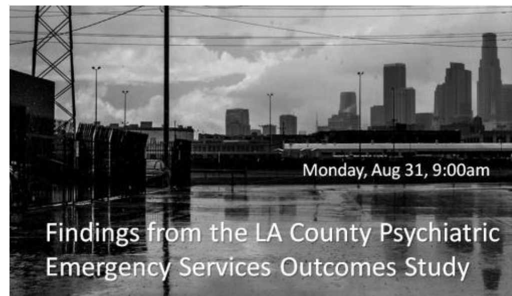

Participant Recommendations from the Community Forum

August 31, 2015

Question to participants: ***How can findings be addressed and translated into better care?***

- It is very apparent that the PES needs housing options (this was brought up repeatedly as the most important issue).
- We need resources to get patients connected to consistent outpatient care directly from the PES, rather than needing an inpatient admission to achieve this.
- We need a higher level of care for those patients who have little insight (into their mental disorders).
- We need a standardized assessment tool for disposition (especially housing)
- The assessment tool should include risk stratification
- Risk stratification should include length of time homeless.
- We should target the population to give the most care/services to those who are most in need.
- We should use predictive analytics to engage decision-making on a clinician-level
- PES providers need alternative placements for patients (i.e. not just inpatient units)
- Even if we can risk stratify, we still need coordinated care.
- We need "linkage case managers" in the PES. In an old model, "linkage case managers" linked/carried people to care, this still exists on a small scale at Harbor-UCLA.
- Homeless patients, especially those with serious mental disorders, need a case/community/social worker by their side intensively connecting them to care.
- We can ramp-up social work/casework, but without placement resources, they are of little utility.
- Can the psychiatric urgent cares (UCC's) help triage/place patients?
- Without (legally) mandated mental health treatment, how can we do any of this?
- We need the clinical/legal tools to care for patients, including restriction of civil liberties for those most at risk for poor outcomes.