

Mental Health Services Act: Prevention & Early Intervention
Work Group: Ages 6 to 12
July 28, 2008

Attendees: Ginny Gómez, Leticia Gómez, Eileen Brown, Linda Pérez, Mariana España, Kathleen Kilpatrick, Lisa Russell, Rocio Mendoza, Alicia Nájera, Jerry Solomon.

1. Agenda Review. Will move up reviewing local resources on the agenda.
2. Introductions.
3. **Review Local Resources:** Presentation of the Pajaro Valley Unified School District Integrated Mental Health Services by Linda Perez, of Pajaro Valley Prevention & Student Assistance (PVPSA). PVPSA provides services to the Pajaro Valley Unified School District. Pyramid of services includes:
 - Mental Health Foundation and Maintenance: School Resources and Supports for Healthy Development (such as classroom teachers, guidance counselors and academic support programs, parent involvement, school safety personnel, after school programs, sports, arts, and extra curricular activities).
 - Universal Prevention: Education, skill building and wellness programs (such as youth development, school health curriculum, bullying and other prevention programs, parent education and involvement programs, school nurses).
 - Selective Prevention: Screening, monitoring, and brief intervention (such as Seven Challenges insight/prevention groups, Primary Intervention Program (EMHI), Families and Schools Together (FAST), Primary Care Provider referrals, conflict resolution teams).
 - Indicated Prevention: Early Intervention and treatment (such as, secondary student assistance program, seven challenges insight/prevention groups, drug medi-cal minor consent services, Kida Korner elementary student assistance program, student study teams, school psychologist).
 - Mental Health Treatment: individual and family counseling (such as Safe Schools/Health Students dedicated County clinician, probation team and Wrap-around services, AB3632 SDC-ED Mental Health services, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Supportive Intervention Services (SIS), Supportive Adolescent Services (SAS), and Safe Schools/Healthy Students Counseling).
 - Crisis care: Mental Healthy Emergency Response Team, Suicide Hotline, Criminal Justice Interventions.
4. **Despite all these services what challenges still exist?** Teachers feel pressure from “no child left behind”; still need to demonstrate how programs support academic success; confidentiality/privacy issues and information sharing; lack of common language between mental health and education providers; turf issues (need integrated approach and maximize resources); fragmented funding stream (need consistent funding); staff changes/turnover.
5. **What is working?** Do have resources, do social marketing, using evidence-based models. Children that get services through Kids Korner seem to feel comfortable with counseling (a way of addressing issue of stigma and discrimination). Issue of how expensive evidence based models was discussed. For example, one program required

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they purchase the training (about \$7,000 per person), pay for the trainer to observe the staff, pay for the evaluation, lots of administrative time, and staff only get certified for 2 to 3 years (then need to be re-certified). If there is staff turnover then need to get new staff trained).

6. **Decision Making.** The ideal is to reach a consensus, but should we need to vote on an item who would be allowed to vote? Group discussed various options and decided that persons that have attended at least 50% of the meetings, and 3 of the last 5 meetings can vote. Also, the group agreed that a person could send a proxy for their vote, and only one vote per agency. (Note: Leticia Gomez and Linda Perez, both of PVSA, will alternate attendance of this meeting.)
7. **Priority Populations.** Last time group narrowed it down to children and youth in stressed families, trauma exposed individuals, and onset of serious mental illness.
8. **What does Onset of Serious Mental Illness look like for this age group?** Behavior (either acting out or very withdrawn), school avoidance, pattern of missing school, somatic symptoms, parents in distress about their child, hyperactivity/attention issues, violence, bullying (both the victim and the perpetrator), Primary Care Provider or emergency services, day care centers, home schooled children, kids that show up at domestic violence shelters, anxiety (fears, phobias), depression, compulsive behaviors.
9. **Next Time:** think about what children and youth in stressed families, and trauma exposed individuals look like.
10. **Feedback about meeting:** Liked the informational presentation; perhaps we could do another presentation on trauma exposed (Mariana can talk to Gabriella Grant about this, and see if she could do this on August 25th, perhaps in the evening); liked the discussion, and narrowing down. **Note:** there was a discussion about the possibility of having an evening meeting.

Next Meeting: Friday, August 11, 2008. From 10 to 12 at United Way (in the Begonia Shopping Center), 1220-C 41st Avenue, Capitola, Ca.