



Recommendations from March 22 meeting	Recommendations from April 18 meeting
<p><b>Content:</b></p> <p>Consistency in language  Presenting consumer <u>and family</u> focus at all levels  Facilitating use of civil commitment  Stigma/discrimination  Parity of funding</p> <p><b>Confidentiality re: treatment providers and information sharing</b>  <b>Prevention themes in workgroups</b>  <b>Managing homeless to address “revolving door” and permanent supportive housing</b>  <b>More SA treatment beds</b>  <b>Viewing chronological sequencing of services</b></p> <p><i>Structure:</i>  Self-evaluation  More [teleconference] sites  Ability to vote/manage differences  [Sound] monitor for facilitator</p> <p><b>Bold indicates item identified on continuum (wheel)</b></p>	<p><b>Content:</b></p> <p>Treatment- aftercare, case management, interim services  Crisis intervention- where to place in continuum?  Civil commitment process  Utilize “Recovery Management” process</p> <p><b>Screening at multiple sites- everybody, schools, primary care, ER</b>  <b>Employment services</b>  <b>Job coaching</b>  <b>Consumer presence</b>  <b>Transportation</b>  <b>Transitional Housing</b>  <b>Discharge- planning, transition, more options for housing and other support</b>  <b>Community Education</b>  <b>Job coaching</b>  <b>[Detail] Community Support</b></p> <p><i>Structure:</i>  Breakout suggestions:  Cluster sections  [organize as] pre-during-post  Access, assess, treat, ongoing process  Divide into three clusters of three  Keep entire group intact to maintain communication  Afternoon meeting time, food, day care  More consumer participation might come with evening meetings  Submit names to site liaison or Innovation center  Entire group to meet in May or June  Subgroups to meet in May</p>