

**September 9, 2014**

**Group #4 (Pam): Focus on Adult Services**

**1. In looking at the key need and gap areas that have been identified so far, are there any, from your perspective, that are missing? If so, what are they?**

- Need mild to moderate services
- Gaps in leaving BHC without support into community (“revolving door”); aftercare, risk of homelessness, crisis services
- MHCAN physical plant issues
- More availability , longer service hours at peer drop in service
- More peer run services
- Need more services to address suicidal ideation; oversight
- More access to one to one treatment
- Lack of availability of affordable housing
- Detox needs; long wait. Readily available sobering and detox service.
- Turned down for mental health services due to active substance use (co-occurring)
- Dual diagnoses SLE (Sober Living Environment). Stigma; community education, elevate substance abuse system; Needs SLEs for individuals with psychiatric disabilities
- More therapies toward healing alternative (e.g. music, art, best practice models, equine therapy, EMDR)
- PTSD in general; veteran specific, peer vet to vet
- Shared info about resources beyond 8 to 5
- Services on weekends and extended hours
- Review Board and Care rules
- Accountability via data of programs
- Need service providers to be trained in trauma informed care
- Law enforcement- CIT
- More senior care
- Locked care oversight
- More peer-run services across the spectrum
- Transportation
- Web-based resource guide
- All 1<sup>st</sup> responders CIT training
- Jail: co-occurring treatment in custody
- Jail discharge aftercare plan with medications, housing, etc.
- Community education about services and medications covered by Medi-Cal
- Medications don’t follow the person; left at facility; can’t access.
- Access to services without local insurance
- Shared record system for whole person care

- Family integrated into care
- In home care, laundry, shower

**2. Which need or gap areas are most important?**

- Gaps in leaving BHC without support into community (“revolving door”); aftercare, risk of homelessness, crisis services
- More peer run services
- Need more services to address suicidal ideation; oversight
- Turned down for mental health services due to active substance use (co-occurring); need to treat co-occurring
- Review Board and Care rules
- Need service providers to be trained in trauma informed care
- Law enforcement- CIT
- More peer-run services across the spectrum

**3. Which need or gap areas should we focus on working on first?**

- Housing
- Peer run services
- Integrated care (mental health, physical health, substance use disorder)
- Crisis housing and services
- Services mild to moderate
- CIT for law enforcement
- Dual diagnoses SLE
- Access to food/clothing
- Extended hours
- Suicide ideation services

**4. Are there specific need or gap areas that may be unique or different for South County.**

- Stigma- education
- Cultural competence
- No walk-in crisis services in South County
- More outreach workers
- Train “natural support” people to provide referrals
- Gang prevention/education
- Peer-run drop in center in South County
- More family based multi-generational.