

**PEI 13 - 17 Workgroup
7/2/08 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.
 - d. 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. The group needs to decide who can vote on the final decisions made before that time arises.
- III. Workgroup member's & agendas
 - a. Jerry Solomon, Facilitator, Psychologist & MFT
 - b. Benita Manelli (Ex. Dir. Survivor Healing Center) is the voice for those who experienced child sexual abuse. Her agency would like to apply for funding.
 - c. Rita Martinico (Director of Youth Programs at Walnut Avenue Resource Center) She is attending these workgroup meetings to be educated about the process, learn about other services in the community (working with youth 11-17) and have a voice at the table. They are considering applying for funding
 - d. Allen Harrison (Youth Leadership Coordinator for Family). Here to learn about this process, wants to make sure the voice of the youth are heard and make changes in the services they receive.
 - e. Michael Paynter (Coordinator at the County Office of Education) wants to be sure the best methods for offering services will get applied to this age group.
 - f. Carly Galarneau (Suicide Prevention Service) here to be a part of the process and learn about other organizations, form partnerships with other organizations and interested in funding if opportunity presents itself.
 - g. Jesus Ramirez (Coordinator and Youth Radio Producer for Radio Billigue) here to be part of process and interested in funding.
 - h. Holly Heath (Mental Health Client Supervisor at Children's Mental Health) here to support the creation of more services for her clients.

- i. Jenny Sarmiento (Chief Ex. Officer of Pajaro Valley Prevention Student Assistance) providing services to children who live in the Santa Cruz, Watsonville, and north Monterey area. Wants to be part of the process and to explore the possibilities of applying for funds. Wants to make sure we maximize these resources. As part of a cooperative effort between Healthy Starts, school districts, psychologists and other mental health workers in Watsonville, they are looking at gaps in services for uninsured children. She hopes that through these funding sources we can provide services to children so they can avoid the more costly decision to seek services in emergency rooms.
- j. Bill Manov (Chief of Alcohol and Drug Services for the County of Santa Cruz), there are commonalities of risk and protective factors that predict mental health problems and alcohol and drug abuse. His agency has developed a lot of community partnerships and prevention strategies with research to back them up. A lot of local infrastructure already exists to provide prevention services and hopes we “do not reinvent the wheel.” He is interested in dual diagnosis issues that will capitalize on this infrastructure and wants to explore how we can do this together with PEI. Not necessarily interested in funds for his program, but is interested in strengthening the youth development structure, our contract agencies and community partners.
- k. Jorge Savala (Leader for COPA) COPA was recently formed when 24 different churches, congregations, schools, and nonprofits in Santa Cruz and Monterey County met to develop plans for affordable housing, health care and community safety. He is here to focus upon community safety and to develop additional after school and recreational programs for the youth to keep them out of the justice system (and I hope to stop gangs).
- l. Ron Indra (High School Teacher in Social Studies) receives a small grant from the Community Foundation of Santa Cruz to construct an assessment tool for school districts and schools to use to determine safety issues for GLBTQ.
- m. Janet Seminerio (Women’s Crisis Support) They have intervention programs for domestic violence and sexual assault and have been offering established models of prevention services for 10 years. We are interested in exploring the creation of a program that addressing all areas of family violence. Our experience could contribute to the whole idea. We have programs in place that could be appropriate to be expanded or adapted to address that need, and would like funding for that.
- n. Martine Watkins, representing JoAnn Allen (County Office of Education). Just received a grant to consolidate agencies to have a better collaborative work relationship with each other. Want to know how we can fit into the group and figure out where we can assist and help.
- o. Shane Hill (Clinical Psychologist, specializing in Transgendered People) here as a voice for the Transgendered community. He currently offers trainings at Scotts Valley Elementary School on Trans youth and Children’s Mental Health. He hopes to have these trainings offered at all

the schools resulting increased cultural competency when working with transgendered children.

- p. Bill McCabe (Asst. Dir. of Youth Services) interested in the process, not necessarily in funding. Have many programs for youth and LGBT youth.

IV. Planning Process

- a. Next step, pick a priority population from:
 - 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

V. 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.

VI. Workgroup decisions to be made:

- a. Narrow down priority population recognizing all have needs. After we've determined which populations we are focusing upon we can collect 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
- VII. 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.