

Summary Report: Fall, 2006 Town Hall Meetings

Santa Cruz County Mental Health & Substance Abuse Services held two Town Hall meetings to provide an update on the Mental Health Services Act (MHSA), and to engage community members as partners on the newly forming MHSA Steering Committee and work groups for future planning and implementation.

These meetings were advertised in the media through public service announcements, paid advertisements, talk radio, and extensive mailings to school personnel, law enforcement, NAMI, contract agencies, and previous attendees of MHSA forums.

The two meetings were held in the community: one was in South County at the Pajaro Valley Community Health Trust on Monday, November 13, and the other was in North County at the Santa Cruz Veterans' Memorial Building on Thursday, November 16. Both were held in the evening from 6 to 8 p.m.

Approximately 83 people attended. After an initial welcome by Director Leslie Tremaine and guests (Ruben Jimenez, Martha Naranjo and Sgt. Christine Swannack in South County, and Ron Myers and Judy Williams in North County), we had an overview of MHSA. Paula Comunelli then facilitated a community dialogue with small groups on community goals and resources: what people wanted to be celebrating in a year and what role they could play in any such successes.

Responses were rich and focused on the following priority areas for desired outcomes/successes:

1. **Consumer Supports for Recovery:** This included such ideas as utilizing consumer strengths to mentor other consumers, empowering autonomy and consumer run services.
2. **Wellness Centers:** included ideas such as activities for young adults and activities for families.
3. **Education/Training:** this covered a range of ideas such as offering educational presentations about mental health issues, public awareness (related, but differentiated from stigma reduction, #8 below), and completing Human Services certificate.
4. **Better Partnerships Between MH and Other Providers:** integration of physical health and mental health, as well as more collaboration and partnerships between mental health and other agencies to make services more accessible and take them into other community settings.
5. **Better/Earlier Access to Services:** early diagnosis and bringing services to facilities in the community; reaching out to those that deny their mental illness, as well as having a confidential place where youth can go to talk to a counselor/mentor.
6. **Family Support:** advocacy for parents/significant others to understand the mental health system, family education and support groups.
7. **Housing:** more housing, as well as additional support, outreach with landlords and roommate matching.
8. **Jobs:** more job opportunities, vocational training, and supported employment.

9. **MH Staffing Issues:** bilingual capacity, culturally competent and community oriented services.
10. **Dual Diagnosis/impact of Drugs and Alcohol (including Fetal Alcohol):** increase substance abuse and mental health integration of services.
11. **Stigma Reduction:** trainings and workshops to educate about illness, side effects.
12. **Crisis Services:** having a seniors' "hotline", mobile services, and having a quiet safe place for assessments (not the emergency room).
13. **Mental Health Court:** having a dedicated staff member assigned to court, and training about mental illness for law enforcement and the DA's office.
14. **Liaison:** having resources to help others not get "lost" in the system.
15. **Outreach and Community Engagement:** more such meetings and community dialogue, meaningful involvement in planning/decisions.

There was a wide range of resources and roles people described as helping these visions become a reality. These include (not in rank order):

- a. Help with social activities,
- b. Help prepare teachers to understand mh issues,
- c. Helping to find jobs, lead by example,
- d. Work with other parents,
- e. Serve on sub-committee,
- f. Social marketing – increased public awareness around access and de-mystified mental health illness (media, public channels, ed. Forums),
- g. Encourage people to use community supports and resources, education and community awareness,
- h. Establish business and other community partnerships (i.e. law enforcement – outreach under them to families and consumers),
- i. Educate clinicians to become more culturally competent especially with language and also with cultural issues within community.
- j. Support for housing.
- k. Create employment and volunteer.
- l. Health education opportunity.
- m. More educational groups/Spanish speaking.
- n. Peer run autonomy, mentors, and word of mouth information sharing

After the report outs, Leslie Tremaine wrapped up the meeting, solicited membership for the permanent MHSA Steering Committee and Work Groups and committed to continuing dialogue with community advocates and stakeholders to achieve shared goals for transforming the mental health system.

Detailed reports by meeting, along with other MHSA related information is available. Please contact linda.betts@health.co.santa-cruz.ca.us.

Look for our Mental Health & Substance Abuse Services News update every month!