**Focus Group: Families**  
October 14, 2014 at Simpkins Swim Center, 7:00 – 9:00 p.m.  
Facilitated by Dr. Jerry Solomon  
Staff assistance: 2  
Number of person in attendance: 18

**Question: What is missing? What are the most important needs?**

- Absence of psychiatric (crisis) beds for youth.  
- Hard to get help at the County; access is difficult; told to go to the emergency room.  
- There is no welcoming voice. It feels like one obstacle after another, and are treated rudely.  
- Wasn’t told about walk in services.  
- No child psychiatrists in Santa Cruz.  
- No intensive treatment for kids.  
- School psychologists are not as trained as County staff.  
- No services for challenging teens that are not a danger to self or others, and may not have a diagnosis.  
- Pre-teens also need services (ages 4-11); get help early before things get worse.  
- Need care & support for family, especially when not quite to ER/911 level  
- Some groups get more services, e.g., foster kids have access to services.  
- Persons with serious mental illness need long term steady relationships  
- Funds are needed to sustain/retain staff.  
- Navigators for family are needed.  
- County needs to fund program to work.  
- Early intervention is needed; don’t wait for a crisis.  
- Need education at schools about mental health; would also help reduce stigma.  
- Counseling at high schools is not easily accessed.  
- There are no services for high functioning autistic persons.  
- North County schools took funding; no longer contracting with county. Schools aren’t as trained as County.  
- How can parents get educated and take action about issues/politics that affect services?  
- Kids not getting evaluated when needed; for example, acting out at juvenile hall, and released without anyone evaluating them.  
- Staff should bring up getting a release to talk to families more than once; families have a lot of information to share.  
- Advocates for health and well-being, not just getting out of locked care.  
- Early release from psychiatric facilities are problematic.  
- “Hear my story”. Give information/help to families. Staff can advise on what services they may seek.  
- Family advocate.  
- No discharge planning when released from psychiatric hospital.  
- Mobile response team.  
- Housing.
• “HICP” program in Santa Clara County for Medi-Care beneficiaries; should have similar program for medi-cal and private pay. Benefits counseling
• Can private sector (PAMF) help?
• Co-occurring disorders.

**Question: What is working?**

• Peer services.
• 2nd Story for respite and to prevent hospitalizations.
• MHCAN works. Having a practitioner there works, as does the peer support.
• “Ending the Silence” at schools; provides information. Anti-stigma education.
• NAMI
• Homeless garden project. It is welcoming, gives people a purpose & they work on personal goals. Get paid.
• Police are interested in CIT
• Employment opportunities (respite, 2nd Story, peer to peer)
• Transition age services work; concentrated services.

**Top Priorities for Under 18:**
• Services
• Early identification
• Respite care
• Family advocate/system navigator

**Top priorities for over 18:**
• Vocational training
• More psychiatry
• Family inclusion in service
• Re-train staff to see family as part of the treatment team.
• Include families in difficult case conferences
• **Family advocate; wrap around services, outreach, and system navigation.**
• Concern about turn over at the County; “If it doesn’t work at the top, it won’t work at line staff level”.
• Addressing co-occurring disorders.

**Issues that affect Watsonville:**
• Vocational training
• Continuity of care
• No walk in services
• Need more bilingual providers
• “The same issues, but worse”
• No Family to Family classes in Spanish
• Assessment and diagnosis is needed in schools for kids that are acting out.
• Transportation