# Requests

- ❏ Videos on, please ❤️
- ❏ We'll use breakout rooms, google slides, chat and slido (for questions, insights, reflections)
- ❏ We welcome hand signals and/or Zoom Reactions
- ❏ Be patient with each other and tech
- ❏ Be mindful of taking and making space; we have different levels of privilege and authority
- ❏ All of us are smarter than any of us
- ❏ Choose to be present
- ❏ Be in service to the group and our shared work
- ❏ Expect incompletion

# Review the questions we are exploring

- ❏ How can we provide our services and strengthen our treatment capabilities **for individuals living with SMI**?
- ❏ Access:
    - ❏ How do we improve access?
    - ❏ Who are our priority populations that we should focus on that may or may not have access to services for treatments?
    - ❏ Where should we provide access to services?
    - ❏ When should we provide access?
- ❏ How do we best support clients and families through treatment?
- ❏ Who are our partners that are able to provide treatment?
- ❏ How do we start to intervene early in our system of care?

# Focus and Frame

## Focus of our work

MHSA Funding/Population

Process - **HOW** we can best support individuals and families living with SMI

Access

Priority populations - improve support to individuals living with SMI

Partnerships

Board of Supervisors funding priorities (those under conservatorship and homeless living with SMI)

## What's in frame

Core Treatment Model

Overall BHRS Budget

COVID-19

Emerging Innovations

# Design & Systems Thinking Characteristics

|  | Design Thinking | Systems Thinking |
|---|---|---|
| **Perspective** | "Ground View" | "Sky View" |
| **Works from…** | Heart, Right Brain, Hands | Head/Left Brain |
| **Primary Approach** | Synthesis/Dialogic meaning making | Analysis/Diagnostic meaning making |
| **Perspective** | Looks back at the system | Looks across the system |
| **Primary Mode** | Working from the ground-level view of human experience (looking back at the system) | Working from a sky-level view of the whole system and the dynamics among the parts |
| **Data Sources** | People most impacted/Context Experts | System Leaders/Content Experts |
| **Data** | Quotes, stories, points of pain, points of satisfaction, experiential | Relationships among actors, recurring patterns, virtuous and vicious cycles |
| **Methods** | Empathy interviews, Immersion, Journey Maps, Experience Data, Experience Shifts | Leader interviews, System Maps, Diverse Views |
| **Evaluation** | Changed human experience | Well-functioning system |

A Limited View

"As far as we can tell, the system went down because someone stepped on a crack in the sidewalk."

# Lessons from the field

## The Interviews

# Feedback Collected

| Type of interview | Total number (estimated and growing) |
|---|---|
| Consumers/people with lived experience | 15 |
| System Leaders - In community | 30 |
| System Leaders - Community supports/service providers | 17 |
| System Leaders - Behavioral health providers | 15 |

# Understanding our landscape - Key insights & themes

- ❏ Program by program approach is not having the effect we want - a centralized, more coordinated and integrated way of serving those living with SMI is wanting
    - ❏ *"We can't just program our way out of this. We have to create a movement."*
    - ❏ *"...exploring where law enforcement and mental health intersect. We need to evaluate the connection between our mental health system and law enforcement."*

- ❏ Mental Health Supports for those living with SMI are not yet effectively anchored and integrated into community
    - ❏ *"Families largely still need to go to larger institutions for help and resources right now, it would be beneficial to take what is already there - like their churches, Family Resource centers (not just a hub for resources, but for services as well), schools, and local groups - the places that are already do trusted, and empower them to do the work."*

# Understanding our landscape - Key insights & themes

- ❏ Access and awareness of services for those living with SMI is an issue
  - ❏ The stigma surrounding mental health is still a real barrier
  - ❏ unclear/confusing for consumer and service providers alike
  - ❏ Too slow to respond

"We're not sure who belongs to what part of the alphabet, i.e., CSA, BHRS, HSA, and etc..., we need to know who everyone is that can help."

*"More services doesn't seem to be the answer.  Getting people to access them in the 1st place, that's the issue."*

*One of the leaders shared a personal experience in navigating through the mental health system as an educated person, middle class, educator leader for one's child was difficult. The leader gave up multiple times and almost had a dead child, but eventually got linked. The leader can only imagine the frustrations for many of those families who have other barriers and are fearful...*

# Understanding our landscape - Key insights & themes

❏ Funding for services for those living with SMI are too rigid and inflexible
  ❏ *"There may be great organizations out there, able to contract and do the work alongside BHRS, but have difficulty achieving this when the system designed to help them achieve this is too restrictive and too complex."*

❏ Services are not yet culturally responsive enough (language, culture, religion, and more)
  ❏ *"my mother almost died because I wasn't heard."*
  ❏ *The LGBTQ+ population largely does not feel well served or understood because of the lack of understanding about gender identity/sexual orientation*

❏ The strength of our relationships with each other (service providers) matters

❏ Emerging Priority Populations living with SMI: Marginalized groups (LGBTQ+, Latinx, and others), Men, Youth, Substance Abuse/addiction, homeless

# Understanding our landscape - Key insights & themes
*What a more effective System would require*

- ❏ More alignment on
    - ❏ The need and effective interventions
    - ❏ The outcomes - is anyone better off?
- ❏ Stronger relationships throughout the system
- ❏ Relational and innovative Leadership from BHRS and beyond
- ❏ Increased and ongoing investment in capacity building in service to the outcomes we want for the MHSA target populations
    - ❏ Tools and resources
    - ❏ Leadership
- ❏ Flexibility in how the work gets done and how it's funded

# Silent Reflection

Take a couple minutes to reflect on what you heard and your own knowledge/experience:

*What stands out?*

*What would you add or change?*

# Breakout Room Group 1

| What stood out to you?  Did anything surprise you? | What would you add or change? |
| --- | --- |
|  |  |

## Your feedback

❏    We're going to Slido!


Visit: slido.com

Room Code: mhsa

# Next steps

- ❏ Collecting more data
    - ❏ Additional Insights
    - ❏ Interviews continue
- ❏ Share the insights document
- ❏ Continue to refine and synthesize feedback
- ❏ Innovation Information Sessions
- ❏ Develop recommendations