

Health/Mental Health Group Recommendations

Group Facilitators: Pat Tribbe, President, Hamilton County Mental Health and Recovery Services Board; Diana McIntosh, Vice President, Hamilton County Mental Health and Recovery Services Board; Tim Ingram, Commissioner, Hamilton County Public Health

1. Establish Coalition with Health, MH, MR/DD families/stakeholders, JFS, 211 with mapping what is and what needs to be: analysis of gaps and resources
2. Clearinghouse for all basic needs, non-discrimination-i.e. criminal record
 - a. Working with 211 to increase and specificity, identify gaps and education campaign in community, increase coordination
 - b. Work with social policy and justice system
3. Coalition to look at efficiencies, duplications and solutions in CS and FS arena and explore potential consolidations, alliances, centralization

Needs/gaps identified by mental health/health group

1. Is there a way to blend public health (prevention) and mental health (treatment)?
Schools having difficulty keeping prevention programs.

Number of asterisks by each item indicates how often it was selected by group members as being critical.

- b. Is there duplication in public health resulting in less resources (*****)
 - c. Approach from social justice issue-currently do not consider
2. Need programs blending mental health and physical needs (*****)
3. Need to educate more about mental health prevention (use media)
4. Need to collaborate (**)
5. Need to address person's basic needs; need to address barriers to people getting housing (*****)
6. Need in home services such as behavioral (*****)
7. More school nurses (****)
8. More transitional support services for 18-23 year olds (**)
9. Trained staff work force, especially therapists (*)
10. Target early childhood prevention
11. Need to increase strength based approaches
12. Educate pre-pregnancy re folic acid, premature births, pre-planning for pregnancy
13. Need to work with politics to address family and child issues-use local neighborhoods(*****)
14. In prevention educate about mental wellness and impact-use physical health model (*)
15. Need for services/programs re. trauma, Need to better coordinate, decrease duplication, increase efficiencies (*****)

16. Need for broad based grassroots support and partnership (****)
17. Need for shared vision to leverage resources
18. Need to use various funding resources (foundations) and educate re. operational costs and sustainability
19. Need for financial support for evidence based practices (especially taking them into other systems) and outcomes
20. Need to address gap between research and practice(*)-use practice based evidence and communicate it
21. Need to approach issues for holistic multi factorial basis

Themes

- Women's Issues(*****)
- Family Supports
- Education/public awareness(***)
- Inefficiencies
- Focus on Prevention

Strategies from Mental Health/Health Group Discussion

Blending mental health and physical health

- Blending services for dual diagnosis
- Connecting/coordinating all steps in continuum
- Universal directory/passport for services-low or no cost; Integrated referral system
- Adult model replicated for children
- Private providers pro bono
- Mental health training/ed for primary care providers

School nurses can also help identify children with mental health needs and refer

- Medicaid rules may prevent multiple service needs and integration: need Medicaid policy
- Co-location of social services in one place for families: "one stop"
- Transportation for moms and with children
- Streamline paperwork and decrease duplication
- Churing issues
- Barriers with HIPPA (need waiver)
- CLCs

Basic needs (e.g. housing, food, clothing)

- Educate landlords: engage re. need for families even without records need safe, affordable housing
- Legislation/policy: no discrimination for persons with felonies
- Utility bills-outstanding balances poses significant barriers
- Have stamps and coupons for utilities
- Weatherizing housing and include education
- Rewards for improvements, positive behavior

- Replace HVAC systems
- Not accessible: food pantry, free store, consumer education and household management, entitlements, budgeting
- Media helping with educational programs
- Clearinghouse(or one stop) for all basic needs
- Use of 211-expand capacity

Increase efficiency and reduce duplication; increase coordination

- 49 municipalities
- Public health services: consolidate?
- Administrative services: centralize?
- Increase collaboration in certain areas
- Merge similar services under one umbrella: community health centers
- Need more flexibility with FQHC's
- SBHC's with multiple providers
- Mental Health-centralize administration, alliances or partnerships
- Design services around what families need and build around them

Build services around what and how much families need service taxonomy

- Start with one problem and see what agencies can each do
- Flexible funding including mental health prevention and case management
- Family friendly Medicaid rules/policies
- Develop strategies to assess families appropriately
- Respect varying definitions of "family"
- Need increased family participation in planning and core services
- Strengthen family networking and mentoring

Miscellaneous

- Community examine use of stimulus \$ for sustainability and TA with sustainability
- Grassroots coalitions for advocacy and politics
- Use stimulus \$ to redesign systems