PRIORITIES COMMUNITY INTEGRATION/SERVICE REFORM WORKGROUP

Challenge! Large Group: In the area of Community Integration/Service Reform, what would be important for the Division to focus on? What should our goals be?

> ***Note:** numbers that follow each item reflect the last group exercise, in which individuals placed stickers on areas that they thought should be priority areas of focus for the Division Plan. Wording preserves the language of participant work sheets.*

Develop Mentorship/Peer – 7
Community Integration: welcoming, holistic environments for consumers and families. – 6
Eligibility/access/entry: look for the barriers.
Use SBIRT in screening – 3
Consolidate communication from Division through county through system – 14
Safety: develop a universal oversight of safety throughout the system, protective measures, violence reduction - 3
End stigma - 4
End waiting lists -5
Address consumer legal and financial issues – 3
Consumer responsibility
Enhance family and peer involvement in site reviews – 3
Take Boarding Homes out of Supportive Housing – 3
Address loneliness
Access to care and seamless transition - 3
Increase communication and Data sharing – 8
Map out stakeholders
Transportation – 3
Increase education: orientation, continuity of care, readiness – 3
Bring in partnerships: faith based and community – 4
Common Language: 4
Cross Training – 5
Centralized prescription privileges – 3
No Wrong Door – 2
True co-occurring services – 5
Homeless SA services – 3
ICD/creative use of technologies – 3
Training SSI and SA and disability issues – 4
Join with other systems, including community and faith based – 4
Define, refine and operationalize licensure process – 8
Develop respite care.
Realistic goal setting – be clear to the system – 15
Maintain a continuum throughout the entire system – 7
Braided funding
Perform a needs assessment – 6
Eliminate silos in all cultures throughout the system -8
Centralize all admissions
License co-occurring programs, unify billing in preparation for managed BH system – 17
Look at other addictions, not just SA – 6

Centralize the data system to link throughout the system, get everyone on the same page for billing, admission criteria -8
Blended contract monitoring – 5
Follow through
Clarification of credentials for staff – 8
Assist with immigration issues – 2
Redesign services for homeless, incarcerated and vets
Have a clear understanding that community integration is a process, mentor peers and develop program to help with isolation
Clarification of credentials for agencies – 3
Making sure everybody is on the same page – 8
Rate setting: urban, rural, MH, SA: uniformity – 20
Doctors are available and trained – 4
Money follows consumers – 6
Stigma issues – 4
Supportive Education and Employment – 4
Financial – all aspects – 6
Expand prevention – 26
    MH and SA
    Medical
    HIV, AIDS
    Metabolic syndrome
Parity planning for the future – 4
Coordination between agencies, system, other Departments – 13
Address overmedication issues - 3
Define how to deliver in all Domains of Wellness – 6
Address language differences and change– 3
Share accurate clinical pictures – 3
Examine states with medical marijuana laws to clarify policies, impact and issues
Examine mechanism for financial resources on discharge – 5
Use NAMI education resources – Expand on things already in the system (develop a system training package) – 1
The continuum of illness, the continuum of need should match the continuum of care – 4
Use Advance Directives – 3
Develop guidelines for consumers on how to use the system
Holistic approach to treatment of families – 12
Train police – 3
Ask, hear and gain personal perspectives on what consumers want and USE it – 13
Early prevention, intervention; teen population – 8
Involve consumers in planning, program development and evaluation of outcomes – 7
Look more at prevention and education - 4
Educate doctors to listen to clients – 4
Tobacco -4