

**PEI 18 - 25 Workgroup  
7/9/08 Meeting Notes**

- I. Introductions
- II. Review of workgroup guidelines and rules
  - a. We are to create and foster an integrated system
  - b. The state has mandated that we use the Logic Model.
  - c. Values and Guiding Principles
    - i. Transformational programs and actions
    - ii. Leveraging resources
    - iii. Stigma and discrimination
    - iv. Recognition of early signs
    - v. Integrated and coordinated systems
    - vi. Outcomes and effectiveness
    - vii. Optimal point of investment
    - viii. User friendly plans
    - ix. Non-traditional settings.
  - d. The group will need to review its decision making model; we will try for consensus, and if unable to reach consensus use a majority vote to decide our recommendation. The group needs to decide who can vote on the final decisions made to the Steering Committee.
- III. Workgroup member's & agendas
  - a. Jerry Solomon, Facilitator, Psychologist & MFT
  - b. Carly Galarneau (Suicide Prevention Services alternating with Diane Brice). Carly is interested in funding for suicide prevention and to work on collaborations with other organizations.
  - c. Lorraine Cahn (County of Santa Cruz, Program supervisor for Children's Mental health). Lorraine would like to see what could be done to get jobs in the community for this age group. Does not think her agency will be applying for funds.
  - d. Paula Comunelli (CEO, Listening Well, a person with a diagnosis and a community leader around mental health issues). Paula is working with various client leaders around the state to develop a summit meeting to create a system that works for everyone. The new system would create shared leadership with consumers. By polling consumers involved with the Mental Health Client Action Network and Mariposa Center, she created a consumer priority list. The major priorities that consumer's felt needed to be addressed included: mental health advocacy, self-care, and meaningful work. She would like funding to support training facilitators to offer Listening Well events throughout the county in both English and Spanish.
  - e. Richard Fairhurst (Parent of child with brain disorder). Richard's motivation is to offer children with brain disorders more program options, with fewer holes in the system, and to offer education about these issues to all school levels.

- f. Adriana Guevara (County of Santa Cruz, Mental Health Client Specialist working with Transitional Age Youth). Adriana is trained as a social worker with the bulk of her experience in forensic mental health. Transitional youth age range should be broadly defined. Adriana's goal is to reach persons before their first break and let people know where they can go to get services. Often young people with mental illness self-medicate with drugs and as a result you see the large majority of persons in jail or prison. She would like to develop a program that educates the community about resources and reduces stigma. Does not know if our agency will be applying for funds.
- g. Chris Hogeland (County of Santa Cruz, program supervisor at the Homeless Persons Health Project). Many youth are not severely or chronically mentally ill at this point. But they are at great risk and could benefit from early intervention to prevent homelessness. Not here for funding, but would like to get other homeless providers here at the table to represent a link between homelessness and mental illness. Interested in creating employment programs.
- h. Fred Koelher (CASA, Court Appointed Special Advocates). Fred sees transitional age from ages 15-25. We need to support the child after they "age out" of the system. Would be inclined to apply for funds, for training and supervision of the volunteers.
- i. Susan Paradise (Nurse for Santa Cruz Community Connection). Susan is involved with two programs for transition age youth, Independent Living Program serving ages 15-21 and Transition Counseling serving ages 18-24. Believes that employment needs are very high; the self-esteem of youth goes up when they are employed. When the youth turns 18, the services they can access are dramatically reduced, during the time when, statistically, they will have their first break.
- j. Carol Williamson (President of Santa Cruz Chapter of NAMI, parent of bi-polar child, and member of the MHSA Steering Committee). Families need so much help navigating the mental health system. Often problems emerge in high school; the parents know something is wrong but are afraid to tell the school, fearing they might encounter discrimination against their child and the stigma attached with labeling. There is a national provider education program that NAMI created that she would like to see implemented locally. NAMI's local family-to-family training program has a wait list because we do not have enough teachers. NAMI would like to apply for funds to offer provider education.
- k. Denise Wyldbore (representative of COPA, Communities Operating for Empowerment and Action, has family member with Bi-Polar disease). Denise would like to coordinate with other people to put together youth programs within the Live Oak area, including education for families and youth about where to access services. May be interested in funding.
- l. Diana Carpenter (Manager of the Sexual Assault Dept. for the Women's Crisis Support). Nearly 85% of our clients are between the ages of 17-26 and are survivors of sexual assault. Would like to see more training for

providers of transitional age youth about sexual assault and how to treat it. In particular, a way to continue services after the 12 meetings the Women's Crisis Support can offer. Also here as an advocate for LGBT youth. Not sure if agency will be applying for funds.

- m. Charise Olson (County Office of Education, former coordinator of a youth employment program). If funding needs appropriate, she would like to apply.

#### IV. Planning Process

- a. Next step, pick a priority population
  - i. Children/Youth in stressed families
  - ii. Children/Youth at risk of school failure
  - iii. Children/Youth at risk of juvenile justice involvement
  - iv. Trauma exposed
  - v. Experience onset of serious mental illness
- b. State will offer its own initiative on Suicide Prevention and Stigma reduction of the mentally ill.
- c. The Steering Committee will establish funding ranges for each age group.
- d. Program/s must be evidenced based with a built in evaluation component.
- e. Need representation from stakeholders, as identified by the State
- f. Identify missing stakeholders
  - i. Need Latino outreach
  - ii. African-American community outreach

#### V. Priority populations, per the DMH, to focus on in this workgroup

- a. Trauma exposed
- b. Individuals experiencing the onset of a serious mental illness
- c. Children/Youth in stressed families
- d. Children/Youth at risk for school failure
- e. Children/Youth at risk of experiencing criminal juvenile justice involvement
- f. Overarching concerns is suicide prevention and reduction of stigma and discrimination for those identified as struggling with mental illness.

#### VI. Workgroup decisions to be made:

- a. Narrow down priority population recognizing all have needs. In this group, are there one or two groups we want to focus on and is there more data that we need to start making recommendations about programs for prevention and early intervention in those areas.
- b. Making sure we have the appropriate stakeholders involved with this process. Who is not here around the table? Per the state DMH guidelines, we must be sure we have input from all required stakeholder groups. We must be mindful of these groups and make efforts to get information from them so that it is fed into our process. A person may represent more than one stakeholder group.
  - i. Based on the data feedback we heard from Applied Survey Research, the major areas of underserved communities is the Latino and LGBT community.
- c. Required stakeholders include:

- i. Education
    - ii. Consumers and/or their families
    - iii. Providers
    - iv. Health organizations
    - v. Social Services
    - vi. Law Enforcement; Input will be gathered by either a focus group or key informant interviews (asking one/two officers to attend one meeting to address our questions).
  - d. Stakeholders recommended but not required by DMH include representatives from Community Family Resource Centers, Employment, and Media
- VII. Review of MHSA PEI values and guiding principles. All in attendance stated that they were aligned with these values and principles.
  - a. Transformational programs in action; looking for things that are brand new rather than incremental changes to existing programs that can transform a dilemma or problem.
    - i. Leveraging resources
    - ii. Stigma and discrimination reduction
    - iii. Recognition of early signs
    - iv. Integrated and coordinated systems
    - v. Outcomes and effectiveness
    - vi. Optimal point of investment
    - vii. User friendly plan so that the consumer and family member are comfortable with what we are setting up in non-traditional settings.