

Prevention & Early Intervention Stakeholder Forum Results  
Forums were held in Santa Barbara, Santa Maria, and Lompoc in March 2009

**PEI Stakeholder Forum Summary**

<b>Children</b>			
<b>Site</b>	<b>Community Mental Health Needs (2)</b>	<b>Priority Populations (4)</b>	<b>Comments</b>
Goleta	1. At-Risk Children, Youth 2. Disparities in Access	1. Children at Risk for School Failure 2. Involved with CWS 2. Children in Stressed Families 2. Involved with Criminal Justice	The age group as defined (0-15) is too broad. Children from single-parent homes are higher risk. The process and prioritization should not narrow the needs to the exclusion of others. Several people made comments about the research done on early childhood brain development and the importance of early interventions.
Santa Maria	1. At-Risk Children, Youth 2. Impact of Trauma	1. Involved with CWS and/or at Risk for Involvement 2. Early Childhood, Pre-School 3. Families involved with Substance Abuse 4. School Age Children	We rather choose from State priority populations than local ones. 0-5 age group is important. Substance abuse has a profound impact on worsening the stress on children, youth and families. There is a gap in helping individuals and families connect to services. Continuing input is desired as PEI process continues.
Lompoc	1. At-Risk Children, Youth 2. Impact of Trauma	1. Children in Stressed Families 1. In Crisis without a Diagnosis 2. Involved or at Risk for Involvement with CWS 2. Spanish Speaking	Broad categories are easier to work with in this field. We should focus on needs of early childhood, pre-school and school-age. Research is overwhelming in support of the fact that early identification of incipient mental health needs saves resources. A 23-hour bed CARES program for kids is needed. Several people made comments about the research done on early childhood brain development and the importance of early interventions.
<b>TAY</b>			
<b>Site</b>	<b>Community Mental Health Needs (2)</b>	<b>Priority Populations (4)</b>	<b>Comments</b>
Goleta	1. Disparities in Access 2. At-Risk Children, Youth	1. School Age Children 2. Involved with Criminal Justice 3. In Crisis without a Diagnosis 4. Homeless Individuals and Families 4. In Transition from Foster Care	Funding should be weighted toward youth and TAY because 75% of mental illness is acquired before age 25. We need better risk assessment tools. Programs should be appealing to youth. We need to focus on reducing barriers. Once youth leave school, they are "out of sight."
Santa Maria	1. At-Risk Children, Youth 1. Impact of Trauma (tie)	1. Homeless individuals and families and those with limited resources (no insurance or private insurance) 1. Involved with CWS 2. In Crisis without a Diagnosis 3. Rural TAY	Once TAY access services, then what? For 18+ CWS youth, shelter placement is the only option. At-risk youth and young adults should be a top priority due to multiple system involvement. Early identification of mental health issues and linkage to services are critical. Programs should target multiple risk factors.
Lompoc	1. At-Risk Children, Youth 2. Disparities in Access	1. TAY with multiple system involvement from families with multiple system involvement 1. In Crisis without a Diagnosis 2. Children and families involved with or at Risk for Involvement with Criminal Justice 2. Spanish Speaking	Reaching at-risk youth early has positive systemic implications and addresses stigma and discrimination. In current economic climate, youth, like adults, are stressed and at risk for heightened suicidality. Rise in teen mothers creates more postpartum depression. One way to use limited resources effectively in meeting the communications challenged associated with diverse communities is to develop access points. We should target TAYs with multiple system involvement from families with multiple system involvement.

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<b>Adult</b>			
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Goleta	1. Disparities in Access 2. Impact of Trauma	1. In Crisis without a Diagnosis 2. Involved with Criminal Justice 3. Veterans 3. Homeless Individuals and Families	Access to services is critical. People need mentors to help them with daily living. Lack of training contributes to a 10-year gap between childhood systems and treatment. Trauma is reduced by helping people get jobs or an education. A properly constructed PEI program will address all major community mental health needs. Disparity, stigma and discrimination are closely related. In selecting priority populations look at the people who are most isolated and lacking in support networks.
Santa Maria	1. Disparities in Access 2. Suicide Risk	1. In Crisis without a Diagnosis 1. Oaxacan 2. Veterans 2. Involved with Criminal Justice 2. Jobless	UCSB lacks hard data on underserved populations and relies on stakeholders to set priorities. Preventing suicide is a top priority because you can't help people once they're dead. Stigma and discrimination are closely related to disparities. Stigma and discrimination are closely related to disparities.
Lompoc	1. Disparities in Access 2. Stigma and Discrimination	1. Homeless Individuals and Families 1. PTSD 1. In Crisis without a Diagnosis 2. Caregivers	Stress is placed on the "sandwich generation" caring for parents and children. When the parents of people with mental illness die, the children lack services and care. Services need to come to the homeless who may not want help, make appointments, etc. Some of the people who fall through the cracks include the homeless, those with AOD use, people in crisis without SMI, and brain injured people.
<b>Older Adult</b>			
<b>Site</b>	<b>Community Mental Health Needs (2)</b>	<b>Priority Populations (4)</b>	<b>Comments</b>
Goleta	1. Impact of Trauma 2. Suicide Risk (tie)	1. Homeless Individuals and Families 1. In Crisis without a Diagnosis 2. Homebound 3. Disabled	Older adults face stigma, a lack of respect, increased risk for suicide, purposelessness, physical health challenges and substance and medication abuse problems. Senior peer counseling and visits to homebound seniors would be helpful.
Santa Maria	1. Disparities in Access 2. Impact of Trauma (tie)	1. In Crisis without a Diagnosis 1. Isolated (homebound, disabilities, etc.) 1. Victims of Elder Abuse 2. Hmong 2. LGBT	Lack of access to service was a major issue for Older Adults. Questioned the desire to reach out to the underserved when existing clients can't get services. Services were not available when clients were in need or in crisis. Interest in bringing the Latino Caucasian Older Adult populations together for support. Many older adults also have substance abuse issues, particularly alcohol. Many are isolated, homebound due to injuries or health problems, and are victims of abuse which contribute to trauma.

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Lompoc	<ol style="list-style-type: none"> <li>1. Disparities in Access</li> <li>2. Impact of Trauma</li> </ol>	<ol style="list-style-type: none"> <li>1. In Crisis without a Diagnosis</li> <li>1. Caregivers</li> <li>2. Isolated (homebound, disabilities, etc.)</li> <li>3. Spanish Speaking</li> </ol>	<p>Older adults face isolation, heightened suicide risk and a lack of social support. They may move from family member to family member and not receive consistent care. An array of problems facing them include substance and medication abuse, dementia and physical health problems, financial and physical abuse, grief, loss, and trauma, lack of access to services due to being homebound, etc.</p>
All Regions, All Age Groups	<ol style="list-style-type: none"> <li>1. At-Risk Children, Youth</li> <li>2. Disparities in Access</li> </ol>	<ol style="list-style-type: none"> <li>1. In Crisis without a Diagnosis</li> <li>2. Involved with Criminal Justice</li> <li>3. School Age Children</li> <li>4. Homeless Individuals and Families</li> </ol>	