

MHSA Stakeholders 10/15

Tuesday, October 15, 2019 9:52 AM

MHSA Stakeholder Survey

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MHSA 3-year Planning

- Plans are developed by the stakeholders, not by county staff or Board of Supervisors, they are created by consumers, families and organizations.
- A stakeholder is someone who uses services or provides services.
- Stakeholder Survey
 - WRAP Level 1 & 2
 - NAMI meeting
 - STAR Team
 - CRRC
 - The CARE Center
- Are you homeless?
 - List types of homelessness
- Meeting the needs of consumers with serious mental illness
- Achieving the following goals? Wellness, recovery and resilience
- Over the past five years what has been the most helpful changes in Shasta County's mental health services?
- Groups not being addressed...
 - Veterans
 - People who have been hospitalized for mental illness
- Geographic area...
 - Happy Valley
- Barriers to services...
 - Bureaucratic obstacles or political obstacle
 - Not clear ways to navigate systems
 - Need a clear road map
 - Being too high functioning - knowing which system you fit in
- WRAP facilitators are being trained, but only allowed to train within their agency. Missing out on facilitators
- How could mental health providers better meet the needs of consumers
- List any suggestions for programs or services that would enhance consumers' wellness and recovery
- Anything that's missing?
 - What is working well
 - What can we do to combat loneliness and isolation that can lead to suicide
 - Inter-generational access to community
 - Kids who have lost parents and grandparents raising them
 - Professionalism before personalities
 - Rebuilding connections between consumers and families; families need hope; have healing in their relationships; how to receive help from families and how they can contribute to their wellness. Supports for people supporting those with mental illness; more support groups for families; more concrete tools (Malibu Promises) like EMDR and CBT; trauma related to someone who has a diagnosis in the family. Support for families written into wellness plans. Senior communities (PSA2) have caregiver support centers - could be used as a model. WRAP for family members
 - Training for APS and more social workers
- If our dreams could come true...
 - WRAP based peer resource center
 - There's one in Washington DC
 - Supports every other form of treatment
 - Can reduce the level and severity of crisis
 - Discharge planning that is more effective; prescribing things like WRAP
 - MCOT needs psychiatric services
 - More outreach to the homeless population
 - Center with crisis on one floor ("diversion first" philosophy), WRAP and peer support on another, Mental Health clinic on the other.
 - Nutrition/physical activity
 - Respite care for families
 - Referrals from care takers in general and they should be connected to community groups
 - Help with expunging records. A place where accountability can be taken and a diversion first approach; LSNC has the ability to give the classes through the center
 - Transportation component`