Torrance Service Area Plan – Stakeholders Meeting

NOTES FROM BREAKOUT SESSION

August 23, 2007

1. What are some examples of recovery-focused programs that currently exist in your community?

- **Consumer-run drop-in centers**
- **Peer supports/ peer mentors**
- **Warmlines**
- **Mobile medication units**
- **Case Management**
- **WRAP**
- **Clubhouses**
- **COMPEER/ Representative payees**
- **Support groups**
- **Social Service organizations**
- **Consumer Advocacy organizations**
- **Family support services (for example, NAMI)**
- **Spiritual programs**
- **Psych rehab services**
- **Community Treatment Teams**
- **AA/NA programs**
- **Supportive housing**
- **Office of Vocational Rehabilitation**

2. With the goal of diversion, what services do people in the community need to avoid going to the State Hospital?

- **Better transportation options**
- **Increased housing options that are safe and affordable**
  - Increased help finding those housing options
- **More/better employment opportunities**
- **Better supportive services for those leaving the jail system or who are homeless**
- **More support groups, for MH and D/A needs**
- **Better coordination between service providers (fewer barriers between providers)**
- **More crisis training for police and emergency personnel**
- **More services for those with co-occurring disorders**
- **Community trainings to reduce stigma surrounding mental illness**
- **More peer supports/peer mentors to help consumers in the community**
- Peer specialists available in emergency rooms

- Comprehensive crisis services, including mobile units
- Training and support for families
- More short-term respite/diversion supports
- More meaningful recreational opportunities
- Training on WRAP/Advanced Directives/Power of Attorney
- Extended hours to cover nights, weekends and holidays at providers
- Elimination of waiting lists for services like psych rehab, housing, etc.
- Put in place a early warning system to detect consumers "slipping"
- More intensive case management
- Improved and sustained bridge funding

3. Where are there gaps in existing services in your community that should be addressed to better help people once they leave the State Hospital?

- **Lack of community support and education about recovery themes, which leads to stigma of those dealing with mental health issues**
- **Lack of "one-stop shopping" for supportive services**
- **For consumers, there is a lack of knowledge about existing supports in the community; for example, help with utility bills for those on low/fixed incomes**
- **For consumers, there is a lack of education about personal responsibility and the consequences of one's actions**
- **Need for life-skills classes (how to cook, how to budget, etc.)**
- **Not enough peer supports/groups for consumers**
- **Lack of coordination between physical and behavioral healthcare providers**
- **Lack of communication between hospital staff and community supports**
- Lack of awareness among the general public about mental health issues, principles of recovery and how they can help mental health consumers (for example, who should someone call if a neighbor is experiencing a schizophrenic episode: the police, the hospital, etc?)
- Lack of full case management options (for example, blended case management)
- More community-hospital liaisons are needed
- Enhanced support for transition services
- NAMI should increase its advocacy efforts in the community
- Increased attention to spirituality needs of consumers, perhaps through community churches
- Too many trainings are not held in convenient, community-based locations
- Too much turnover at providers; increase the continuity of care
- Shortage of doctors at the hospital, and shortages of well-trained staff at providers

*** Bolded items were mentioned in multiple breakout sessions***