable to counsel), used as a gateway for referrals. Concerned about the children that currently are not using services but do need support.
- IV. Priority populations, per the DMH, to focus on in this workgroup
- a. Trauma exposed
 - b. Individuals experiencing the onset of a serious mental illness
 - c. Children/Youth in stressed families
 - d. Children/Youth at risk for school failure
 - e. Children/Youth at risk of experiencing criminal juvenile justice involvement
 - f. Overarching concerns is suicide prevention and reduction of stigma and discrimination for those identified as struggling with mental illness.
- V. Workgroup decisions to be made:
- a. Narrow down priority population recognizing all have needs. In this group, are there one or two groups we want to focus on and is there more data that we need to start making recommendations about programs for prevention and early intervention in those areas.
 - b. Making sure we have the appropriate stakeholders involved with this process. Who is not here around the table? Per the state DMH guidelines, we must be sure we have input from all required stakeholder groups. We must be mindful of these groups and make efforts to get information from them so that it is fed into our process. A person may represent more than one stakeholder group.
 - i. Based on the data feedback we heard from Applied Survey Research, the major areas of underserved communities is the Latino and LGBT community.
 - ii. Education
 - iii. Consumers and/or their families
 - iv. Providers
 - v. Health organizations
 - vi. Social Services
 - vii. Law Enforcement. Input will be gathered by either a focus group or asking one/two officers to attend one meeting to address our questions.
 - viii. Stakeholders recommended but not required by DMH include representatives from Community Family Resource Centers, Employment, and Media
- VI. Ideas and thoughts

- a. Can see this age group benefiting a lot, which would accomplish the purposes of this money in terms on long-term impact.
 - b. Would like to see some way of tapping into 6-12 years olds, those involved who are successful, and those who are struggling.
 - c. Educate law enforcement, emergency room staff, and 911 operators on how to deal with children having an episode.
 - d. The county could put something similar to a virtual space on line for kids to access and use to share stories with anonymity.
 - e. Have a mental health court to deal with only those identified with a mental illness, and train court personnel on mental health illness. Some reactions to this are that people with mental illness do not trust these courts because they are based on fear (Marin County model).
 - f. Hook up volunteers or mental health providers with law enforcement and ride with them for purposes of identifying when someone may be having a mental break or physical problem.
 - g. Update the county data base for resources
- VII. Jerry reviewed MHSA PEI values and guiding principles. All in attendance stated that they were aligned with these values and principles.
- a. Transformational programs in action; looking for things that are brand new rather than incremental changes to existing programs that can transform a dilemma or problem.
 - i. Leveraging resources
 - ii. Stigma and discrimination reduction
 - iii. Recognition of early signs
 - iv. Integrated and coordinated systems
 - v. Outcomes and effectiveness
 - vi. Optimal point of investment
 - vii. User friendly plan so that the consumer and family member are comfortable with what we are setting up in non-traditional settings.
- VIII. Next workgroup meeting
- a. 7/14/08, County Office of Education, 10-12
 - b. 7/28/08, Watsonville Towers (confirmation pending)