

## Focus Group Comments

**November 8 Focus Group # of Participants: 19**

**November 10 Focus Group # of Participants: 37**

### Have you attended the Institute before:

#### November 8 Focus Group

Have Attended: 83%  
Have Not Attended: 11%

#### November 10 Focus Group

Have Attended: 79%  
Have Not Attended: 8%

### How would you rate the quality of the Institute:

#### November 8 Focus Group

Excellent: 6%  
Very Good: 39%  
Good: 33%  
Fair: 6%  
Poor: 0%

#### November 10 Focus Group

Excellent: 17%  
Very Good: 42%  
Good: 13%  
Fair: 8%  
Poor: 0

### What issues pertaining to behavioral health service delivery are keeping you awake at night?

#### November 8 Focus Group

- Limited amount and variety of services to consumers, quantity of people underserved and not served at all (criminal justice, education, etc.)
- Many different plans – confusing to providers and patients, esp. Medicaid - Creates high overhead and confusion to clients
- How many people with serious mental illness and substance are in our jails? We have criminalized having mental illness and behavioral health issues.
- Problems for social workers in private practice – rate cuts so low it costs to open office and treat people. We will see providers drop off preferred provider lists.
- Need more emphasis on proactive wellness and prevention.

#### November 10 Focus Group

- Working with youth
- Funding is continuing to dwindle, not being able to provide services. Catch people at intervention and prevention stages before rehab. Collaborate and be more creative to delivering services.
- Areas lacking: providing services for female adolescents; after care services for pregnant girls and non-pregnant.

- Health care reform shifting into insurance coverage. More information for providers dealing with insurance companies.
- Changes towards improving the service delivery; evidence-based practices, competency, and administrators implementing recovery-oriented principles.
- Trauma – implementing treatment and skills, children and adolescents – see behavior and symptoms without getting to the root of the problem.
- Large refugee populations serviced by local mental health facilities.
- Safety of children – alcohol and drug use major factor of child deaths – risk factors of child abuse associated with that.
- Disproportionality in mandated requests - mothers of child showing symptoms of drugs or alcohol, proportion of African Am. Children sent to protective services
- If ACA not repealed – more adults insured through Medicaid –changes the way funding works, need better understanding of where DSHS is taking the system
- People can't afford service, help bring about private sector funding, how private non-profits and public can come together to work on these issues w/ lack of funding.

**What topics would you like to have presented as longer, more in depth training sessions or 'how to' workshops (marketing, technology, social media, etc.)?**

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**November 8 Focus Group**

- Have different levels of sessions for beginners, intermediate, advanced professionals – to be able to implement strategies of best practices - (prevention, treatment, recovery, adolescents, etc.)
- Train the trainer workshops
- Have providers speak to providers
- Community colleges and technology
- Poverty – perspective of who you would be giving preventative treatment
- More info on marijuana
- Trending street drugs – spice, bath salts
- Dr. Patricia Deegan – common ground approach, what consumers can do in area of mental health for recovery purposes
- Social media, cyber laws, sexting legislation to help protect teens have hurt them as well
- Federal regulations and changes
- Clinical supervision practicum and ethics – need for an introduction ethics session
- Outcome measures, personality disorders,- DSM, etc.

- HIV, Hepatitis B and C that would allow counselors to easily meet their CEU requirements in this area.
- Workshops on the implications of the new Affordable Healthcare law for integration of physical and behavioral health

**November 10 Focus Group**

- Over-arching directions and issues – how do we achieve healthcare integration and incorporate into the big picture of electronic medical records, transparency and accountability, integration with physical healthcare? – SAMHSA
- Alternative activities with adolescents to get them motivated, anger management, drug trends - Mark Fomby
- Working with sex addicts and adolescents – would like to see more progressive treatment approaches: yoga, hypnosis, EMDR
- Training of LCDCs – not enough information for opiate addiction treatment, dispelling myths of treatments with methadone

**Would you attend and participate in roundtable discussions? What topics should they focus on? What time of day is best?**

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**November 8 Focus Group**

- Working with adolescents with incarcerated parents
- Crisis intervention – EMS, police, corrections – have diff. representatives from the field
- Coalitions
- Managing change – shift to integration – have people that shifted successfully
- DSM and medical coding, roundtable discussion on different recovery paradigms (abstinence vs. maintenance, harm reduction, etc.)
- More dialogue with DSHS staff where more time is given to answering the counselors and other staff in the field who deliver the services.

**November 10 Focus Group**

- Recovery-oriented systems of care
- Addressing prescription drug abuse
- Opioid treatment via Medicaid
- Discrimination towards opioid treatment – laws regarding people getting out of treatment to get kids back, or violation of parole or probation
- Availability of state hospital beds
- Sexual addiction
- Interim care, initiatives of primary care and substance abuse
- Health reform – share from different perspectives (funding, administrators, etc.)

## What elements have been missing from past Institutes that you would like to see included?

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### November 8 Focus Group

- Have presenters that are experts in the field, and expert presenters with new and innovative information (Scott Miller)
- Week is a long time and it's difficult to send all staff, maybe have clinical in one end and prevention and upper management on the other
- More evaluations of the different workshops, specific evaluations not general
- Quality management and CQI – development, implementation, data analysis, etc.

### November 10 Focus Group

- Implementation / framework – considering the roles of practitioners and certified peer specialists for wellness and Recovery Oriented topics
- Evidence-based practice overview
- Clinical supervision (limit to supervisors) – then have session specific to supervisees
- Involvement of fathers – what curriculum and evidence based practices are used?
- How will Texas align with SAMHSA strategic initiatives?
- *Jane Salazar written comment:*
  - Need for additional information or training along bullying and impact on substance abuse. I have received a need for more training along those lines for front line staff.
  - Impact on Prevention Service Delivery with new standardized testing. Have providers thought about how this would impact current service delivery?
- *Chance Freeman written comment:* Chance Freeman, Branch Manager for Disaster Behavioral Health at DSHS. I would like to ask that disaster behavioral health planning,

response & recovery be considered as part of the TBHI

- *Michaelanne Hurst written comment:*
  - What about federally qualified medical health programs and how recovery can be a part of the intervention and pre-contemplation process and how recovery works with medical primary care?
  - Would like to see private and public sponsorship of treatment, housing and other social services programs in community to help pay for food, coffee breaks, to bring more satisfaction regarding food sponsorship from treatment, housing, and other recovery programs in Texas.
  - Also interested in knowing if private treatment programs are specifically invited, or if this institute has been traditionally for state funded programs?
- *Fred Mitchell written comment:* We need to address how ROSC will affect the future funding
- *Wayne Cryst:* I recently retired from the military and with our troops returning home and draw done in size of our military there will be a large amount of these folks returning to civilian life. PTSD and self medicating is rising with these members. They will be in our treatment centers. I believe that this should be a topic. I know they can go to the VA but the VA often sends these folks to the civilian providers.
- *Rabbi Misha ben-David:* As a counselor, Rabbi and professional musician, I'd like to suggest that you find a way to feature some live music at the conference, maybe at a mixer or two after the sessions are over.

**What speakers would you recommend to present on topics mentioned?**

**November 8 Focus Group**

- Kenny Minkoff – co-occurring and integration
- Dr. Bill Anthony – Boston University – recovery oriented
- Lisa Regina – from Sopranos – domestic violence – “A Write to Heal”
- Kenny Harrison – Texas Tech
- Michael Duffy New Region 6 SAMHSA Administrator
- Dr. James Boone from La Hacienda, on Nicotine Addiction Therapy
- Clay Roberts - Search Institute 40 Developmental Assets

**November 10 Focus Group**

- William White – limited by his health
- Ira Chasnoff
- Leaders of trauma related issues
- Dr.Susana Rivera - Texas Expert on trauma treatment for children and adolescents
- Dr. Molly Lopez - Texas Expert on impementation on evidence based practices
- Dr. Richard Mollica, national expert on trauma and working with refugees and integral health from Harvard University

**Submit additional ideas to:**

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