

**Notes & Input**  
**Mental Health/Emotional Health Homeless Workgroup Session**  
**October 5, 2018**  
**United Way**  
**1pm - 2:30pm**

<b>KEY LEARNINGS</b>	<b>PROBLEM AREAS</b>	<b>PROVIDED SERVICES</b>	<b>WHAT WE CAN DO WITHIN 30 DAYS</b>
Bundling of resources	Limited inpatient care facilities or options for effective detox	Start points for access to they system of care include: -Gryphon Place/2-1-1 -The Access Center/KCMH -Mobile Crisis Response (for children)	Organizing a street outreach team for engaging with and helping people connect to mental health supports and services, as well as assistance in navigating the system (ex. Community Health Worker model)
Potential for experiencing constant stress due to either being homeless or under the risk of potential homelessness	Need for more generational supports for both adults and children experiencing trauma and stress due to homelessness	Service providers and clients working together to create community groups to assist providers with feedback and dialogue for continuous improvements to the system of services	Broader community conversations among providers and residents with greater engagement of populations (namely the homeless and veterans)
There is a need for providers to listen more to the clients and the reality of what they are experiencing (less clinical, more personal engagement)	Very complicated and confusing system of delivery of care and requirements for private providers vs. clinical care; challenging to explain from the rules/regulations perspective; very challenging to comprehend or to understand the difference by the service user	Access to IDs and more accurate information available to the public (through referral channels) on when, where and by whom IDs for services are required and where they are not	Immediate psych evaluations done upon intake at any provider location – emphasis on both the client and provider knowing all available information together and at the same time; levels the playing field in conversations about type of care needed and selection of best available care options for condition(s) experienced by the client
Need for providers and clients to connect in understanding both the feelings and experience of being passed through the system without getting help or understanding why	Limitations in the number of private providers – limits access when insurance coverage or Medicaid coverage requires a private provider vs. clinical care	Assistance to clients by the providers with Medicaid access and billing assistance (if services are either private pay or Medicaid eligible), medical records and historical patient documents, etc.	More staff trainings on client sensitivity and customer service
Self-medicating very prevalent within our homeless population (for various reasons)	Lack of understanding of where the “start point” is for people need to get into the system for help with their mental health needs	Need for greater staff sensitivity and customer service training, especially for clients accessing assistance by phone after 5pm when experiencing a crisis situation and need immediate support	More cross-functional opportunities among care service organizations – creating mobile intakes and services where populations are rather than maintaining the burden of costs for transportation, phone challenges, etc.
As people have been shuffled through the system of care, lots of confusion over multiple diagnoses coming from	Very limited awareness of or public access to information on ALL the options available in assistance, various levels and types of support		

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multiple doctors.	available, etc.		
	**System Failure! If homeless and/or have limited phone minutes each month, it is IMPOSSIBLE to make all the required calls to navigate the system and get the right, needed help		
	Big divide between what should be (in the system working as designed) and what is the reality for those challenged by navigating it or getting service access in it		
	Challenges in job market & entry into living wage jobs		
	Not enough public dialogue		
	Fees that feel like people are penalized for trying to advance (poor tax)		
	Lack of timely communication to people about much of the good work already happening		
	Stigma		
	Stringent/unreasonable eligibility guidelines		
	Levels of control & who can make change		