

PROPOSITION 63
CHILDREN'S COMMUNITY GATE SUBCOMMITTEE RECOMMENDATIONS
Developed at sub-committee meeting
March 16, 2005

Attendees: Stan Einhorn, Terry McKinney, Roberta Keuter, Kate Kaufman, Robert Brown, Kathleen Kilpatrick, David Lo, Shermeil Dass, Chris McCauley, Joanne Moy, Melody St. Charles, Mary Cross.

The sub-committee met and brainstormed ideas about gaps and needs in the Children's Mental Health. The then voted on the top recommendations. The results of the meeting are listed below.

1. Create a system that identifies at risk youth earlier and develop prevention services for those youth.
 - a. Develop more services for kids **not** part of the Probation, HRA, or Special Education gates.
 - b. Provide after-school activities for youth, evaluated at early risk, to prevent progression of symptoms.
 - c. Provide preventative alcohol and drug services for kids not yet identified as meeting the standard for County services.
 - d. Provide targeted prevention curricula in schools addressing Gang Avoidance, Anger Management, and Conflict resolution.
- 2*. Improve customer service.
 - a. Make phone number easier to find in the phone book, possibly in yellow pages.
 - b. Have person who answers the phone be more personable and welcoming.
 - c. Provide better information about what services are available.
 - d. Have a person available to describe services and access to services.
2. Improve the local response to youth in psychiatric crisis.
 - a. Improve the way that youth receive services when acute psychiatric problems occur so they are not waiting many hours in a facility that is not equipped to get to serve their needs.
 - b. Develop in-County youth psychiatric beds for crisis services (5150s).
3. Reduce the turf issues between County Mental Health and San Andreas Regional Center
 - a. Develop and make available a clear set of criteria for SARC services.
 - b. Increase and clarify the psychiatric services provided by SARC
3. Develop more services for youth and families with more severe mental health issues.
 - a. Offer more supportive services for special education youth.
3. Provide crisis evaluation services on a full time basis that can respond at school sites.
3. Increase psychiatric medication evaluation and medication management.
3. Improve partnership with County psychiatric services and community based medical community.
 - a. Community doctors need to know how to refer to County Psychiatrist.
 - b. Streamline the process of communication between County psychiatrist and community based doctors.
 - c. Provide more training for community based doctors around psychotropic medication
 - d. Increase the willingness of community based doctors to work with the current system.

3. Develop local long-term residential treatment program for youth with severe mental health issues.
- 4 Help families and clients better understand mental illness
 - a. Provide more psychoeducation to consumers
- 4 Provide more services in South County
- 4 Develop more bilingual and culturally competent services.
- 5 Develop a more consistent and comprehensive method for school personnel to provide behavioral observations to mental health personnel.
- 5 Provide walk-in services for youth and families.
- 5 Increase the contact between out of County hospitals and follow-up County services, especially psychiatric services.
- 5 After school therapeutic rehab program for those already identified as needing mental health services. (like Evening Center)
- 5 Develop an easy to understand flow chart about the process of obtaining services.

* Duplicate numbers indicate tie votes for the recommendations.