Goals Suggested by Members of the Explore Outreach to Clients not Achieving Recovery Workgroup for the Workgroup's Focus

At the Workgroup meeting on June 17, 2014, members were asked to submit recommendations for goals for the Workgroup to focus on. Below is a list which has been compiled of the ideas that were submitted. These are not in any specific order.

1. PEER-TO-PEER CERTIFICATION

This is a very big topic requiring a vast amount of knowledge. On the 17th we received a lot of valuable information. Now that we have had a chance to digest all of this, I think our next priority would be to develop a MISSION STATEMENT – After the Mission Statement, we need to consider a GOVERNING BOARD for this process; perhaps we should call in others to support this effort and give it some credence. Perhaps, NAMI, SAMHSA and WWT can partner together to form a State Governing Board. Additionally, as I pondered through this, perhaps the Peer-to-Peer certification course should be of short duration; I am thinking of a 4-week course with the following minimum requirements for participation:

- Axis I Diagnosis;
- Psychotropic Medications, current or previous;
- Previous Hospitalization;
- Prior participation in a Cognitive Behavior Therapy Program, may be two for variety;
- Current participation in a Cognitive Behavior Therapy Program, for monitoring purposes;
- Peer-to-Peer should only work with someone with their same diagnosis;
- Minimum of 3-years with illness should be the basic requirement.

We can build a short-course program around these minimum requirements

2. COMMUNITY FORUMS THAT HAVE SPEAKERS

I am thinking of two additional types of forums in addition to the current format style, i.e. break-out sessions, and small group information meetings;

- Lecture series where we invite prominent "thought-leaders" to present cutting-edge research papers. Topics would be geared toward a specific

audience. Please take a look at www.rand.org. I have attached a sample speaker that they are currently advertising.

- Community forums unique to a specific foreign language, probably held at a faith-based center.

3. SMI'S WHO ARE NOT RECEIVING TREATMENT

- Perhaps we can establish a "kiosk" at local county mental health hospitals for clients and families to use. These kiosks could provide MHSA information and services in a variety of formats that can be accessed on an "as needed" basis. A feed could also be provided to include live person access to "211" services.

- When people are collecting public assistance there is generally a period of time where the "participant" is required to "time out". Perhaps, we could "find" SMIs needing our help, support and direction there.

4. FAMILY EDUCATION

This topic always comes up when the consumer/client has their "first break". The family does not know what to do, or how to care for their family member. As part of this community education series, we need to include the IEP process pertaining to the public and private school systems, the criminal justice system, medication management, and hospitalization.

5. INSTITUTE FOR MENTAL DISEASE (IMD) BEDS

I have one more discussion item that may not be for our review today, but certainly needs consideration and that is the quandary that is facing county mental health governments around the State…we do not have enough beds…families are looking for an "IMD" bed for their adult population….and it does not exist. What are we (as a society) planning to do about this? It is a financial matter and our federal government need to consider its options for a NEW classification. Because of the narrow window for today's topics, I have not included an editorial on this matter, and I do not know Senator Steinberg's position on this topic, please advise.

6. To determine the number of SMI's housed in IMD's, Board and Cares, Group Homes and other facilities located in or away from the County

where they receive services and who are not involved in County activities.

7. Ways to ensure that folks housed in facilities out of the County treatment area are receiving services that will connect them once they are returned to the County services.

8. To identify the barriers to SMI's having quality, affordable housing.

9. Ways to use the Olmstead Act to help provide housing.

10. Develop a survey for persons with SMI to complete – whether they are receiving services within the County or outside the County. Survey to question what kind of services do they want – should include examples and explanations of what could be available. i.e., wellness centers, groups, transportation etc.

11. Develop a mentor program either for individuals or groups – to assist them in getting involved and feel of inclusiveness.

12. Programs such as Outreach Ambassadors – folks from the County travel to the IMD's/ Board and Cares and connect with those from their County who will be returning home. Help them to know what groups, activities are available for them and set up a way of knowing when they will be discharged home and be available for them on their return to the County.

13. Identify ways to involve Consumers/ Family Members/Caregivers in the programs and activities that will be developed for the SMI population.

14. Always encourage the concept of recovery to every single person in the mental health system. A degree of recovery is possible for each of them.

15. Los Angeles County in 1999 or 2000 had a program that was called the " Supplemental Rate Program". The program provided extra revenue to licensed Board & Care's to provide recreational activities for consumers who resided in their facilities. The activities could be games, art groups, sewing groups etc., the program also provided money for the consumes to go on outings to museums, art galleries, music festivals and theme parks. This program and these dollars were only available in Los Angeles County. I feel the program enriched these consumers lives and allowed

them to have experiences that they otherwise would not have had. The revenue was discontinued due to budget concerns.

16. I would like for the workgroup to investigate how we might be able to create a program like the “Supplemental Rate Program” in other counties and find a revenue source to support the program.

17. It has recently come to my attention that many staff members of the DMH contracted providers are unaware of how their programs are paid for. Many of the staff remember prop 63 but are not aware that there is a connection to MHSA. I would like to see the workgroup focus their attention to how we might better market MHSA in our counties.

18. We are so fortunate to have so many consumers advocating their “Recovery” and participating at a county and state level for increased and improved services. I would like to see the workgroup explore avenues to convince the consumer movement to now begin advocating for the SMI who are unable or unwilling to speak for themselves.