

CFLC Workgroup: Explore Outreach to Clients not Achieving Recovery

Summary of Discussion Topics – Following is a summary of the initial brainstorming session from the April 15, 2014 Workgroup meeting regarding types of clients to focus upon in exploring groups of individuals with serious mental illness not moving toward recovery.

The June 17, 2014 meeting of the Workgroup will review the summary to further refine the tasks and focus of the Workgroup.

1. Need Mission statement

- A. What is the expected product from this Workgroup?
- B. What is the role of this workgroup in supporting successful strategies that promote recovery?

2. Identify populations Workgroup suggests for focus

- A. Homeless Population (many variations on type of homeless – some currently not in service, living under bridges, others may be in FSPs or other, children and youth who may become homeless)
- B. Persons in Board and Care Homes including those placed out of county
- C. Crisis Residential
- D. LGBTQ (TAY)
- E. Parental conservatorship where the family member makes decisions for the individual, including TAY, or beyond TAY age
- F. Persons with severe mental illness

3. Current Barriers to Effective Services

- A. Importance of Outreach and Engagement
- B. Persons not acknowledging their illness
- C. Outreach ambassadors are not available in counties to facilitate relationships to help connect individuals in communities
- D. Development of mentors are needed to help those not as advanced in their recovery
- E. Prescribed medication not always being the correct prescription for the individual and the risk of potential side effects
- F. Insurance company access
- G. The need for an advocate to help navigate through the system
- H. Use of inappropriate identifiers for groups to be served that are disempowering labels and not respectful
- I. Need for better integration of services so access to services is not only in crisis situations
- J. Law enforcement should not have the same role of a provider because their job is not responsible for an individuals recovery
- K. Peer employees are not always supported in crisis residential programs

- L. Stigma may exist among law enforcement regarding mental health disorders
- M. There should be consideration given towards a persons belief systems, spirituality, and paradigms of understanding, that need to work specific to the individual to be effective
- N. Persons with mental illness may not always be convinced they have a mental illness and become disengaged
- O. The impact of Laura's Law – some see as positive -- others see as negative
- P. Economic impact and realignment of MHSA funds
- Q. Number of persons with mental illness that need services may be greater than the county's capacity to deliver services

4. What is working – what type of services are known to be effective

- A. Need to consider what they're doing in L.A. County and The Village
- B. Look at Outreach and Engagement efforts and best practice outcomes because some counties have different resources to access than others
- C. The AB 3777 and AB 2034 are identified as effective models in design of the MHSA
- D. NAMI has some good peer-to-peer programs
- E. Prevention and early intervention such as the Norway model that provides education and teachings about schizophrenia symptoms so it's broadly understood
- F. Provide education in schools of what recovery is so it is understood so seeking help to prevent homelessness or living under bridges is a feasible option
- G. Evaluation approaches and research methods
- H. Feedback from Community Forums is useful information of positive outcomes being identified
- I. Peer to peer coordination helps support recovery, such as TAY working with TAY
- J. Empowering idea to consider persons in recovery and the benefit of including them in the partnership of community engagement and the recovery process

5. Next Steps

- A. How do we identify who is moving toward recovery? Look at metric systems currently used to measure individual recovery or recommended levels of care such as the Milestones of Recovery Scale (MORS) or the Level of Care Utilization System (LOCUS) and additional models that are available that have become identified.
- B. Look at counties using these metrics and for what populations
- C. Identify population categories to be considered for focus by the Workgroup
- D. Consider best practices and data outcomes