

# Lessons from the field

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## The Interviews

# Understanding our landscape - Key insights & themes

- ❑ Program by program approach is not having the effect we want - a centralized, more coordinated and integrated way of serving those living with SMI is wanting
  - ❑ *“We can’t just program our way out of this. We have to create a movement.”*
  - ❑ *“...exploring where law enforcement and mental health intersect. We need to evaluate the connection between our mental health system and law enforcement.”*
- ❑ Mental Health Supports for those living with SMI are not yet effectively anchored and integrated into community
  - ❑ *“Families largely still need to go to larger institutions for help and resources right now, it would be beneficial to take what is already there - like their churches, Family Resource centers (not just a hub for resources, but for services as well), schools, and local groups - the places that are already do trusted, and empower them to do the work.”*

# Understanding our landscape - Key insights & themes

- ❑ Access and awareness of services for those living with SMI is an issue
  - ❑ The stigma surrounding mental health is still a real barrier
  - ❑ unclear/confusing for consumer and service providers alike
  - ❑ Too slow to respond

"We're not sure who belongs to what part of the alphabet, i.e., CSA, BHRS, HSA, and etc..., we need to know who everyone is that can help."

*"More services doesn't seem to be the answer. Getting people to access them in the 1st place, that's the issue."*

*One of the leaders shared a personal experience in navigating through the mental health system as an educated person, middle class, educator leader for one's child was difficult. The leader gave up multiple times and almost had a dead child, but eventually got linked. The leader can only imagine the frustrations for many of those families who have other barriers and are fearful...*

# Understanding our landscape - Key insights & themes

- ❑ Funding for services for those living with SMI are too rigid and inflexible
  - ❑ *“There may be great organizations out there, able to contract and do the work alongside BHRS, but have difficulty achieving this when the system designed to help them achieve this is too restrictive and too complex.”*
- ❑ Services are not yet culturally responsive enough (language, culture, religion, and more)
  - ❑ *"my mother almost died because I wasn't heard."*
  - ❑ *The LGBTQ+ population largely does not feel well served or understood because of the lack of understanding about gender identity/sexual orientation*
- ❑ The strength of our relationships with each other (service providers) matters
- ❑ Emerging Priority Populations living with SMI: Marginalized groups (LGBTQ+, Latinx, and others), Men, Youth, Substance Abuse/addiction, homeless

# Understanding our landscape - Key insights & themes

## *What a more effective System would require*

- ❑ More alignment on
  - ❑ The need and effective interventions
  - ❑ The outcomes - is anyone better off?
- ❑ Stronger relationships throughout the system
- ❑ Relational and innovative Leadership from BHRS and beyond
- ❑ Increased and ongoing investment in capacity building in service to the outcomes we want for the MHSA target populations
  - ❑ Tools and resources
  - ❑ Leadership
- ❑ Flexibility in how the work gets done and how it's funded

# Breakout Rooms Slides

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## MHSA Stakeholder Group

December

# Breakout Room Group 1

What stood out to you? Did anything surprise you?

There is some confusion around whether family members were included (MHSA Interviews). - Yes, under lived experience.

There are several people that aren't SMI but are in "dire straights" and decompensating. Addressing this need is something that could be improved upon.

Regarding Resource Centers: When clients are just given a referral and sent away this can cause problems. Offer assistance to the clients and "don't assume that they can do it on their own." It would be helpful to assist them in actually making the needed phone calls and accessing the referrals.

"We aren't always on the same page" "The networking needs to be stronger". We need to work together as an agency and amongst providers. In regards to SMI: "we are overlooking individuals". There is not enough employees currently to accommodate the needs of Stan County. Need greater diversity in staffing to accommodate cultural needs and diversities of clients and families. Ensure that client/community language needs are adequately met.

A lot of people in rural communities still need outreach and have high needs. An example is migrant farm workers, their families, and children that are not receiving services.

Big issue in the hand off between organizations. Specific example given is a client from MoPride referred to Stanislaus County MH. Important to have resource consolidation, instead of having them bounce from one (organization) to another. Small community centers have a harder time due to limited funds.

What would you add or change?

## Breakout Room Group 2

What stood out to you? Did anything surprise you?

Stigma reduction but also the challenges around the stigma for the folks not willing to seek help (an additional person agreed to this)

Can't just program our way out of this (the quote)  
Challenges around being virtual and the need to be more in person

Interested in knowing more the approaches to acquire interviewees - speaks to her personal lived experience and the connection with employment with BHRS

Happy to hear more focus on...(cut out)

Stigma ex. Challenges in labeling and giving people labels and the need to reduce this. Change the movement and accept people for they are

Comment - Excitement to hear and see the partnerships growing and adding young people and NAMI to the group -

Surprise not to see more seniors, veterans and the disabled and the stigma that comes from the older adults

Not a lot of flexibility at the legislative level to make these changes

What would you add or change?

## Breakout Room Group 3

What stood out to you? Did anything surprise you?

A new focus and having a priority in the population identified in the process.  
 Innovative ideas to partner with LE.  
 Still not being aware of SMI  
 Someone calling out “strengthening relationship”  
 We need to be in align and collaborate.  
 Expanding the language, diversify the message  
 Become partners for existing projects.  
 Glad to hear to focus on mental health and cultural

What would you add or change?

Figure out the problem then you take the appropriate process, to optimize, artificial intelligent to make some of decision, collecting data on the person mental health meeting criteria and setup procedure, make it more automated  
 How many SMI do we have?  
 A need to collect data.  
 Example of not knowing about services during COVID-19,  
 More effective way of obtaining data  
 Is there a way to put a BHRS number on a bus for those who are homeless?  
 Can BHRS utilize radio ads in Spanish or Azyrian radios or Refugees?

# Additional feedback from Slido and main room

## What stood out to you? Did anything surprise you?

- Appreciated language of “living with SMI” - felt inclusive
- So important to think of family members
- People are tired

## From Slido: other feedback you want us to have...

- I would like to see BHRS develop more accessible and clear resources for our community.
- I am excited to hear that you are considering allocating funding to provide mental health services directly through community spaces.
- There were great ideas and suggestions that look very promising. Cultural barrier is definitely a main focus.
- So glad to hear about a possible focus on integrating services more into communities where people live.

## What is one word that describes how you feel about what you heard today?

