

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 26 to 59
July 25, 2008

Attendees: Bill Manov, Emily Marsh, Kristie Clemens, Darrie Ganzhorn, Nancy Kael, Will O'Sullivan, Karen Dawson, Jim Brown, Norma Paige, Art Anton, Joanne de los Reyes, Bonita Mugnani, Alicia Nájera, Jerry Solomon.

1. Agenda Review.
2. Introductions.
3. **Decision Making:** Consensus is the ideal, but we may need to vote on a decision. Who is allowed to vote? Various ideas were proposed. Group decided that persons need to have attended 50% of the time and attended 3 of the last 5 meetings. People may designate a proxy to vote, if they cannot attend. Will not restrict one agency to one vote, especially if they are representing different programs (e.g., Santa Cruz Community Counseling Center).
4. **DMH Resource Guide.** Programs should be evidence based. State has loosened their stance on this, but we will still need to evaluate programs. Need to use logic model; can use Resources as a model. As other Counties submit their Plans we will review and see if there is anything of interest to us, and share with the workgroups.
5. **Priority Populations.** Discussed the five groups, and decided to narrow our focus to Trauma Exposed Individuals and to Onset of Serious Mental Illness. What do these two mean for this work group?
6. **Trauma Exposed Individuals.** Veterans; incest/sex abuse survivors; domestic violence (repercussions of the trauma can lead to alcohol or drug use, mental illness, post traumatic stress disorder); homelessness; onset of mental illness can lead to trauma; trauma and substance abuse are co-indicated, as are depression and suicide. Also touched on these issues: don't want to duplicate services, want to deal with the underserved, and want to look at holistic, integrated approach. Refer to page 14 of the State Department of Mental Health Resource list to see how they describe "trauma exposed".
7. **Who are the trauma-exposed individuals?** Veterans, persons coming out, persons that have alcohol/drug dependence, survivors of dysfunctional families, incarcerated, or were incarcerated, untreated mental illness, homeless. Also, victims of: job loss, domestic violence, sexual assault, child sexual abuse, racism, hate crimes, discrimination, violence, harassment, natural disasters.
8. **Where do trauma exposed individuals show up?** Emergency room, diversity center, detox center, substance abuse centers, homeless services center, jail, the streets, survivors healing center.
9. **Who are the trauma-exposed individuals we don't see?** People who do not report, isolated, fearful, hiding (don't feel it is safe), don't identify as having a problem (domestic violence, alcohol or drug abuse), feel stigmatized, undocumented, had a bad experience in the past when tried to get services, in the closet, "protected" by their role (priest, teacher, coaches).
10. **Who are at risk of suicide?** LGBT, substance abusers, injured workers (even though workers comp is supposed to serve them – it often fails), isolated and move to despair.

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11. **Reaction to meeting:** Facilitation was great; feel overwhelmed; put notes on board; great to see we're getting into it now. We should do a brainstorm for "onset to serious mental illness", like we did for trauma exposed.

Next Meeting: Friday, August 8, 2008. From 9:30 to 11:30 at Community Counseling Center, 195 Harvey West, Santa Cruz, Ca. (In the back.)