

Mental Health Services Act: Prevention & Early Intervention
Work Group: 13 - 17
July 30, 2008 meeting notes

Attendees: Jerry Solomon (Facilitator), Alicia Nájera, Jenny Sarmiento, Holly Heath, Bill McCabe, Nora Rahimian, Martine Watkins, Carly Galagneau, Denise Gannon, David True, Jaime Molina, Silvia Diaz, Ron Indra, Cecile Mills, Kathleen Kilpatric, Kaleo Kaluhima, Stuart Rosenstein, Shane Hill, Brenda Armstrong, Bonita Magnoni, Rita Martinico, and Yolanda Pérez-Logan.

1. Agenda was reviewed and accepted. Jerry provided a recap of the workgroup's process. The MHSA Steering Committee has decided that a range of \$840,000 to \$1,050,000 be used as a guideline for funding in the 0 to 25 age workgroups.
2. Introductions. Jenny Sarmiento stated that she and Silvia Diaz might alternate in attending these meetings.
3. **Review of Priority Populations.** Discussion about the overlap of the priority groups for this age group: Children and youth in stressed families, trauma exposed individuals and the onset of serious mental illness. Any one of these groups could be an "umbrella" for the others. Some members of group spoke of 13 to 17 year olds as being autonomous and accessing services on their own; others agreed, but felt that they do better when their families are involved. Group agreed that we should encourage family involvement.
Children/youth at risk of school failure. School failure is seen as a likely outcome of being within our three priority populations. The educational system rarely identifies or addresses the underlying causes of common indicators of school failure: drop in grades, attendance, suspension, or expulsion. There are a disproportionate number of minority students that are suspended and expelled in the county. There are systems in place to deal with these issues, but they are not adequate.
4. **Onset of serious mental illness.** The group agreed to explore the precursors to serious mental illness and early indicators of the problem that families and primary providers might notice. Many cases in Santa Cruz precipitated by drug use. Gaps in services exist (especially if person is not on Medi-Cal); this is problematic since early intervention may be more successful. State exception to PEI: services may be a bit longer for Onset than for other priority populations.
 - a. **Who are the first to see persons with Onset of Serious Mental Illness?** Police, teachers, parents, relatives, school nurse, counselors, crisis line workers, friends, hospital staff, primary care providers, juvenile hall staff, foster care system employees, truancy workers, neighbors, housing authority staff, extra curricular activity employees, church-faith communities, employers.
 - b. **What behaviors do persons with the onset of serious mental illness present?** Alcohol/drug/tobacco use, suicidal thoughts, risky sexual behavior, withdrawal, depression, violence/aggression, anxiety, self-harming, prostitution, isolation, truancy, socially inappropriate behavior, highly dependent, changed behavior, detention & warnings from school, DUI, public inebriation, frequent use of health services, runaway, pregnancy, being in violent relationship, STD's, exploitation,

bullying, signs of physical abuse, exclusion/left out/ostracized, body language, loss of work, unusual thinking, journaling/art, obsessive, parents identify issues, self identified, over-achiever, changes in body weight, changes in sleep, parental divorce, homelessness.

5. **Children/youth in Stressed Families**

- a. **Who are the first to see Children/youth in Stressed Families?** Same as listed in #4a above. Added: family resource centers, children's protective services, homeless services, community based agencies that are family-oriented, unemployment agencies, family court, web-based social service providers, eligibility workers, immigration rights workers.
 - b. **How do Children/youth in Stressed Families present? What do we see?** Similar to #4b above. Added: multiple families living together, atypical cultural response, poverty, underemployment, abandonment and neglect, language barriers, lack of housing, sexual/physical/emotional abuse, employment problems, lack of caregiving adults, incarcerated youth or adult, divorce, blended families, sexualized family behavior, legal involvement, LGBT emergence, inability to get help, parents with serious mental illness, lack of parental authority/skills (especially regarding issues of stigma towards persons with serious mental illness, or homophobia), cultural clash, communication issues, chronic or catastrophic illness, out of home placement, denial of issues/problems, victims of crime.
6. The group noticed that some items identified are risk factors while others are indicators of the problem. We need to consider what is easily measurable. The workgroup will continue to invite youth, ages 13 to 17, to the meetings and to conduct a focus group with them before we issue recommendations.
 7. **Feedback on meeting:** Feeling antsy about not deciding the priority population before going on to brainstorm; need to go through a logic model process to decide priority population; some people have specific agenda and it would be good for people to re-state this; liked the brainstorming; interesting how diverse each work group is; wish meetings were at different times; appreciate having meetings in Watsonville; we came up with a great list; appreciate inclusive leadership; include SLV.
 8. **Next Time:** Program presentation. Have people restate their "agenda." Jerry will separate the lists generated today into risk factors and those that are indicators of the problem. We will narrow the priority populations to be addressed and begin discussing outcomes for this group.

Next meeting: Wednesday, August 13, 2008 from 9:30 to 11:30. 1080 Emeline Avenue, Santa Cruz, Ca. (Meeting will be in the small auditorium in the basement of the Health Services Clinic.)