Programs & Services: Key Features

Our small groups participated in an exercise during which they were asked to imagine they were designing a brand new program or service. Their task was to list the key features a program or service should have to achieve the greatest chance for success in meeting its goals. The lists below represent a consolidated list of results from each group — a list of key features for the prototypical program or service.

Awareness, Education & Prevention	Intervention and Continuum of Care
• Evaluation tool-effectiveness health life.	• Improved provisions for follow-up.
• Grassroots involvement at every level.	• Including other providers, not just MDs.
• Adjusting tactics based on ongoing evaluation.	• Include faith-based organizations/institutions.
• Ongoing incorporation of global research findings to strengthen message.	• Long term community buy-in/commitment.
• Messages developed by target population.	• Mechanism to engage caregivers (parents, extended families, volunteers).
• Outcomes simple but measurable.	• Coordinate communication along continuum of care.
• Outcomes not counting widgets.	• As part of CPS investigation, provide mandatory 10 sessions with provider for child (counseling).
• Vertically integrated communication plan, including focus groups.	• Mandatory groups for non offending caregivers within CSA investigation.
• Educate provider to hear voice of underserved instead of judging.	• Follow up care for risk assessment on in-home visits.
• Overcoming stigmas attached to accessing services.	• Intermediary to coordinate/connect services.
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• Broadening responsibility to include community, schools, churches.	• Develop referral network; MOUs screenings not enough
• Youth specific & strength based parent education.	• Healthcare management at primary healthcare level.
	• Assure full array of supports to youth.

Cultural Competence and Health Disparities	Insurance and Access to Care
• Training for service providers- culture of poverty.	• Expanded hours, after 5:00.
• Train interpreters in concept, language, etc.	• Transportation , bridges to care.
• Communicative connection between caregivers and interpreters.	• Access to care for uninsured/under insured.
• Compensatory communication strategies.	• Loving radical care at every level "Mother Test."
• Overcoming fears of governmental/outsiders interference.	• Additional services in schools, outside of school hours.
• Addressing socio-economic competency.	• Health insurance literacy.
• Customize to fit the needs of client populations.	• Acceptable and quality services.
• Empower underserved, parents, & caregivers to speak up appropriately.	• Communicate story to stakeholders.
• Educate provider to hear voice of underserved instead of judging.	• Advocate public policy for equal coverage for mental health.
• Community Advisory Boards.	• Removing caps for certain diagnoses.
• Mobile/home youth based services.	• Home visiting services for assessment prevention & parent training (access).
• Organizational model must respond to community needs – Rework the medical model.	• Community "funds" for preventive health not covered • by insurance.
• Age-appropriate approaches to working w/ children & youth.	• Have programs re-contract or open providers.
• Respect religion & values of parents when working with youth.	
• Sensitivity to health & other disabilities.	