

**Mental Health Services Act: Prevention & Early Intervention**  
**Work Group: 13 - 17**  
**September 10, 2008 meeting notes**

**Attendees:** Jerry Solomon (Facilitator), Linda Betts, Bonita Mugnani, Carly Galarneau, Cecile Mills, David True, Ginny Gómez, Guy Grant, Holly Heath, Jaime Molina, Janet Seminerio, Javier Diaz, Martine Watkins, Rocio Rodriguez, Silvia Diaz, and Yolanda Perez-Logan.

1. **Agenda review.**
2. **Introductions.**
3. **Program Speaker:**
  - Carly Galarneau for “Suicide Prevention of the Central Coast.” Serving Monterey, San Benito and Santa Cruz Counties for 40 years, we are a program of the Family Service Agency of the Central Coast. Services are across the lifespan, free, and confidential. Trained volunteers answer the crisis line 24/7 (with 60-80 volunteers working throughout the year). They are supported by 4 social workers. Two trainings are offered per year (40 hours) and everyone is asked for a one-year commitment at that time. We use the “language line” service that is an over the phone interpreter service, with 150 different languages available. There are approximately 200-450 calls received per month with most people calling because it is confidential and private. Follow-up is limited due to confidentiality. Calls can extend anywhere from 15 minutes to 3 hours with 90% of callers “de-escalated.” We are integrated with some schools but it could be better. My wish is for more universal and gatekeeper training/resources in Santa Cruz County. That everyone would know about the crisis hot line (it be printed everywhere), and the community resources they can point you to.
4. **Priority Age Groups** given to Youth in Stressed Families and Onset of Serious Mental Illness. Will be collapsing the “youth at risk of failure in schools” and “youth at risk of legal system” with the 6-12 age group due to outcomes being almost identical. The “plan” will be written by county staff, based upon what we want to see as components/vision in the age appropriate services. The focus will be to look at existing organizations that offer services, let them know what we want and need, for the purpose leveraging.
5. **Focus Groups** will be conducted once we have concrete information to share and get their reactions. These meetings will be offered (by invitation) to those who will/would be using services and have not been able to attend workgroup meetings. They will be private and confidential. Contact with the groups we need to hear from will be made with organizations that have access to this population. Workgroups will reconvene to assess the information gathered from the focus groups.
6. **Training Academy** – Brief explanation of the Workforce, Education & Training plan (that includes the training academy) that was approved by the state and how it will provide trainings to the public health community. It is anticipated that many trainings will dovetail into some of the strategies discussed. (Community based organizations and consumers will be included as trainers where applicable.)

7. **Outcomes** – Discussion led to redefining some of the outcomes/strategies and adding strategies. Revised 13-17 Outcomes will be emailed to workgroup prior to next meeting. Crafted shared statements to include the 6-12 & 13-17 age groups.
  - a. Outcome #1; delete mental health. Strategy #2; add the word; create a position that will be a system navigator...
  - b. Outcome #2; define (youth in) stressed families. Strategy #1; Add peer-to-peer in the delivery of services. Bullet o: On-site services should be noted as “non-traditional,” and in parentheses (i.e. Family Resource Center’s).
  - c. Outcome #3; Because the state has mandated we expand services to the underserved, and this group recognized LGBT and Latino youth as their priority groups, this language will not change. Add strategy; Record trainings, i.e. Television/webcast/DVD.
  - d. Outcome #4; add “at risk of suicide.” Strategy #1: Strategy #2: add, and other venues.
  - e. Outcome #5, move to “System-wide” category. Include “to dramatically increase suicide prevention for the 13-17 age group, and targeted gatekeepers on suicidality.”
8. **Evaluations** – Must be built into each program. At present, there are no programs that have hard data available. Can call out specifically where improvements are made (do have utilization data showing where the demand for services are). By evaluating programs annually, we will know whether to continue to re-fund them.
9. **Next steps** will be to refine the outcomes, look at targeted “priorities,” and determine what kind of evaluation to build and what to measure.

**Next meeting:** Wednesday, September 24, 2008 from 9:30 to 11:30. United Way (Begonia Shopping Center) 1220-C 41<sup>st</sup> Avenue, Capitola.