

**Mental Health Services Act: Prevention & Early Intervention**  
**Work Group: Ages 26-59**  
**July 11, 2008 meeting notes**

Attendees: Jerry Solomon (Facilitator), Alicia Nájera, Bill Manov, Donna Jacobs, Nina Stratton, Norma Paige, Kristie Clemens, Jim Brown, Karen Dawson, Bonnie Jay, Alexis may, Emily Marsh, Sandra Sandoval, Joanne.

Meeting was tape-recorded; these notes (taken by Alicia) are a summary of the meeting (not verbatim).

1. Reviewed agenda.
2. Introductions. People introduced themselves and their interest in participating in PEI (including whether they think their agency will want to seek funding).
  - a. Jerry: facilitator, psychologist for 35 years, involved with various community-based agencies; would like to see a more rapid response to persons with mental illness.
  - b. Nina: a “highly employable” consumer; would like to see posttraumatic stress disorder (ptsd) be recognized, especially among Vets and homeless populations.
  - c. Norma is a parent of two sons with mental illness, wants parents to be acknowledged for the work they do.
  - d. Joanne works at Women’s Crisis/Defensa de Mujeres; they have the only confidential shelter in Santa Cruz; helps women transition into work with drug/alcohol issues and/or mental illness; also interested in PTSD; does anticipate seeking funds; is also on the Women’s Commission.
  - e. Kristie: Walnut Ave Women’s Center; works with domestic violence issues, and also is a family resource center; PTSD.
  - f. Jim: Diversity Center; wants to provide the voice and represent the LGBT community; not necessarily going to seek funding.
  - g. Donna: Not This Time Vets, non-profit agency; Veteran’s Services Advocate, and mother of a Marine; feels Veterans are not taken care of, and that they are truly the underserved; would like the County to provide mental health and physical health care; also working with law enforcement agencies to provide training regarding “alternative sentence law”, and establishing a Veteran’s ombudsmen; care of Veteran’s needs to change, and hopes MHSA funding to help.
  - h. Karen: Community Counseling Housing Support program; have about 135 clients, most are ages 26-59; have 1.5 clinical staff; half are doing well, other half do well at times, then go in hospital; need additional support.
  - i. Bonnie: Community Support Services in El Dorado Center; working in the mental health field for 18 years; shocked to see El Dorado Center was to be cut by the budget crisis; wants to create a “sensory room” to help stabilize persons; does not want to see these programs cut.
  - j. Alexis: Suicide Prevention Services; provides community education and training as well as a 24 hour crisis line, and support for persons dealing with loss; wants to

focus on integrated services to support people after the crisis; may apply for funds.

- k. Emily: Suicide Prevention, new administrative coordinator.
  - l. Sandra: volunteer at the Diversity Center; information and referral call line staffed solely by volunteers, needs staff training; concerned about coordination of services.
  - m. Bill: County Alcohol/Drug services; provides funding for community based agencies providing alcohol/drug services in Santa Cruz; interested in both youth and adult services; adult mental health system only deals with persons with serious mental health issues; haven't had the resources to provide adequate mental health services for person's with alcohol/drug issues and less chronic mental health issues.
  - n. Alicia: MHSA Coordinator, Program Manager, 25 years experience in a variety settings and different populations; wants to ensure we have a good process and get stakeholder input, and adhere to State DMH guidelines.
  - o. **Comments?** There is a great need, and many ideas, however the "pot" of money is pretty small, so our challenge is to focus on what would be most helpful in our County.
  - p. **Appeals?** There is no formal appeals process for the plan, but the workgroups will work on their portion of the plan and will forward their recommendations to the MHSA Steering Committee who is responsible for final approval. Plan will undergo 30-day review and anyone in the community can comment on the plan; after review we send the plan to the DMH for their approval and funding. We do not have to go to the Board of Supervisors prior to submitting our plan to DMH.
  - q. **Target population?** Each priority population called out by the State is as important as the other. One member commented that Vets are especially in need of services, and the their whole family is affected. Jerry commented that most of the work groups have identified stressed families is a group that needs services. **WRAP** (Wellness Recovery Action Plan) is a possible tool useful to stressed families, and that is has been tailored to serve the lgbt and veterans community.
3. **Ground Rules** reviewed.
4. **Decision-making.** Ideally the group would reach consensus. Possible problem is that we have a small work group that meets consistently, and non-participating individuals may attend only when it is time to vote. The group decided that when it comes time to vote persons that have participated in at least 50% of the meetings will be allowed a vote. Participants can send a designated alternate if they cannot attend a particular meeting; can contact Jerry (425-8785) or Linda Betts (454-4498) to let them know if you can't attend a meeting.
5. **Leveraging.** State would like us to leverage our PEI programs, and this can include in-kind services, administrative costs, or site.
6. **Stigma and Discrimination (regarding serious mental illness) and Suicide Prevention** are two overarching concerns. DMH will offer statewide programs; may do this by offering additional funds for Counties to do these programs. Goal for PEI is to recognize early signs of mental illness. Also DMH wants counties to have integrated services to ensure connection to referral sources. PEI is an outcome driven program; we

will need to evaluate the programs we develop. The challenge is proving something didn't happen. Will also need to consider offering services in non-traditional settings.

7. **Priority Population?** We need to consider which is our priority population (trauma exposed individuals, children/youth in stressed families, children/youth at risk of school failure, children/youth at risk of juvenile justice involvement, and/or onset of serious mental illness)
8. **Resource Map.** It would be helpful to know what services are available for this age group. Where are the gaps in services?
9. **Stakeholders.** Who is missing? We can offer focus groups, or key informant interviews if stakeholders can't attend ongoing meetings. Underserved communities (e.g. Latinos), Education (perhaps consider Sara Peck from Cabrillo), health providers (get input from Homeless Persons Health Project, Salud Para La Gente, Planned Parenthood); law enforcement (Officer Seelig, Christine Swannick, Tony Jack). Consider also involving family resource centers, employment and media. Call Jerry with any names of possible stakeholders and he'll invite them to our meetings.
10. **Next Steps.** Review the ASR report, and review the resource guide provided by DMH.
11. **Review of Meeting.** Jerry felt he talked too much, and hopes future meetings will be more interactive. People appreciated the integrity of the process, and Jerry's easy manner of communicating. Concern expressed about PEI 101 being repeated again (Jerry said that this is the last overview), and there is "skimpy" information for the 25-59 year old group. There was appreciation for the focus of the meeting, and a hope that people that come to the meeting are open to others' concerns.

**Next meeting:** Friday, July 25, 2008, Ag Extension (behind old court house in the corner of the parking lot), 1432 Freedom Blvd, Watsonville