

FY 2010 Statements Collected at Local Meetings (state-wide)

MI Children

Acute Care	RFP has been developed for services currently provided by Bryce Adolescent Unit.
Acute Care	DHR hasn't been able to get kids into Bryce although they requested to pay for around the clock sitters. Court commitment is the only method for Bryce Adolescent admissions.
Acute Care	Community services are more cost effective.
Acute Care	Bryce C & A is more restrictive on adolescents. With admission there are fewer resources.
Acute Care	Adolescents with suicide risk and no insurance in Juvenile Justice are candidates for acute MH beds. Private hospital would have to be certified through public health.
Advocacy	Make children important. Let their needs be heard. Advocate. VOICES is the advocacy core group for non-profits. Groups such as ADAP.
Advocacy	Your voice is extremely important
Advocacy	North Alabama needs a strong voice. Advocacy is needed.
Advocacy	Stigma can be a barrier to seeking services. Pair anti-stigma campaign with educational messages and resource links.
Advocacy	More collaboration and information must be shared across agencies and to families with children to share resources and provide comprehensive services.
Advocacy	NAMI has a strong presence in Clay and Randolph counties.
Advocacy	There appears to be varying levels of stigma between autism spectrum, intellectual disabilities, and mental illness.
Autism	Services for children with high functioning Autism Spectrum Disorder are needed. They fall in a gap.
Autism	Is ID not responsible for autism consumers?

Autism	Need DMH to assist with developing and providing specialty training for workforce development. Need resources and training to work with kids who have ASD. Autism spectrum has specialized needs that have previously not fit into services. Currently working with autism task force and hiring Autism Task Force Coordinator. There are also needs for individuals who do not necessarily fit autism spectrum diagnosis, but have behavioral health, speech, cognitive function and occupational therapy needs.
Case Management	There are several case management trainings. Combine into one training.
Case Management	Case management services should follow an adolescent into the community.
Case Management	Social workers / case managers needed in schools to identify children in need of MH services.
Case Management	Case management / social work is not universally available for children/youth.
Case Management	The Clanton and Shelby county outpatient office provides child and adolescent case management services.
Co-Occurring or Dual Diagnosis	Children with dual diagnosis fall in a gap for services. Services need to be developed that provide services to children with cognitive abilities under 70 IQ.
Co-Occurring or Dual Diagnosis	Need more Co-occurring (A.O.P) services and trained therapists to work with this population
Co-Occurring or Dual Diagnosis	Increase services for Dual diagnosis (MI/ID) services
Co-Occurring or Dual Diagnosis	Adolescent co-occurring should be less restrictive, less IOP, less residential, and more Outpatient.
Co-Occurring or Dual Diagnosis	Florence needs dual diagnosis services
Co-Occurring or Dual Diagnosis	There seem to be fragmented services across the divisions that provide services to the same population. This is a problem for those with dual diagnosis. It is frustrating for judges who assist in court referral cases.
Co-Occurring or Dual Diagnosis	Need more training for mh professionals on co-occurring disorders.
Co-Occurring or Dual Diagnosis	For co-occurring there needs to be cross training.
Crisis Management	24 hour line needs to have child training (Crisis lines of 310s need to be staffed or linked to professionals who are trained in C&A services.
Crisis Management	Emergency services for MH & ID (Hospital)/ No hospital in Huntsville takes children/ adolescents for psychiatric care and they have to go to Decatur.

Crisis Management	Juvenile Court Services indicate that there have been up to two weeks wait to get an appointment after an attempted suicide. It was discussed that there is appropriate steps for suicide attempt that can be trained through JCL or DMH. AOC can also be a resource. Suggestion was to provide training to family and other child serving agencies on how to access crisis services and cross train.
Crisis Management	Staff working with crisis lines or crisis services need expertise in children and adolescents.
Crisis Management	Emergency services are needed to be expanded in Montgomery. The need is frustrating to multi-needs.
Drug Court / Mental Health Court	Mental Health and DYS need to blend funds. (i.e.. funds should be placed back into the community from funds diverted from other uses such as detention beds or establishing drug /MI courts)
Early Intervention	There was stimulus money available to maintain early intervention services. By law there can be no waiting list. There is concern about the capacity to meet the need. There is no money to expand evidence based early intervention. We may be under serving the need.
Early Intervention	Connect early intervention with existing programs.
Early Intervention	Need consistent assessment practices to identify SA and MI through early intervention.
Early Intervention	Provide increased communication, education, training regarding eligibility criteria and the referral process for EI services. Southwest has staff available to do so.
Early Intervention	There is a service gap for children ages 3-5
Early Intervention	While there are increased ARRA (American Recovery and Reinvestment Act) Early Intervention (EI) dollars, these funds will expire in September. Additional measures should be taken / explored to increase ARRA EI funding.
Information Sharing / Networking	Children's Advocacy Council, Children's Policy Council, multi needs are all available for Marshall Jackson.
Information Sharing / Networking	Anti-stigma campaign can be enhanced through NAMI's Family to Family initiative and their BASICS for Children and Adolescents.
Information Sharing / Networking	Families can be an asset. They need to be a part of the process and know how to access services.
Information Sharing / Networking	Include caregivers as part of the team. Provide education for parents and family members. Support services are needed for families.
Information Sharing / Networking	We must rethink how we do business which includes: expanded partnerships with other service providers and agencies AND locating and providing services where needs are in the community.
Information Sharing / Networking	Increase collaboration with families. Increase communication between DMH and providers.

Information Sharing / Networking North Central MHC has good relationships with courts and JCL.

Information Sharing / Networking Further collaboration between CED and community partners may develop opportunities for day treatment within a new alternative school.

Information Sharing / Networking Look for ways to develop MI and SA services for youth ordered to Camp Mitnik - juvenile justice camp.

Information Sharing / Networking All Kids, Schools, and Day Programs (for seriously emotionally disturbed) are some of the resources available.

Information Sharing / Networking Need better communication with the courts.

Information Sharing / Networking Need community education on children's MI issues.

Information Sharing / Networking Need to provide law enforcement training on MI children's issues.

Information Sharing / Networking NAMI has family education.

Information Sharing / Networking Coordination of children's services across agencies is needed. (Children's Policy Council, Multi-Needs Task Force, Our Kids, etc.)

Information Sharing / Networking NAMI and private psychiatrists should be a part of the planning discussion. Also, the juvenile system, children's policy council, and multi-needs. Working to fill gap areas left by fragmented services.

Information Sharing / Networking Riverbend Center is providing great services and should expand services

Information Sharing / Networking Provide MH therapist in DHR locations that would benefit both agencies and the child.

Information Sharing / Networking Increase opportunities to partner with school systems for a variety of collaborative MH programs including afterschool, alternative school, and preschool.

Information Sharing / Networking All the information in the presentation is helpful. Would like more detailed information on the pilot projects. Are they successful?

Information Sharing / Networking Cahaba interaction is good throughout the service area which helps to serve children better.

Information Sharing / Networking Meet the child where his/her needs are. There are Multi-needs Task Forces in each county. Vocational Rehabilitation is available in the school setting. Early Intervention is available from 0-3 years of age. School system provides resources from 3+.

Information Sharing / Networking If a parent requests MH services through DHR they will assess and provide services.

Information Sharing / Networking Because of the risk factors for children with behavioral issues being mistreated at school or childcare, DMH should be at the table for discussing abuse and neglect. (note: DMH Children's Services staff serve on the board for the Department of Child Abuse and Neglect Prevention and partner with DHR and DYS for Our Kids projects)

Information Sharing / Networking	The area is interested in local, regional, and state level collaborative partnerships to leverage available dollars.
Information Sharing / Networking	Training for parents is available through NAMI and DMH for training such as Family to Family, Family Basics and In Our Own Voice. Lift Training is available through Alabama Family Ties.
Information Sharing / Networking	Parental Education could help offer creative programs and supports for parents to help their children.
Information Sharing / Networking	Co-location of services is a national trend. Primary care needs to be part of the co-location. In Sumpter County the mental health center co-locates with Public Health.
Information Sharing / Networking	There should be opportunities for social-development activities (children with MH and SA need opportunities to participate in pro-social activities that promote social skills)
Information Sharing / Networking	Use local multi-needs help to fund children (use MNC teams to help fund services.)
Information Sharing / Networking	There is an overall need to partner mental health services with primary health services.
Information Sharing / Networking	Partnerships with primary care providers help to reduce the issues of stigma related to the dichotomy between physical health and mental health. These partnerships should be encouraged.
Information Sharing / Networking	For children in juvenile justice, MAYSI-2 assessment instrument is available to determine if there are co-occurring disorders.
Information Sharing / Networking	Community agencies need assistance writing grants. Need access to data. Agencies do not have staff designated to work on grant writing. Difficult to sustain grants when funds or grant ends. Utilize local resources for services, grant writing, and collaboration.
Information Sharing / Networking	NAMI is a resource for parents.
Information Sharing / Networking	Parents Are Partners.
Information Sharing / Networking	ALL agencies, programs, and services should be registered with 2-1-1 Connects to be identified as a resource.
Information Sharing / Networking	Need to develop local resource information and distribute (such as safe schools/ healthy students) Not all families have access to the internet. *note* 2-1-1 Connects is an information referral phone line, as well as, internet resource. To contact dial (2-1-1) to be referred for resources.
Information Sharing / Networking	There is a disconnect between services provided and strategies developed within the school and home community (the way it is handled is different)
Information Sharing / Networking	There is a disconnect by treating behavioral concerns in a punitive manner as opposed to mental health manner. Teachers need to help implement plan and be on board.

Information Sharing / Networking	Need to be more sharing of available parenting skills resources especially for parents whose children get kicked out of day care. They need support resources.
Information Sharing / Networking	2-1-1 Connects for resource referral services. Children's Policy Council for collaboration.
Information Sharing / Networking	Coordinate with local hospital on issues of continuity of care for children coming in and out of the hospital.
Information Sharing / Networking	Preschool services (need to enhance partnerships with child-care providers and pre-school programs such as Head Start and others.
Information Sharing / Networking	Education systems - Montgomery County (60 schools). Providing MH Services through a 2 year grant. Getting appropriate referrals. Some services provided in-home. Working towards telemedicine.
Information Sharing / Networking	It is important to have all stakeholders at the table to accomplish the following for children's services: collaboration, communication, coordination.
Information Sharing / Networking	ADRS serves children at age 16. Services are needed earlier. Referrals are made to MH and private care. Some require hospitalization.
Information Sharing / Networking	The current budget will wreak havoc on Multiple Needs Task Force.
Information Sharing / Networking	There is a lack of parental involvement. There is a need for increased parenting resources.
Information Sharing / Networking	Jackie Herbert has information regarding in-home services that are open to pregnant mothers and young parents. Services include assessment and referral for all ages. Transportation to the group meeting is available.
Information Sharing / Networking	A single point for coordination is needed that embraces a holistic approach.
Information Sharing / Networking	At ADRS there are a lot of children with family, school, self-esteem and sibling issues that are not being met. They are in need of long term family counseling. There is a need for these services especially during the teenage years. Some have hearing loss and don't want to wear their hearing aide due to peer pressure.
Information Sharing / Networking	Baldwin County MHC is open to serving beyond the catchment area.
Information Sharing / Networking	DHR works with families in protective custody to increase parenting skills through its classes.
Information Sharing / Networking	There are family resource centers in the South Central area that provide a wealth of resources.
Information Sharing / Networking	The IMPACT program is a 8-9 week course that has been effective in south central area. Individuals may be referred by schools or whoever has a method to keep children out of the juvenile system. The program is primarily for teenagers.
Information Sharing / Networking	South Central conducts a mothers' group which includes parenting classes for those have a family member with mental illness.

Information Sharing / Networking	In Baldwin County an anti-violence / prevention program was cut to the middle schools because of funding issues.
Information Sharing / Networking	How do we learn about each other's services?
Information Sharing / Networking	Develop a resource sharing forum in all counties, similar to Interagency Councils which used to meet.
Information Sharing / Networking	Continue developing and fostering pediatric relationships to promote early identification and referral for services.
Information Sharing / Networking	How do we learn about each other's services? Coffee County has a directory which can be mailed.
Information Sharing / Networking	NAMI has a Kids Basic training for parents and families of children with ED or ADHD.
Information Sharing / Networking	Butler County schools have a parenting program.
Information Sharing / Networking	There is good interagency collaboration in Baldwin County.
Information Sharing / Networking	NAMI Basics helps parents navigate MH system. It is a 6 section, free training. In Baldwin County the contact for training information is Melissa Schilling.
in-home services	In-home services are needed even though a new team has been formed for the court system
In-Home Services	Explore increasing in-home services
In-Home Services	Marshall / Jackson Children's in-home program has been expanded to both counties.
In-Home Services	Have attempted to use state allocations for in-home services. Funds are unavailable at the state level. Priority for funds tends to fall to adults.
In-Home Services	In-home services need to increase for MH and SA youth.
In-Home Services	In-home (evidence based) and case management is available for children and adolescents in Shelby County. More funding from DMH is needed to establish additional in-home services for children.
In-Home Services	Need to have "out of the box" treatment alternatives for adolescents - in home teams, drop in centers, etc.
In-Home Services	There is a need to expand in-home services for MI and ID
Insurance / Cost Coverage	Once a child ages out of children's services (19) they may no longer have coverage for adult services. (May not qualify for coverage after Medicaid ends) Would have to have crisis to access the system?

Insurance / Cost Coverage	Where will \$ come from? Can use Medicaid and AllKids. Use DMH funding to draw down Medicaid/AllKids dollars, therefore, a reduction in DMH contract equals lost Medicaid / AllKids dollars.
Insurance / Cost Coverage	All kids (Medical and Behavioral expanding to 300% poverty level criteria.
Insurance / Cost Coverage	State of Alabama has excellent resources for insurance coverage for children. (Medicaid, AllKids, SCHIP, etc.)
Insurance / Cost Coverage	Increase the income eligibility for Public insurance coverage to benefit more children.
Insurance / Cost Coverage	Make sure that all children are insured -- AllKids and Medicaid are options. Connect them to services through case management.
Insurance / Cost Coverage	Medicaid / All Kids now covers up to 300% poverty.
Miscellaneous	Parents have to take off of work to get their children to services.
Miscellaneous	14 (age of consent) HIPPA CFR 42 One person identified this as a problem but did not elaborate
Miscellaneous	Translators (English as a 2nd language) are sometimes needed to serve Latino dialect.
Miscellaneous	During the budget cuts in FY 2009, Cahaba did not lose any staff positions, they were able to maintain services and had access to Bristol-Meyers Squibb videoconferencing for telemedicine.
Miscellaneous	There is difficulty with foster children placements.
Miscellaneous	MH Board of Chilton Shelby has a new building (after four years) and is moving forward on electronic health record.
Miscellaneous	Mentoring programs could be developed with AL Southern Community College.
Miscellaneous	BC/BS mental health provider network base is expanding.
on-site services	On site services in schools – MH & SA evaluations (Middle & High schools) Identification by school staff of MH professional was evidently a problem in one school. The MH staff may not have been known by school staff/ discussion ensued about possible stigma & confidentiality sensitivity.
Outpatient Services	Adolescent sexual offender counseling. Provide counseling services to low-risk offenders in the community.
Outpatient Services	There is a need for Basic MH Counseling for non SED – (coping skills, etc., divorce, moves)
Outpatient Services	Look at outpatient services instead of IOP for adolescents.
Outpatient Services	Shelby and Chilton counties offer outpatient services for children and adolescents.

Peer Support Specialists	There need to be child and adolescent Peer Support Specialists.
Rate Structure / Budget	Dependant on DMH budget to continue service expansion
Rate Structure / Budget	We do not need to lose any of our services!
Rate Structure / Budget	Work with University of North Alabama to demonstrate cost impact of services.
Rate Structure / Budget	Mountain Lakes is committed to provide MI and SA services for children and adolescents, but is having to be creative for establishing funding streams.
Rate Structure / Budget	Riverbend only needs money. Don't spread money to other parts of the state.
Rate Structure / Budget	There is a problem with medical services. It is only 1.5 FTE but there is usually a considerable wait time.
Rate Structure / Budget	State funds offer limited incentives for child/adolescent services.
Rate Structure / Budget	Providers do not support the State Finance Office's quarterly percentage budget. Would rather see reduction across the general fund and use rainy day funds.
Rate Structure / Budget	Complete contractual obligation before offering new services.
Rate Structure / Budget	Where do we cut items from the budget? How?
Rate Structure / Budget	Currently stimulus dollars will be exhausted in FY 2011. This has the potential to be a train wreck. There are likely to be fewer services.
Rate Structure / Budget	Schools need to prioritize and apply for funding to integrate MH services. Local area did not get funded (Calhoun- Cleburne)
Rate Structure / Budget	If a state hospital closes, there is hope that the dollars would follow the individual for associated community planning needs for support services.
Rate Structure / Budget	There is local concern regarding the potential impact of FY 2011 Budget.
Rate Structure / Budget	Children and adolescent dollars are not always fully expended by community services. May be due to limited continuum services currently available. The services are reimbursed (not staff). Funds currently provide for what Medicaid does not cover - helps to provide services that are not covered by insurance.
Rate Structure / Budget	Increase funds for services to children and adolescents by appealing to legislature during budget time.

Rate Structure / Budget	Cheaha has been able to sustain during budget cuts and is working hard not to touch services to consumers. It is difficult to predict future prospects, but they are partnering with Talladega to work for USDA funds to expand professional services.
Rate Structure / Budget	Looking at all available stimulus dollars.
Rate Structure / Budget	With the changes to the Juvenile Code, has there been any progress or discussion on transitioning some of the MH money from DYS to Mental Health? Has there been any support for MH services as a result of Juvenile code changes? (follow-up) although the Department of Mental Health remains very involved in the follow up on changes to the Juvenile Code through education and information sharing, no money has been transferred from Department of Youth Services nor has any other financial support been allocated to the Department of Mental Health to support MH services.
Rate Structure / Budget	If more financial investment was made into child and adolescent services, may not need as intensive or specialty services as an adult.
Rate Structure / Budget	MH Board of Chilton Shelby anticipates reductions in the current contract.
Rate Structure / Budget	Advocate with local and state representatives to adequately fund DMH services to children.
Rate Structure / Budget	Chilton Shelby MHC only provides a sliding scale fee to DMH Contract eligible consumers.
Rate Structure / Budget	Look for opportunities at state and local levels to collaborate and make efficient use of money.
Rate Structure / Budget	Why are there more funds available for adult services? Need to look at the percentage of community services that goes to children and adolescents compared to the need.
Rate Structure / Budget	A 12% cut in 2010 will have a significant impact on current services. No new services will be developed.
Rate Structure / Budget	Baldwin county has a broad geographic area that has grown in population. The contract has not changed. An increase in population increases the demand or need.
Rate Structure / Budget	In Baldwin County the budget deficit has caused reduction in staff and some consolidation. Maintaining day treatment with schools is a priority and traditional outpatient services.
Residential Services	There are never enough beds for MI/SA c&a services. This can be a safety issue.
Residential Services	Marshall / Jackson is working towards residential services.
Residential Services	Residential beds are needed for children and adolescents.
Residential Services	Lack of housing for pregnant women (this was said to contribute to the social-emotional (mental health) needs of the young child 0-5 yrs. MH issues of Mother contribute to the needs of the children

Residential Services	Residential continuum is needed for children and adolescents
Residential Services	Residential homes for children with MI, Behavioral, Juvenile Justice. These facilities are run according to their certification entity.
Residential Services	What resources are in the community to prevent the need for residential care? Children's Policy Council, Multi-needs,
Residential Services	There are no group homes in the area, especially for transitional age youth. There may be resources through the Homeless Prevention and Rapid Re-housing and the Neighborhood Stabilization Programs through the ARRA. The AL Department of Economic and Community Affairs (ADECA) is the lead agency for these programs.
Respite Care	After School services for SED children
Respite Care	Crisis Respite / Evaluation Programs are needed for adolescents (similar to Brewer Porch STEEP unit)
Respite Care	Need for additional respite care.
Respite Care	For MI children, respite care is designed for the child as opposed to the caregiver.
Respite Care	Respite care is being handled differently for MI C&A. Contact program directly for questions and eligibility for MI C&A respite services (can verify with Kim Hammack)
Screening & Assessment	An adolescent assessment unit is needed that is not in a hospital.
Screening & Assessment	Standardized screening needs to occur at multiple levels, multiple sites, ages and situations (i.e.. developmental screening, emotional / behavioral, substance, alcohol)
Screening & Assessment	Need for timely (psychological) evaluations (resources are few and the wait to get a psychological evaluation is too long.
Screening & Assessment	There is a need for resources to provide evaluations and assessments without having to go to the hospital or have a long wait in the community. This is a needed service.
Staff Providing Services (Professional Workforce)	Additional C&A psychiatric services are needed. Telemedicine may help with this. Cullman - final pilot program. Will there be counseling online?
Staff Providing Services (Professional Workforce)	Consumers need to be seen more frequently, but there is not enough staff for increased level of frequency.
Staff Providing Services (Professional Workforce)	There is limited availability of professional workforce specific to children and adolescents.
Staff Providing Services (Professional Workforce)	It is harder to find qualified staff for In-home work. It is unsupervised and has flexible hours.
Staff Providing Services (Professional Workforce)	Increase the number of Board Certified psychiatrists (access to doctors)

Staff Providing Services (Professional Workforce)	More staff for children's services are needed.
Staff Providing Services (Professional Workforce)	Need additional psychiatric care. Public Health and Primary Providers do not like to prescribe meds for psychiatric needs.
Staff Providing Services (Professional Workforce)	There was discussion about Board Certified Behavioral Analyst for in-home intervention.
Staff Providing Services (Professional Workforce)	The turnover for therapists has been high.
Staff Providing Services (Professional Workforce)	There was a push to have psychologists and nurses able to help with medication management. What happened to that?
Staff Providing Services (Professional Workforce)	Cheaha is bring a nurse in, but uncertain where they will be housed.
Staff Providing Services (Professional Workforce)	Anticipated budget reductions could affect 3 mental health technician positions.
Staff Providing Services (Professional Workforce)	decrease or cap the children and adolescent staff case load and establish a waiting list or hire more C&A staff to effectively meet the demand.
Staff Providing Services (Professional Workforce)	There is a need for increased psychiatric time for youth. There are travel issues. Discussion occurred about the opportunities to include telemedicine.
Staff Providing Services (Professional Workforce)	Juvenile Court Liaisons are available. In Geneva, Houston, and Dale County it is David Kirkland. In Henry and Barbour County it is Renea Van Uffelen.
Staff Providing Services (Professional Workforce)	Southwest is utilizing The National Health Service Corp (NHSC) to obtain staff.
Staff Providing Services (Professional Workforce)	Southwest is utilizing The National Health Service Corp (NHSC) to obtain staff.
Staff Providing Services (Professional Workforce)	There is a need for additional Professionals to assist with the level of medication monitoring needed.
Staff Providing Services (Professional Workforce)	South Central counselors need increased information regarding medical conditions.
Standards of Care	DMH needs a uniform minimum standard of care for children and adolescent services.
Standards of Care	Should certification be separate for prevention vs. treatment? For substance abuse vs. mental illness? How does co-occurring diagnosis play into levels of care and certification requirements for providers of services?
Summer / After-school Care	Expand summer and in-school programs
Summer / After-school Care	Families need summer and after school care for special populations along with local, specialized, evidence-based programs for children and adolescents.

Summer / After-school Care	There is a need for childcare for children with emotional disturbance. For a child with behavioral issues, there is nowhere that is equipped to handle their needs.
Summer / After-school Care	Daycare and support services (specialized within early childhood settings). There is little for youth after school when they are unsupervised. Offering something therapeutic would help.
Summer / After-school Care	Children 13 years of age and older are not eligible for day care services (after school care and summer care is mainstreamed for 12 and under)
Supported Housing	Southwest is considered a SHP for Atmore
System of Services / Navigating system	Need funding for start up and program expansion.
System of Services / Navigating system	More community-specific services are needed.
System of Services / Navigating system	The Executive Director (Brian Davis) shared the following current activities for Huntsville: In home – Juvenile Court, Co-location with DHR, Parent/family group with Juvenile Court, New facility for children, In Elementary schools & one middle school, Increased residential treatment of adolescent substance abuse, No additional funds for outpatient treatment if it affect residential
System of Services / Navigating system	Access of children and adolescent services and availability of appropriate levels of care do not meet the capacity needs of local communities.
System of Services / Navigating system	How can we meet children's needs in the community (least restrictive environment)
System of Services / Navigating system	Limited local children's services. Should use RFPs to help balance out the provision of children's services.
System of Services / Navigating system	Alabama Family Ties indicates that children's services need the following : 24 hour emergency number with knowledgeable staff, transitional services, Day programs, dual diagnosis services, respite care, after-school care programs, MH personnel familiar with autism, better coordination between mh and autism community, transportation.
System of Services / Navigating system	There is a tremendous need for child and adolescent services.
System of Services / Navigating system	Indigent care seems to be resolved through judicial placement.
System of Services / Navigating system	Mountain Lakes sees the need for additional child services but struggles with financial viability of sustaining programming.
System of Services / Navigating system	Partnership opportunities with Public Health to co-locate resources to serve children where they are in the community.
System of Services / Navigating system	Our Kids programs fill the gaps for kids not otherwise served. It is a joint project between DMH, DYS, and DHR.
System of Services / Navigating system	It takes a long time to get an appointment and then the follow-up appointments are so spread out so they are not effective.

System of Services / Navigating system	When a child is in DYS care being treated for MI services, medication is not readily accessed after returning home. Need to carefully look at referral and follow up as adolescents transition between systems.
System of Services / Navigating system	Children are best served where they are with comprehensive services (preferable to residential). We should co-locate care to take the service where the child is and assist with accessibility.
System of Services / Navigating system	There are disproportionate / no resources within rural communities and limited access (transportation).
System of Services / Navigating system	There is a challenge for children re-entering the community from DYS. Children aren't connected to a system, so don't take medicines or don't follow-up with psychiatric care. The probation officer may not be aware and it is difficult to get into resources in a timely manner. Need to start transition efforts earlier.
System of Services / Navigating system	Currently difficult to identify what services are available when accessing and referring families with children and adolescents.
System of Services / Navigating system	South Central treats depression and has a goal to expand MH services.
System of Services / Navigating system	Allowing consumers to participate in system and facility improvements is empowering, cost effective, and can promote change from within the system.
System of Services / Navigating system	Dothan - local 310 (Spectracare) was able to sustain the current service array during 2009.
Technology	telemedicine is not the same as in person services, especially for children and adolescents.
Technology	networking of technology is needed for increased access and efficiency (i.e.. telemedicine)
Technology	DMH broadband application could provide statewide telepsychiatry services.
Technology	Need to continue exploring telemedicine opportunities.
Technology	Need to expand use of telemedicine for treatment, as well as to connect with service providers. Public Health also has telecommunication equipment.
Technology	All Kids is likely to cover telepsychiatry soon.
Transitional Age	18 - 21 year olds are very hard to serve. There is a lack of resources.
Transitional Age	Improve services around transition for youth moving into adult services. Eligibility, residential needs, developmentally appropriate services.
Transitional Age	Transitional age services are needed state-wide in more regions and catchment areas. Suggested cross-training with Parents, Adolescents, adult service staff, DHR, Education, JCS about options for assisting transition.

Transitional Age	Transition teams need to be developed to provide information to parents.
Transitional Age	Transitional age youth could do well with semi-independent living and supports. Southwest may consider the development of Supportive Housing for this purpose.
Transitional Age	There is a gap in definition of transitional age (majority - 19; consent - 14) There is a gray area across DHR, juvenile justice, mh systems. Criteria for services changes during this gray area.
Transitional Age	Are the transitional age services only for in-patient? It is a good concept, but what about those that are not institutionalized at the age out time period?
Transitional Age	Transitional age youth could do well with semi-independent living and supports. Southwest may consider the development of Supportive Housing for this purpose.
Transitional Age	There is currently a transitional age home for C&A with MI concerns in Mobile managed by AltaPointe.
Transitional Age	Transitional age is a larger problem than we have the current capacity / resources for. Focusing on transitional age can prevent more restrictive services in adult services. There is still a gap for children in that aging out range.
Transportation	Look for ways to reduce transportation as a barrier to service provision.
Transportation	Need to identify transportation for IOP (Intensive Outpatient Services)
Transportation	Transportation continues to be a barrier
Transportation	Transportation to needed services can be a problem.
Transportation	Transportation is a need.
Transportation	Some special needs kids can't get to weekly therapy. Can we expand telemedicine? Open a specialty clinic?
Transportation	Children need transportation to services.
Transportation	Transportation is a critical need.
Transportation	United We Ride (AL Dept of Senior Services) recently submitted a federal grant for New Freedom and Joint Access and Reverse Commute transportation services. The DMH Advocacy Office is developing a resource for transportation resource identification. The Alabama Transit Coalition is also gathering resource information.
Transportation	A transportation program could be explored, similar to the one in Escambia County, that provides transportation through a local fund and in partnership with local hospitals.

Transportation	Individualized Education Plans (IEPs) incorporate transportation as an identified and required support service.
Treatment Services	Marshall / Jackson Children's Day treatment program has been expanded to both counties.
Treatment Services	Day treatment services are needed for children.
Treatment Services	Good relationships with schools (North Central catchment area) through placement of therapists in schools and day treatment programs. Also have co-location of therapists with DHR.
Treatment Services	Children and adolescents should have a voice in their treatment plan.
Treatment Services	Would be good to step down to day treatment and school. After residential services have transitions before returning to school.
Treatment Services	Should have long and short term assessment (residential, 2 week, 30 day) opportunities that are not a hospital (like STTEP beds, but for adolescents).
Treatment Services	Day treatment services are available in Shelby County in cooperation with the school system.
Treatment Services	When multi-needs recommends intensive treatment, there is nowhere locally and child must be referred out of county.
Treatment Services	Child day treatment - school (more services are needed for school-based MH such as Day Treatment)
Treatment Services	Were not able to expand day treatment with schools which affects collaborative relationships.
Treatment Services	Day treatment with schools has been great, but because of the size of Baldwin County, more services would make this more viable. Allows us to intervene early and intensively and provide peer support.