

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 0-5
August 18, 2008 meeting notes

Attendees: Jerry Solomon (Facilitator), Dane Cervine, Dani Beckerman, Deborah Helms, Deborah Vitullo, Desiree Sanchez, Diane Oyler, Ellen Timberlake, Erika Hearon, Linda Betts, Lindsay Steigner, Pam Bartholomew, and Susan True

1. Review of the agenda
 - a. Evening presentations/meetings, dates and locations
 - b. Review of top three priority populations (Trauma Exposed, Onset of Mental Illness, and Stressed Families)
2. Program speaker
 - a. Susan True, Executive Director of “First 5,” gave a brief overview of the history and goals of the programs.
 - b. Workgroup would like to hear Jane Weed speak about the “Positive Discipline Curriculum,” model (possibly for October meeting).
 - c. Workgroup decided to forego future speakers due to time constraints.
3. Review of old business
 - a. Identified three tiers (Universal, Selective, and Indicative) of services.
 - b. Reviewed the workgroups priorities of “risk factors” for Trauma Exposed and Stressed Families populations.
 - c. Reviewed who the Gatekeepers (first responders) are for children in stressed families
4. Outcomes
 - a. Identified the outcomes of “Trauma Exposed,” and “Youth and Children in Stressed Families,” with regards to risk factors:
 - i. Parents to have better understanding of child behavior development
 - ii. Gatekeepers to be trained to detect early signs of mental illness in children
 - iii. Access to early intervention (improves development)
 - iv. Provide services once identified (easily accessible/culturally sensitive)
 - v. To treat parents with mental illness (via rx, therapy groups)
 - vi. Manage mental illness symptoms (life circumstances) to increase parenting effectiveness
 - vii. To provide support for parents with mental illness (activity based)
 - viii. To increase father involvement in families and in treatment
 - ix. To educate parents effect upon a child’s development
 - x. Increase skills and support to deal with disease
 - xi. Family: decrease in risk factors and increase in parenting effectiveness
 - b. Workgroup needs to identify whether the outcomes are for the child, parent, or system.

- c. Ellen Timberlake asked, “Where are these goals showing up within the community?” (Offered to provide outcome info from HSD programs.) Would like to see a “cogent” system that would address universal education (via billboards, newspaper, public radio, word of mouth) that would incorporate a three-tiered system (universal, selective, indicative), with universal strategy and more treatment capacity.
- 5. Review of local resources
 - a. Erika Hearon shared insights from the Family Resource Center (Live Oak)
 - i. Services Family friendly, directed towards children
 - ii. Because funding does not increase, collaborative methods work best.
 - iii. Primary prevention strategy, “Positive Discipline Curriculum,” meet with parent(s) and children, then just children. Widely embraced by community, accepted by families/cross cultures. Model is public domain and can easily be adaptive with minimal cost (Evidence-based practices more costly with regards to training and re-certifications.)
 - iv. Implementation varies with site (Davenport versus Live Oak)
 - v. Offer licensed counseling on a sliding scale, when identified, but finding this model less effective than peer counseling.
 - vi. Resources (all) not there – “awareness” missing.
 - vii. Surveys administered to parent at beginning and end of program
 - b. MCR (?)
 - i. Serves families in child welfare system (little services for children ages 0-3).
 - ii. Pays for clinical supervisor and use interns to keep costs down (not enough (bilingual, bi-cultural) clinicians to provide assessment and services. No clinicians with training on evidenced-based practice.
 - iii. Teachers trained in Positive Discipline Curriculum, used in school as classroom management tool.
- 6. The workgroup identified the need for additional data (suggestion to use ETR was offered).
 - a. Susan True, Ellen Timberlake and Sherra Clinton to gather outcomes data from existing programs to help illustrate where our goals are showing up in the community.
- 7. Next steps for the workgroup are:
 - a. Discuss “priority” outcomes (stay outcome focused)
 - b. Come up with vision and outcomes statements
 - c. Look at resource guide on evidenced based suggestions
 - d. Discuss our group values on the community moving away from evidences based practices.
 - e. What is our definition of strategy and outcomes
- 8. Next workgroup meetings will be 9/15/08 at United Way, and 9/29 at the Career Center in Watsonville (18 W. Beach St.)