

**PEI 0 - 5 Workgroup
7/7/08 Meeting Notes**

- I. Introductions
- II. Review of workgroup guidelines and rules
 - a. We are to create and foster an integrated system
 - b. The state has mandated that we use the Logic Model (will need to document that we are doing this and the State will evaluate us).
 - c. Values and Guiding Principles
 - i. Transformational programs and actions
 - ii. Leveraging resources
 - iii. Stigma and discrimination
 - iv. Recognition of early signs
 - v. Integrated and coordinated systems
 - vi. Outcomes and effectiveness
 - vii. Optimal point of investment
 - viii. User friendly plans
 - ix. Non-traditional settings.
- III. The group will need to review its decision making model; we will try for consensus, and if unable to reach consensus use a majority vote to decide our recommendation. In addition, the group needs to decide who can vote on the final decisions made to the Steering Committee
- IV. Workgroup member's & agendas
 - a. Jerry Solomon, Facilitator, Psychologist & MFT
 - b. Erika Hearon (Community Bridges) - Main goal is community-based prevention; agenda is to potentially get funding, and for collaborating with others so that there are more services. Looking at family based approach that addresses all members of the family in prevention.
 - c. Dane Cervine (Santa Cruz County, Chief of Children's Mental Health Services, member of MHSA Steering Committee), as part of the CSS planning, there was data that showed that in the children's MH world there was intensive services for teenagers and few services for kids 0-5. To link the early findings in CSS and apply them to PEI to carry over some consistent themes where they merge. Unsure whether the County will seek funding (probably more minor role).
 - d. Wilma Gold (Outgoing chair for Childcare Planning Council of SC County, Member of COPA), goal is to identify issues within the county and be strategic about how to bring people power to address these issues. Not interested in funding, but in bringing knowledge back.
 - e. Deborah Helms (rep. Cabrillo College, overseeing the foster and kinship care education care program, the options for recovery program, and special ed training for adoptive parents programs) MFT. Interested in getting prevention and early intervention to very young children and more services that have to do with family relationships. Not interested in funding.
 - f. Shawn Henson (Headstart, coordinating the mental health services in Family Services) new to county and surprised how few services there are for this age group. Trying to do some internal things ourselves, starting out a program for violence prevention. Open to funding.

- g. Cathy Simmons (County of Santa Cruz, Program Supervisor with Children’s Mental Health) in my practical experience working with children there is high level of need to screen younger children to prevent deficits further on in their life. Would like to see more services addressed towards those that have in utero substance exposure.
- h. Ellen Timberlake (County of Santa Cruz, Deputy Dir. of Human Services Dept.) member of the Steering Committee for MHSA, asked to represent public social services in the county. And a personal passion for the importance of prevention and early intervention. The more this can happen the less likely people in our community will need to require our services so we have a big investment to ensure that we get dollars like this and leverage them in the most effective way to provide more services. Do not think our department is interested in applying for funding, not directly. Our interest is to ensure that needs of our clients are addressed. We are interested in outcomes as a service provider, and that during this process recommendations for improvement don’t get lost. (Will provide a consolidated view of the mental health early intervention prevention related recommendations.)
- i. Susan True (Executive Director First 5 & member of the MHSA Steering Committee) primary agenda is to try and have some kind of discipline around this process so that whatever we do it is good with the limited resources we will have. Not necessarily interested in funding but be part of the planning and working together.
- j. Deborah Vitullo (Santa Cruz Community Counseling Center, Clinical Supervisor) it is very difficult to diagnose kids 0-3 and working with parents where in many cases one of them has a mental illness. Would like to see funding address services to this group. Would like to get some of the funds.
- k. Laura Segura (Women’s Crisis Center)

V. Planning Process

- a. Next step, pick a priority population
 - i. Children/Youth in stressed families
 - ii. Children/Youth at risk of school failure
 - iii. Children/Youth at risk of juvenile justice involvement
 - iv. Trauma exposed
 - v. Experience onset of serious mental illness
- b. State will do own initiative on Suicide Prevention and Stigma reduction of the mentally ill.
- c. Steering Committee will set funding percentage
- d. Program/s must be evidenced based with an evaluation component built in
- e. Need representation from stakeholders, as identified by the State
- f. Identify missing stakeholders
 - i. Need Latino outreach
 - ii. African-American community outreach

VI. 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.
- VII. 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 key informant interviews (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
- VIII. Review of 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.