

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