

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 26 to 59
September 19, 2008

Attendees: Emily Marsh, Norma Paige, Joanne de los Reyes-Hilario, Guy Grant, Carly Galarneau, Kristie Clemens, Bonita Magnani, Carol Sedar, John Wright, Bill Manov, Jim Brown, Betsy Clark, Karen Dawson, Will O'Sullivan, Darrie Ganzhorn, Yana Jacobs, Alicia Nájera, and Jerry Solomon.

1. Agenda Review.
2. Introductions.
3. **Speakers: Chris López (with Jordan Harding)** from the Veteran's Center on 41st Avenue, Capitola. Chris is the outreach worker for the Veteran's Center, and is a medically retired Veteran himself after being wounded in Bagdad. Chris described the mental health services available at the Capitola site. Staff includes LCSWs, MFTs, and psychologists. These are outpatient services, and they specialize in ptsd. Services are free for combat veterans (or sexually traumatized veterans), and their families. Combat veterans are persons serving in a war zone for 30 days. The Veterans Center has a free shuttle to the Palo Alto Veterans clinic, and they are going to get a motor home to do outreach. Chris spends a significant amount of time at Camp Roberts engaging persons as they are discharged. Chris encourages all Veterans to get registered to get service connected, even if they don't see any problems when they first come home. Chris can be reached at 588-9865 if further information is needed.
4. **Carol Sedar** read some quotes about serious mental illness and spoke about the importance of remembering the focus of this work group.
5. **Reviewed the Outcomes** for this group. After discussion group decided Outcome #1, is the priority of the group, while stressing the importance of #2. (The group actually wants both of these to be funded). Targeted gatekeepers are: Social Services (including Diversity Center, detox centers, substance abuse services, veterans services, family resource centers, mental health and domestic violence programs, homeless programs); educators (teachers and counselors); and emergency services (including police, jail, and primary care providers). The group came up with the following:
 - **Outcome 1:** To provide comprehensive client-centered services to those of all ages experiencing or at risk of experiencing a psychotic break.
 - Strategy
 - To offer evidence-based treatment (EPPIC?) to treat the primary signs and symptoms of psychotic disorders and provide on-going recovery services for up to two years. This program shall:
 - Engage family members early in the treatment process and enlist them as allies in assisting the consumer.
 - Offer a peer-to-peer program for exposure to persons that are successful in their recovery and can serve as mental health advocates for consumers.
 - Offer a program that enhances resilience and protective factors for those identified as "at risk" for developing serious mental illness.
 - Evaluation

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- Decrease the use of the Behavioral Health Unit
- Decrease the use of emergency room services
- Decrease in the loss of work/school/family time
- Completion of a WRAP plan
- Improved Global Assessment of Functioning (GAF)
- Utilization data
- Consumer goal achievement measures
- Consumer satisfaction measures
- Global Assessment of Functioning

Outcome 2: To promote early detection of serious mental illness or risk for suicidal behavior in a stigma-sensitive fashion.

- Strategy
 - Provide training, consultation, and technical assistance to targeted gatekeepers in early signs and symptoms of mental illness and the warning signs for suicidal behavior. Train targeted gatekeepers on strategies to effectively assist individuals at risk of serious mental illness or suicidal behavior, including how to make appropriate and helpful referrals.
- Evaluation
 - Utilization data
 - Gatekeeper referrals to service agencies