



**Notes from Community Conversation on Mental Health
November 29, 2007**

Organization	Community Issues Mentioned	“Top” Community Priority
Transitions	<p>Would like to develop programs for individuals 15 and younger and also programs targeting sub-populations</p> <p>Especially see need for parenting and family education; progress for a patient is often stalled by family or school environments that do not promote wellness/healing</p>	Community awareness of mental health to make sure that adequate funding and education are available
Dr. Anderson/Pediatrics	<p>Real need for surveillance, intervention and treatment of behavioral issues in the 0-3 population; we’re missing tertiary level care for this age group and there are very few trained practitioners</p> <p>We also have gaps in intervention and treatment of drug exposed children and autistic children</p> <p>Ideally would like to see a multidisciplinary team working on these issues and care coordination</p>	100% screening of 0-3 year olds with a validated tool and family centered treatment options
School Health Link	<p>In 2007, School Health Link saw over 6900 kids and at least half have some type of mental health issue but School Health Link can’t make quick referrals (wait times at Robert Young are too long so School Health Link physicians begin treating kids (about 150) for ADHD or depression until they can get psychiatric referrals)</p> <p>The schools have also increased their referrals to School Health Link for mental health because the schools have the same challenge with direct referrals</p>	Increased ability to refer to pediatric psychiatrists (recruit more staff at Robert Young)
Project Now	<p>There is still a lot of community stigma around mental illness and this agency could benefit from training for professionals who do community outreach so the staff can better recognize and refer clients who need assistance</p>	<p>Community awareness and education</p> <p>Involvement of private sector employers as they understand the economic impact of mental health on staff training and retention</p>

<p>Robert Young Center</p>	<p>“Lose It” anti-stigma campaign made an impact on the internal test audience but they have not found the community funding/support to take the campaign “public”</p> <p>Robert Young has 3 psychiatrists on staff but no adolescent and child specialists. Ideally they would have 7 psychiatrists with 2 child specialists, 1 geriatric specialist and another generalist.</p> <p>Funding continues to be a challenge since community mental health services are purely funded by Medicaid through fee for service arrangements and these providers often return mental health “savings” to the states that are not redirected to other mental health needs as originally intended</p> <p>A cultural shift towards increased consumerism has also changed the face of community mental health services as the emphasis is now on helping people to make individual choices regarding their life and their illness</p>	<p>Integration of services for adolescents on both sides of the river</p>
<p>Trinity Enrichment Center</p>	<p>Introducing alternative and holistic ways to manage anxiety, depression and stress to the community through public outreach and at hospitals (e.g., yoga, meditation, tai chi, reiki)</p> <p>Would like to offer more outreach to teenagers especially those at risk for substance abuse</p> <p>Generating interest and thus continued funding for programs is a challenge</p> <p>Alternative approaches are generally appealing to everyone and there is no mental health stigma associated with accessing services</p>	<p>Regular meetings like this among mental health professionals</p> <p>Funding to advertise services</p>
<p>Family Resources</p>	<p>Need access to care for very high risk teenagers (ages 12-17); with no day treatment facility available these kids (roughly 15 at any time) circle in and out of Vera French and the hospital. The population is at high risk for suicide.</p>	<p>Meet need for treatment of at risk teenagers</p> <p>Create emergency response teams in the community</p>

Scott County Kids	Co-occurring disorders especially substance abuse addictions are very common	Direct funding to services that prevent adolescents from entering the juvenile justice system and keeping children out of the welfare system
Community Health Care	Challenge is wait times for referrals to Vera French and Robert Young	Increased ability to make timely referrals for kids
Mental Health Planning Board		Anti-stigma campaign
Vera French		Funding and resources to build awareness
Other		Create grassroots support for system and funding change; advocacy especially by private sector leaders with public sector leaders

Attendees:

- Ms. Karrie Abbott, United Way of the Quad Cities Area
- Dr. Bob Anderson, Genesis Health Group
- Mr. Tom Bowman, Community Health Care
- Mr. Tony Cardoso, Project NOW
- Ms. Nicole Carkner, QCHI
- Mr. Michael Freda, Robert Young Center
- Ms. Christine Gradert, Family Resources, Inc.
- Ms. Joanne Hermiston, Vera French Community Mental Health
- Ms. Anne McNelis, Transitions
- Dr. Rita Melissano, Trinity Enrichment Center
- Ms. Sally O'Donnell, School Health Link, Inc.
- Dr. Bud Phillis, Community Member
- Mr. Larry Pollard, Rock Island County 708 Mental Health Planning Board
- Ms. Kaylah Rasche, Scott County Kids
- Mr. Gary Weinstein, Transitions
- Ms. Becki Anderson, QCHI