

BEHAVIORAL HEALTH AND RECOVERY SERVICES

MHSA Innovation Planning - March 18, 2013

SUMMARY OF SMALL GROUP CONVERSATION FEEDBACK

Anything you want to let us know about the proposal tonight?

1) What did you hear?

- New programs. Collaboration with agencies. Enhanced respite care.
- That there is money to make these proposals happen
- About all different topics
- One project focused on expanding, understanding of what helps people get/stay healthy beyond traditional mental health services. Other programs focused on engagement/prevention and redirect focus to community connection.
- Good information, presented in an easy to understand format.
- Opportunities to expand partnerships and to some degree integrate and leverage services.
- There's an opportunity to expand on our efforts to serve community.
- Loved the concept of the second project, it is much needed. Heard the support by the county for both projects, did not understand what the 1st project was about.
- I heard what I finally wished could happen all along. I think it's a good start.
- I hear "that" the community worker is "making" more money to fund for people who have the need to ask and receive the help they need.
- For my first meeting, this was a very serious meeting. I heard a lot of concerns about educating the community and the learning process.

2) What do you like?

- Innovative learning opportunities to prevent hospitalization
- That the underserved is being addressed
- All the different services
- A deliberate drive to develop a common mind/approach to wellness, and focus on prevention.
- Respite, early intervention, more funding, and incorporation of community-based organizations. Addressing individuals with co-occurring disorders. Increased outreach.
- The inclusion/focus of individuals that tend to have higher recidivism rates at DBHC.
- Outreach and increase alternative/respite care and learn what might make a difference.
- Potential access to AOD screening and referral. Post DBHC discharge case management and medication management.

- Additional education for staff to help individuals with co-occurring disorders.
- There's opportunity to meet older adult needs that we have identified, and cannot meet
- I like how open minded and creative people are, the collaborators, ability to help consumers. Identify barriers by the actual patient report.
- I like all of the discussion. It was clear and I was able to understand.
- That there's ongoing help and that we could make the system a successful and perfect program for people that are handicapped and more money for the blind and in need. This type of meeting is "helping" and giving us motivation to say keep on growing.
- Love seeing "Transformation" project as one of the prospective Innovation projects.
- I like the collaboration of Mental Health Services Act. Innovation. The information about where money and funding was interesting to learn about.

3) What questions or concerns do you have?

- How do we monitor results
- How do individuals get services when they don't know where to go when they get out of hospital?
- They were very good topics
- No significant concerns
- Increase staff training around pre-contemplation stage. Increase motivation.
- Current Warm Line's ability/effectiveness to take calls. Are callers better off?
- Will alternative respite services include respite care for family members?
- Can MHSA fund some AOD screening/services? With medical expansion and thus more people with coverage, is there any expansion of access to such at BHRS? Can we partner with ACSW training and Short Doyle Billing?
- Project (Alternative Respite) seems to be targeted to a specific "population", not necessarily senior citizens - however, older adults have unmet needs that we cannot serve through PEI services.
- Discharge planning for patients at DBHC to ensure link with providers for counseling, make actual appointments in advance, follow up with a case manager at discharge to call and follow up with patients that are discharged to see if they followed up with appointment, to see if they need other resources or need a volunteer mentor to help them navigate care. Grass roots as well as agency support.
- I don't have any at this time, absorbing and taking it all in.
- I have "concern" of the "information" that was given and the project so called How is it going to keep growing? Also, how are bilingual people going to get help?
- Concern that Transformation Project would be fully funded by Innovations. Seems partial funding would be more appropriate.
- Today's my first Behavioral Health and Recovery stakeholders meeting. As a youth advisor, I've absorbed a lot of vital information. My question is or my interest is in Innovation #2 project "Arts for Freedom". What were the past projects and what are future projects?