



Transforming Mental Health Services

MENTAL HEALTH SERVICES ACT Adult Workgroup Meeting Summary

DATE: September 29th, 2005
TIME: 5:00 p.m. – 7:00 p.m.
LOCATION: Lodi Public Library -- Lodi

Attendance

Twenty-three (23) people were in attendance: consumer (2); family member of consumer (9); community member (2); public agency (4); other (2); non-profit (2); undesignated (2).

I. Identifying Needs

- Housing that's safe, affordable, appropriate, drug free
 - Supervised independent living with social and occupational services
- Vocational training and job employment – sheltered workshops
 - “Community Skill Building” program works
- 24x7 Mobile Crisis and Evaluation Team for persons not able to get around
- Outreach and support to Board and Care homes
- Respite and counseling support for care givers
- In-home support services for consumers that don't qualify for benefits without a physical disability
- Longer-term (> 3 months) transitional housing – “Bright House”
- Babysitting/childcare during appointments
- Transportation
- Integrated services that are located near each other – “one-stop shopping”
 - Mental health
 - Physical health
 - Counseling
 - Vocational training
 - Substance abuse services
 - Childcare
- Continuity of care following transitional care
- Integration of training for staff for dual-diagnosed consumers (substance abuse/MH)
- Increased staff to offer scheduled consistent group services
- 24x7 non-crisis drop-in services – “Warm Line”
- 24x7 availability of Psychiatric services on site
- Outreach to physically disabled/dual-diagnosed
- Public education on mental illness to attack stigma
 - Use advertising to show the “face of mental illness” – publicly recognized person
 - Share consumer success stories

- Integration of MH services into schools
- Things for people to do; other services like those available in Stockton made available in rural areas too
- Increased coordination/collaboration between law enforcement, social services, and MHS
- Improve standard of living at Board and Care homes
 - Increase funding to B&C operators
- In-patient Psychiatrist same doctor as the out-patient Psychiatrist; need for same Dr to follow patient through treatment
- Culturally sensitive/bi-lingual staff that is culturally competent

II. Revealing High Need Populations and Services

- Veterans
- Ethnic/cultural minorities
- Homeless
- Elderly
- Unemployed consumers
- Latinos
- African-Americans
- Southeast Asians
- Filipinos
- Native Americans
- Underserved gender groups
- Underserved people in Board and Care homes
- Homebound

Barriers

- Lack of integrated mental health team that includes law enforcement
- Stigma
- Lack of education of banks/lending institutions to counter financial abuse of elderly clients
- General lack of public understanding of elder abuse
- Lack of information to perspective employers; MH consumer liaison to advocate and assist with employment
 - Incentives to hire/train consumers
- Transportation – lacking general access when needed
- Language, including deaf/blind
- Illiteracy
- Transportation
- Lack of funding; consumer's quota for services used up
- Not enough case managers

What Services Have Worked

- Wrap-around community based intervention services – CBIS
- Day reporting
- Forensic program for other populations
- Latino Mental Health

- Holiday suicide prevention coping group
- BACOP
- Community Skills Building
- Day Treatment (all ages)
- MET (mobile evaluation team for all ages)
- Some good case managers
- More case managers and lower case loads
- HEART (homeless engagement and response team)
- Older adult day treatment
- Holiday suicide prevention services – “coping with the holidays workshop”