

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 6 to 12
July 14, 2008 meeting notes

Attendees: Jerry Solomon (Facilitator), Stan Einhorn, Cecile Mills, Leticia Gómez, Rocio Rodríguez, Tove Beatty, Mariana España, Eileen Brown, JoAnn Allen, Rita Flores, Lisa Russell, Kate Venturini, and Alicia Nájera.

Meeting was tape-recorded; these notes (taken by Alicia) are a summary of the meeting (not verbatim).

1. Agenda was reviewed. No changes were made.
2. Introductions.
3. Old Business:
 - **Decision Making:** Ideally the group would reach consensus. Possible problem is that we have a small work group that meets consistently, and non-participating individuals may attend only when it is time to vote. Solution?
 - Cecile presented a letter to Jerry and read it to the group expressing her concerns about the PEI planning, including her belief that the planning is not inclusive, there are insufficient numbers of family members and consumers, the meeting times are inconvenient, most people get paid to be at meetings (but not consumers or family members), meeting times are not posted and meetings are in “lecture mode”.
 - Tove pointed out that identifying as a consumer is confidential, and that it is presumptuous to think that everyone at the meeting “is on the clock”.
 - JoAnn, Stan and Eileen all presented ideas about representing and/or including input from 6 to 12 year olds and/or their families.
 - Jerry told group about meetings he and Alicia had with MHCAN (Mental Health Client Action Network) and Mariposa. Both agencies said that the best way to get consumer involvement is to have focus groups (which can be held at their sites). DMH also encourages alternate approaches to gaining input from stakeholders including surveys, key informant interviews, and focus groups.
 - Cecile mentioned that the meetings were not posted at MHCAN or Mariposa, and said that the County Website says the “survey is closed”. Alicia was not sure what this was about. Jerry said he would appreciate hearing concerns ahead of time so that these concerns can be addressed rather than waiting until the meeting and focusing upon complaints rather than the task in front of the group. Jerry will follow up with Mariposa and MHCAN about posting the meeting times for the PEI workgroups.
 - Returned to question of decision making... Various persons chimed in about consulting with 6 to 12 year olds/families/representatives about our process, doing web surveys to get input, or accessing families to get input. It was suggested that meetings be videotaped. Jerry noted that how we get input is driven by what this group decides.
 - **Obtaining Stakeholder input.** Should we narrow down the focus, and then get input? Some people will not get addressed due to limited funds.
 - Discussed doing a resource map, then we will know where the gaps are.

- How do people get into the system? Where do they go for services? Cecile said we might have some success with 6 to 12 year olds; can do a questionnaire with teachers. Can meet with family members (not necessarily do a survey).
- JoAnn mentioned that she has some resources (tied to a grant) that group may use that will also fulfill her requirements.
- Group discussed how to narrow this down... Stan pointed out that PEI will not fund services that already exist, plus programs need to be evidence-based, and preventative (we want to keep kids from getting into the system).
- Discussed education as part of intervention. Teachers, parents, primary care physicians all need better education about early intervention and referrals for serious mental illness seen in children. Teachers get some education, but also feel a lot of pressure. If child doesn't qualify for special education programs there are often no other places to refer within the school system.
- Program ideas: promote mental health and well being (for teachers and students), family support (e.g., list of what to do, not every child needs a psychiatrist). Also talked about natural access points (e.g. clergy), and how to get information out about programs that do exist.
- Group focus narrowed down to Trauma, Onset of Mental Illness, and Stressed Families. (Can address School Failure and Juvenile Justice Involvement via these others.)
- Next Steps: Look at resources compiled by DMH and explore models. Which has the most component that we need? Look at these (and possibly other models). Also need to review ASR data. Do we need additional data?

Next meeting: Monday, July 28, 2008 from 10 to 12 in Watsonville (294 Green Valley Road, 3rd Floor, room 320).