

Memorandum

TO: Participants in the September 21, 2010 Representative Stakeholder meeting
FROM: John
DATE: September 24, 2010
RE: **Summary of learning edges as potential foci for next Innovations projects**

During Tuesday's stakeholder meeting, we engaged in an exploration about learning edges that could focus the next round of Innovation projects. The question we asked was: If you *knew* you could successfully answer a question in the next year or two, what question would you choose to focus an Innovation project?

Six small groups first explored this question, and then we engaged in a large group dialogue. What follows is a summary of the data that emerged from this process. I have grouped similar questions where possible, and made some editing and framing suggestions. The Senior Leadership Team will work with this data to focus the RFP that will guide the development of the next round of Innovation projects.

Thanks to all for your engagement in this process. I look forward to seeing what project proposals emerge in this next round!

Questions that emerged through the group process

1. Issue: Connecting to communities of support
 - How can people providing services help people in treatment (including seniors, TAY, and other age groups) connect with natural communities of support from their interests, passions, and strengths instead of their illness? Does making these connections to natural communities of support decrease the length of time and intensity of the treatment?
2. Issue: Engaging caregivers
 - How can people providing services engage the caregivers of people in treatment (children and others) in their loved-ones recovery? Does such engagement improve the experience of recovery and decrease the length of time and intensity of the required treatment?
 - How do we get information to caregivers and community members about normal behavior and development so they recognize mental health issues and seek the needed support?
3. Issue: Support systems for people in treatment
 - Does helping individuals identify and engage a support system at the onset of their treatment (similar to the Family Decision-Making model used in the Child Welfare system) decrease the length of time and intensity of the required treatment (including hospitalization)?
4. Issue: Resiliency of young children in underserved areas
 - Does strengthening developmental assets at an early age (ages 2 and up) help children in underserved areas improve their ability to thrive in stressful life circumstances, including improving their social and emotional well-being?

5. Issue: Creating more holistic approaches to well-being
 - What strategies help develop better cooperation between non-traditional healers and clinicians and medical professionals? Does such cooperation strengthen the recovery of people in treatment?
 - Can we create opportunities for communities who more naturally integrate holistic healing approaches for people with mental health issues to share with and learn from each other? Do such learning opportunities result in improved practices among the participating communities?
 - How can we develop more holistic strategies that address the multiple factors that can contribute to the emergence of mental distress and illness, including but not limited to brain chemistry and other physiological factors?
 - Do emotional health service animals support the recovery and well-being of people receiving behavioral health services?
6. Issue: TAY transitioning from CSOC to ASOC
 - What would a more structured support system for individuals transitioning from CSOC to ASOC look like? Would such a system allow them to be more successful in their recovery?
7. Issue: Improving the support system for people in recovery
 - Can individuals struggling in recovery benefit from 1:1 coaching from individuals who are thriving in recovery?
8. Issue: Treatment options for people struggling with both substance abuse and mental illness
 - Can adopting a “harm reduction” treatment strategy for substance abuse issues help improve the overall effectiveness of treatment for people with mental illness and substance abuse?
 - **Note:** This is a slight modification from the question framed by Table #3. The reason is that MHSA funds can be used to support people with co-occurring issues, but not people with only substance abuse issues.
9. Issue: Improving treatment and support for children struggling with mental illness
 - How do we get information to caregivers and community members about normal behavior and development so they recognize mental health issues and seek the support they need?
10. Issue: Improving treatment and support for people with repeated hospitalizations
 - What treatments and supports can demonstrably improve the resilience and well-being of people who suffer repeated hospitalizations?

Original examples provided at the beginning of the group exploration

1. Physical and behavioral health
 - How do we better integrate physical and behavioral health services and supports in ways that honor the connections—and differences—between these areas of well-being?
2. Flow and support for particular populations
 - Older adults: How do we develop the relationships and connections with communities to enable older adults in treatment to more quickly connect with natural support communities? Does connecting older adults with these natural support communities decrease the length of time and intensity of the required services?
 - People in co-occurring treatment: How do we develop the relationships and connections with communities to enable people in co-occurring treatment to more quickly connect with natural

support communities? Does connecting people in co-occurring treatment with these natural support communities decrease the length of time and intensity of the required services?

- People who live outside of Modesto: How do we develop the relationships and connections with communities to enable people who cannot access limited treatment services in Modesto connect with potential supports closer to where they live? Does connecting people with these non-treatment supports communities decrease the length of time and intensity of the required services?
3. Recruiting diverse behavioral health practitioners
 - What strategies help increase the expressed interest of people from under-served communities—e.g., under-served ethnic and cultural communities, the LGBTQ community, and others—to become behavioral health practitioners?
 4. Increasing a commitment to resiliency
 - What new strategies effectively engage and strengthen the resilience of children experiencing stressful life circumstances?
 5. Focus on wellness and well-being
 - How can behavioral health practitioners effectively integrate—or connect to—appropriate and more traditional healing activities—e.g., community-based ethnic and cultural supports; Native American healing services; others—to support the recovery and wellbeing of people receiving behavioral health services?