September 9, 2014

Group #4 (Pam): Focus on Adult Services

1. In looking at the key need and gap areas that have been identified so far, are there any, from your perspective, that are missing? If so, what are they?
   - Need mild to moderate services
   - Gaps in leaving BHC without support into community (“revolving door”); aftercare, risk of homelessness, crisis services
   - MHCAN physical plant issues
   - More availability, longer service hours at peer drop in service
   - More peer run services
   - Need more services to address suicidal ideation; oversight
   - More access to one to one treatment
   - Lack of availability of affordable housing
   - Detox needs; long wait. Readily available sobering and detox service.
   - Turned down for mental health services due to active substance use (co-occurring)
   - Dual diagnoses SLE (Sober Living Environment). Stigma; community education, elevate substance abuse system; Needs SLEs for individuals with psychiatric disabilities
   - More therapies toward healing alternative (e.g. music, art, best practice models, equine therapy, EMDR)
   - PTSD in general; veteran specific, peer vet to vet
   - Shared info about resources beyond 8 to 5
   - Services on weekends and extended hours
   - Review Board and Care rules
   - Accountability via data of programs
   - Need service providers to be trained in trauma informed care
   - Law enforcement- CIT
   - More senior care
   - Locked care oversight
   - More peer-run services across the spectrum
   - Transportation
   - Web-based resource guide
   - All 1st responders CIT training
   - Jail: co-occurring treatment in custody
   - Jail discharge aftercare plan with medications, housing, etc.
   - Community education about services and medications covered by Medi-Cal
   - Medications don’t follow the person; left at facility; can’t access.
   - Access to services without local insurance
   - Shared record system for whole person care
• Family integrated into care
• In home care, laundry, shower

2. Which need or gap areas are most important?
• Gaps in leaving BHC without support into community (“revolving door”); aftercare, risk of homelessness, crisis services
• More peer run services
• Need more services to address suicidal ideation; oversight
• Turned down for mental health services due to active substance use (co-occurring); need to treat co-occurring
• Review Board and Care rules
• Need service providers to be trained in trauma informed care
• Law enforcement- CIT
• More peer-run services across the spectrum

3. Which need or gap areas should we focus on working on first?
• Housing
• Peer run services
• Integrated care (mental health, physical health, substance use disorder)
• Crisis housing and services
• Services mild to moderate
• CIT for law enforcement
• Dual diagnoses SLE
• Access to food/clothing
• Extended hours
• Suicide ideation services

4. Are there specific need or gap areas that may be unique or different for South County.
• Stigma- education
• Cultural competence
• No walk-in crisis services in South County
• More outreach workers
• Train “natural support” people to provide referrals
• Gang prevention/education
• Peer-run drop in center in South County
• More family based multi-generational.