

# World Café

Sponsored by Eastpointe Human Services &  
Eastpointe CFAC

## **Summary of Suggestions, Proposed Action and Concerns**

**Question: How can the MH/DD/SAS System best serve our Communities?**

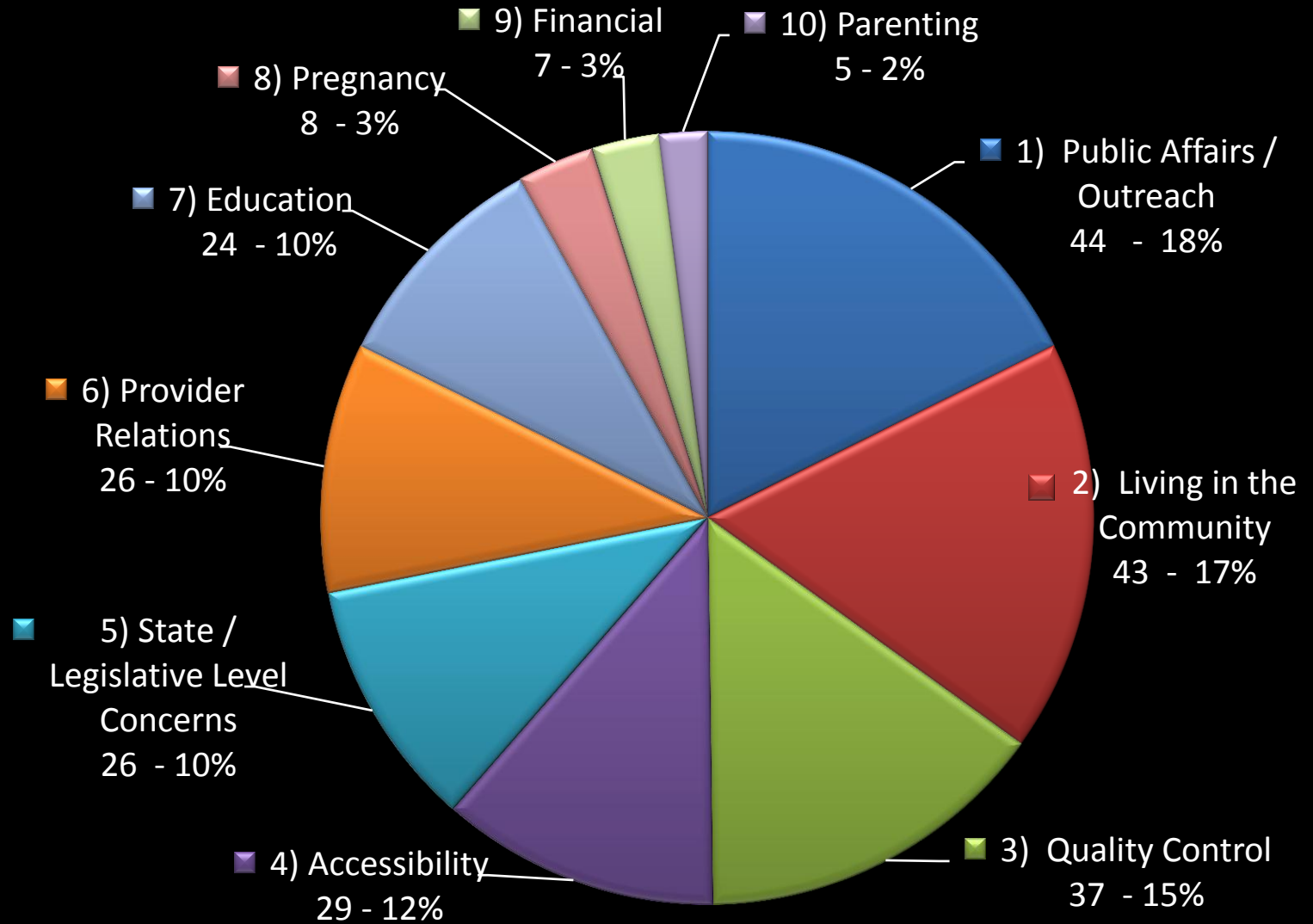
April 7, 2010

\*Denotes a topic listed in 2 categories

Some topics are repeated intentionally to provide a number for charting purposes

# World Café

## Suggestions/Concerns/ Action Needed Chart - 249 Responses



## Accessibility

- Improve access to MH (single portal rep)
- Accessibility- getting individuals to appointments
- Make sure when people call the 1-800 number (Eastpointe) needs to be more responsive and be able to help all folks who call
- Remove as many roadblocks as possible
- Resources need to be available in the communities at times other than 8-5, not only web-based either
- shouldn't have to be in trouble/crisis to get resources-
- Use terminology that can be understood by everyone
- Resource people at the target locations to assist in accessing services out there
- More Spanish speaking clinicians to help consumers in all areas- do data analysis to see where the needs are focused \*
- Access to providers' guidelines/standards \*
- Accessibility
- Linkage to resources
- Access is still very difficult. No single contact person for individuals to go to
- No access to public school system
- Access to services- easier with Medicaid
- How about Access line? Rural area individuals may not have access to a phone. Do we not after all these years have a list of #s and contact people? Someone in the family would know where to go? But others moving out of facilities and newer services now. Now we have to send families to different places for different services. Does not make sense. Why did we change? More choices?

Whole concept was to save money.

Transportation is a big issue. Problem is awareness when they get in trouble and have to get a mental health evaluation.

- Accessibility- getting individuals to appointments
- Transportation for rural areas- BIG PROBLEM\*\*
- Send counselors out into the community- prevents transportation problems
- Crisis Intervention/triage (Mental health) after hours providers available (Public health)
- NO "emergency room" for mental health issues
- Need more available locally so family can play a more supportive role to the consumers
- Challenging issues- so many people do not know where to go, people slipping through the cracks, not knowing what the needs are for Eastpointe \*
- Volunteer services like Meals on Wheels for aging DD population
- DD population with aging parents who struggle caring for them
- Accessibility- getting individuals to appointments
- Remove as many roadblocks as possible
- Linkage to resources
- Have a MH consultant at school/church/Health Department to conduct support group by age range
- Waynesboro Family Clinic already has a program that does children's evaluations, TheraPeds has a program that did evals at the schools, Beulaville area has a place to get evaluations, Goldsboro Peds has offices in other places too

## Living in the Community -- Housing, Employment & Support

- Work on more independent housing
- Not considering housing as individuals age- no placements available
- Affordable housing
- Develop legislation to develop a step down housing option
- Residential options
- More options for independent housing, other than group homes
- Residential placement issues: need more providers
- Housing for aging DD population so they can avoid nursing homes
- Jobs
- Lots more job training and opportunities
- Peer Support
- Peer Support
- Linking
- Natural Supports- family, church, friend, school
- Support Groups started through the hospitals
- Offer opportunities/services after day programs to help keep clients in the community
  
- Training- Support needs (SA)
- Education/support groups at/through doctor's offices, beauty shops, grocery stores, nail salons \*
- Public education
- Support Groups at the schools\*
- Support for parents of disabled children in the school system
- Respite options
- Community Support from family and friends
- Services for the family
  
- MH/DD Support Groups- outpatient, community- then advertise so families know what is out there\*
- Peer to peer volunteers
- Therapeutic Foster Care is increasing
- Partner with Services on Aging/Parks and Rec for social and other programming as they age
- Need to work with churches/civic groups to build support systems
- Lack of "challenger league" for special population\*
- More MH Support Groups- outpatient and community
- Need child Community Support/family
- Have a support group for MH Pregnant population
- Community Support- guardians for DD/training for volunteers who want to be guardians
- Consolidated Advocate Groups
- Advocacy
- Advocacy- Group oversight
- Expand Division Pilot Program on Self Advocacy
- Community Advocacy for military acquired issues (Reserves, National Guard)
- Advocate for Mental Health services with social workers at various entry services
  
- Parenting \*
- Need self advocacy support group for MH, need volunteers to get started, similar to "Conversations Program" in Goldsboro
- Advocacy- ARC, Autism Society, TBI Support Groups
- Training on self advocacy and empowerment\*

## Quality Control

- Mindful of culture
- Appropriately trained personnel
- Continue to improve quality control
- More Spanish speaking clinicians to help consumers in all areas- do data analysis to see where the needs are focused \*
- Better case managers
- Central case management
- Communication across agencies/referrals
- Single portal of entry
- Knowledge of case management process/contacts in all agencies
- Standardization
- Fragmented services across agencies, need coordination
- Mainstream the commitment process to shorten the amount of time- better understand the admission process for state hospitals to better advocate for consumers
- Early recognition and treatment
- Faster computers
- Safety
- Continuity
- Close gaps
- Early Intervention
- Families need a point of contact to help focus where the resources are- does not have to be provider-based
- Access to providers' guidelines/standards \*
- Interagency provider encouragement
- Providers need to "think out of the box for community resources"
- Not enough child psychiatrists to meet needs
- Eliminate hoops to jump through to get services
- A lot of turnover of case managers/social service workers due to changes in Division Definitions \*
- Traumatic Brain Injury- cracks
- Consistency
- LME 1st point of access
- How effective can Intensive in Home services be as it is now? Only working with one individual vs the family
- Maximize independence
- Need Child Psychologist for evaluations of children with behavioral issues (ADHD); most docs available do not do the assessment; program to send the evaluator to the child for assessment
- Do not do to DD what they did to MH
- No ADVP service on Fridays- problematic for working families
- Early intervention- need more involvement in LICC (Local Interagency Coordinating Council) and processes to identify disabilities ASAP and start interventions
- Aging DD population\*
- Transition services for DD as the population ages
- Need more resources for folks who do not have CAP services
- Continue to improve quality control

## Outreach / Public Affairs

- Outreach
- Community awareness
- Educating the community on resources available to law enforcement, public, schools, parents and anyone interested in MH issues
- Hold a "provider fair" in the communities to educate community on services as well as natural supports
- Community Resources- DOT, Legal Aid, United Way, Salvation Army, Homeless Shelters, Community Colleges, Housing
- Have advertisements run over cable networks
- Provider and LME partner trainings
- More training for the public
- Displays for grocery store would need to be out of traffic of front of store
- Challenging issues- so many people do not know where to go, people slipping through the cracks, not knowing what the needs are for Eastpointe (9)
- Make community better informed on who to contact
- Need better public information on how to access services- needs to be ongoing
- Facebook-consumer services
- Look out for neighbors- better sense of community
- Education/support groups at/through doctor's offices, beauty shops, grocery stores, nail salons \*
- Advertisements
- Increase awareness of services and service options in our communities
- Become more "visible"- lots of the public don't know anything about MH/DD/SA
- Help general public to understand services that are available based on their payer source or ability to pay
- Be creative in approach in getting the word out- educate and reeducate!
- Problem solve how to spread the word regarding services
- Educate the media- weekly articles, press releases.....
- Eastpointe's Portal to services- Better communication regarding services and greater responsiveness to needs
- Positive advertisement to welcome those who need or are seeking "HELP"
- A system where information/provider services are known and available
- Letting consumers know what resources are out there
- LME helping with advertising to keep it open to choice of providers
- LME Grant money to help educate the community
- MH/DD Support Groups- outpatient, community- then advertise so families know what is out there\*
- More marketing/advertising on Hispanic clinicians available
- Radio, Television, newspaper, forums reaching out to the faith-based to help explain to others about what is offered
- How you advertise
- Consumer website
- Community Advertising
- What is Eastpointe? Public Service announcements
- Educate the community on what Eastpointe does- lack of awareness; TV spots, billboards, papers, radio
- Funding to pay for a position for communicating with the public- need a position at each LME
- Networking
- Advertisements- LME positions, Public Relations

- Ways to communicate the resources already out there in place and target the audiences that need help: grocery store, doctor's office, hospitals, middle school counselors not just high schools
- More awareness of mobile crisis and crisis centers
- Work to better educate school folks on resources and interventions- make them a partner
- Need to continue with Community Education to help build skills in the community
- More outreach- lack of networking
- Change attitudes about Mental Health- no different than any other health issue

## Education

- Training on self advocacy and empowerment(5)
- Therapeutic Foster Care training
- Ways of educating the targeted population
- Back up the education on teen pregnancy to middle school, try more proactive treatment, targeting younger girls\*\*
- Need to make sure consumers know how to develop crisis plan on Person Centered Plan (PCP)
- Education
- Education/support groups at/through doctor's offices, beauty shops, grocery stores, nail salons
- Public education
- Train law enforcement officers in the school and yearly about MH and how to handle consumers
- Provider-hosted trainings in their specialty
- Increasing CIT training to more officers
- Educate, Educate, Educate: resources, needs in community, changes, need documentation that is better, summary-communication bulletins are too complicated and change often
- Educate resources- church and family
- Parent training on ADHD, Autism, MI diagnosis, Abuse \*
- DARE, Big Brothers/Sisters
- Educated Emergency Services- i.e., Law enforcement
- Education
- Patient educators to network with practitioners to enhance outreach and service availability
- Crisis Intervention training awareness needed for community
- More support for Special Olympics needed from community
- Residential in-home services (education)
- Coordinate with law enforcement for crisis training- NC START
- Educate families about VR transitional services
- Traumatic Brain Injury Education
- Educate folks on how to contact their government representatives\*

## DHHS/Legislative Relationship Issues

- Rules and regulations are imposed on agencies that waste their scarce dollars. Then we have to pay staff less, less benefits, fewer trainings and activities for service recipients. Ex. Cost reporting requirements that each line of service be accompanied by the name or employee id for who provided the service. Worthless requirement but very expensive to do!
- More input from stakeholders before the Division makes the "rules"
- Mandated cost reporting changes required \$100,000 software
- DSS person sit in on client rights meetings
- Agencies- DSS, Public Health, Dept of Aging, TEACCH, VR, CDSA
- A lot of turnover of case managers/social service workers due to changes in Division Definitions (10)
- CABHA- good points, but lack of providers to meet it
- If consumers can receive more than one enhanced service- state level concern that needs to be addressed
- Needs to be a better process for changing process- rules, definitions, too many rules- rule 71, 72, 73- how can we keep track?
- Expand CAP services (state issue), especially for older clients\*
- MH and DSS need to work together better
- How will Health Care Reform impact Mental Health Services?
- Different services- ADAPS, kids get most of the money, stupid expensive things
- Shortage of service providers working with traumatic brain injuries (2 in the state)
- Lack of funding for people with Traumatic Brain Injury
- Dually diagnosed individuals have a gap between O'Berry and where the patient's current needs fall
- Make rules easier to understand and consistent
- Bridge of communication between DSS, MH, LME, School System, etc. so each knows what other does
- Dependence on state funds leaves us vulnerable \*
- Educate folks on how to contact their government representatives\*
- More advocacy to our legislators
- Political Involvement (Politicians)
- Need a lobbying agency to educate politicians
- Better understanding of issues by politicians
- Educate politicians
- Need better communication and more knowledgeable representation in "Raleigh"
- Communicate with legislators- they make the "rules" and hand the \$

## Parenting

- Parents should be more involved in children's therapies and service plan
- Family Supports needed- parenting skills, training \*
- Fund parenting programs
- Parent training on ADHD, Autism, MI diagnosis, Abuse\*
- Increase parental participation in treatment

## Pregnancy Needs

- Health Department sees depression and the pregnant woman has "pink Medicaid" which expires 2 months after child birth, and provides no MH- have to use IPRS; particularly ages 12-45 pregnant women who need a place to be treated and do not have "blue Medicaid"\*
- Have certain agencies that are funded with IPRS money to automatically provide treatment for depression in pregnant women, offer group sessions for certain age groups; for example: Group therapy ages 16-20 or Group therapy ages 21-26
- F/Up agency that is funded to send newsletter monthly for 1 to 2 years to new mothers, telling them how they should be recovering, where they should be in recovery, bench marks, feelings, how to call for assistance if not doing well
- Use IPRS funding to beef up the programs in the community centers who already provide these services- Planned Parenthood, Teen Pregnancy Center, Hospitals, in order to reach out to the overflow of depression from the Health Department
- One agency that can treat women's depression before and after childbirth- add a program to the health department
- Use MH funding to continue temporary therapy at least 6 months after childbirth  
Back up the education on teen pregnancy to middle school, try more proactive treatment, targeting younger girls
- Back up the education on teen pregnancy to middle school, try more proactive treatment, targeting younger girls

## **Provider Relations, Medical & Hospital Concerns**

- Medical care
- Medication Management
- Better funding for physician training so they don't have financial pressure to push through the dr. office
- Hospitals- referrals, linking services
- Physicians often take "wait and see if they grow out of it" approach
- Reform at Cherry Hospital/state hospitals
- Better food at Cherry Hospital
- More home health services for DD pop- all money going to the kids
  
- Substance Abuse Programs
- Avoid Hospitalizations and ED visits
- Provider networking is important- refrain from competing
  
- Establish local (Eastpointe) Provider's Council- would increase collaboration
  
- LME work to help providers work better together to transfer information- needs training by LME
  
- Providers- better communication regarding roles, responsibilities
  
- Need more providers/options for clients with mental illness
  
- Substance Abuse providers
  
- Get providers to provide "group" services rather than "individual" services

## **Financial**

- More funding for the DD populations
- When not getting approved for federal or state funds-what to do next?
  
- FUNDING
- FUNDING
- FUNDING
- FUNDING
- Eliminate 200% poverty level
- Eliminate 200% poverty level
  
- Funding and training for Adult Day Programs for DD population
  
- Dependence on state funds leaves us vulnerable \*