Innovation Cycle #2 Themes Problems/Barriers and Learning Goals

TAY/Foster Youth/Children (MHB Ranking #1)

Problem

Foster TAY are at an elevated risk for mental illness compared to their age peers, and while there are services available for those with ongoing need, there are insufficient preventative programs for those making the transition that have not yet "failed" and often these youth do not effectively engage available resources. When these youth do fail in adulthood, they are at high risk for pronounced negative outcomes such as homelessness.

Barrier

Insufficient support resources for these at risk, non-engaged youth - and Foster TAY because of their prior involvement with a "system" that just cast them off and is hesitant to reach out to that system for assistance. There are a lot of bureaucratic barriers especially with Foster TAY (doctor prescribes medication and fills out paperwork but there is no reimbursement).

Problem

Students, who have been raised with drugs and alcohol in the home, have learning or behavioral challenges, have low self esteem.

Barrier

No positive role models at home.

Problem

TAY lack self-identity, sense of purpose and passion for future.

Barrier

No teaching and coaching of how to identify and develop goals that are directly connected to their passion and motivators.

Problem

Children and teens are identified too late as needing services.

Barrier

System is not set up to identify at risk youth by gatekeepers.

Problem

Children System of Care - Adults not qualified for Adult MH System, yet need individual or couples therapy.

Barrier

There is a lack of awareness, coordination, resources and funding.

Problem

Young parents who face multiple risk factors as a group have reduced skill, ability and support in the area of supporting and encouraging their children's development.

Barrier

Insufficient focus on the earliest development of children results in scientific knowledge not being integrated into our efforts to help young at-risk parents and their children.

Problem

Truancy among Children/Youth, mental illness contributes, leads to delinquency.

Barrier

Stigma, poverty, confidentiality, parent cooperation.

Learning Goals

- Focus groups with youth to ask what they would say about keeping them engaged, how we can track them, what will help them become independent, what kind of environment would be welcoming.
- Focus groups with clinicians to ask for their perspective, ask the clinicians who are working with them and what they think.
- What could have helped you earlier on in the identification and what would've made you feel better to get services? Ideas to reduce the stigma? Or educating teens about mental health.
- What are the implications of a diagnosis earlier on or while in the children system of care? Changing criteria when going through a transition. What is the implication of eligibility of resource for mental health and for other resources? The Children's and Adult criteria do not match.
- Children System of Care is Family driven and Adult System of Care is individually driven. What kind of support does TAY need to navigate resources?
- In Adult System of Care, can family be used as a support instead of as an individual? Would it help to continue to have family support system carried over to Adult System of Care?
- Is TAY being empowered in the late teen? Are they being prepared to address their challenges on their own? And what would make them feel empowered in the children's soc? What age would it have been helpful for them to have a mentor and to start teaching them?
- Are we individualizing to a person's needs, a plan that makes sense and are we starting early enough? Do we need to plan for a system of care afterwards from Children to Adult?
- What is the impact of confidentiality of the intact family when they turn 18? Parents and mentors are cut off from knowing anything about the client. Even when children signed release, parents are never brought into the conversation early on. Rules and guidelines? Might that approach improve the culturally relevant information we need for better care?
- How do we incorporate trauma informed services to TAY, FY and other populations?

- When given a diagnosis and they are in foster care, everyone relates to them that has a label, has a master status in life, stand out in school, home, different in every way and that is a major reason they push away, how can we look at all these things that impact the and how can we break down the barrier?
- Foster Youth –What is the reason why they are not accessing the services that can help them to college?

- Youth who age out at 21 experience the same levels of homelessness as 18. Important to find out what will work to connect these youth with the services. What is the current research show what problems/barriers?
- Children – When are we identifying issues? And is what we are indentifying actually what they have? Are we using adult criteria to diagnosis on TAY and Children when it doesn't fit them? By using the mind of an adult during screening, it could affect our ability to have a correct diagnosis. It could be a natural part of being that age.

- Would early identification of what they do well assist children in experiencing full happy lives?

- Are there any non-therapeutic ways that allow for experiencing success, normalcy?

- Are the individual treatment plans including areas of skilled development including the ability to have joy? And if so, what are the interventions that follow? How are they addressing it?

- Who are the gatekeepers? And who should be? And do they know they are gatekeepers?

- Relevant interventions about ethnic populations, what really works and could there be different programs for different culture.

- Different language/terminology. For example – when you talk to teens about mental health, they won't listen. But when you say behavioral challenges, they listen. Would rephrasing the terminology help with the success of programs?

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Early Mortality (MHB Ranking #2)

Problem

Chronic physical health condition w/chronic behavioral health conditions.

Barrier

Siloed service delivery, busy scheduling, and lack of communication.

Problem

Early mortality rate for individuals with Mental Illness.

Barrier

The long waiting lists at PC community clinics and the clients' mental health symptoms prevent them from leaving home to access care. Clients have poor nutrition and shopping habits, and they lack exercise. There are no community gardens to provide a healthy alternative to convenience stores. Clients do not have a personal physician and not pursuing care in physical ailments. There is a lack of engagement from client and family. Client does not understand to follow up after a diagnosis. Psychotropic meds affect clients' health. Doctors over medicate and easily prescribe. Doctors have no mental health education and poorly screen clients mental health condition. No integrated medical record. The community is not educated that there is a problem.

Learning Goals

- How do we approach those that are less stable?

- How can stigma be removed from physical health care side? Can educating physicians about mental illness help to engage those with mental illness?

- Is the medication contributing to early mortality?

- Are psychologists being an adequate partner? Are they screening for physical problems? Assessing the medicine side effects?

- How can we overcome the prejudice clients have with primary physicians? Reduce fear, stigma on the side of the patient and doctor. How do we build a bridge between primary care?

- Will having more knowledge about medicine interactions increase physical stability? Will physical health improve?

- Would a general education program for clients help reduce their physical challenges?

- With regards to medication, would monitoring if the client understood and repeating the education, and maybe in various forms, be helpful to the client?

- Are there opportunities available for physical assessments in crisis services? Are physical assessments even being looked for in crisis facilities?

- What are the barriers that are preventing clients to get a physical assessment? And barriers to follow through?

Board and Cares & Independent Living Facilities (MHB Ranking #3)

Problem

B/C residents do not transition and are isolated without support.

Barrier

Lack of knowledge, lack of socialization training, lack of funding

Problem

Poor coordination of care for people going from acute care environments to B/C and shelters.

Barrier

Lack of funding, little tracking where patients are going.

Problem

Most ILF's are for profit and not person-centered or recovery focused; individuals have nowhere to go for accurate reliable information on ILFs.

Barrier

Need to change views; No common source for reliable information on ILFs and training for those employed by ILFs. Most attention is given to people with disabilities because they are given more money. There is a lack of standards of treatment and living conditions and issues with licensing.

Learning Goals

- What would happen if board and cares were funded or had the goal of people moving out instead of just a place for people to stay for a long time?
- What would the impact be if wellness was the goal of the board and cares?
- What if clients were told there are other options for them after board and cares?
- What are board and cares doing to encourage independence or to educate the clients they are serving to work on employment, housing?
- Is there a focus on quality of life? If it is on wellness, will it bring on greater independence? What can we do to foster a quality of life focus? Would incentives to board and cares work?
- Does oversight of ILFs increase residents quality of life?
- What do the board and cares & Independent Living Facilities believe they are providing? What do they believe the obstacles are to providing excellent quality of life?
- Do the residents have the life skills to live independently? Are there opportunities for them to learn life skills?

Homelessness (MHB Ranking #4)

Problem

Self-sufficiency and self-determination in affordable housing.

Barrier

Stigma, lack of funding.

Problem

Homeless with mental illness have trouble getting needs met.

Barrier

Lack of funding, lack of coordinated integrated care in one location, no enforcement of involuntary treatment of people who are living homeless, homeless individual has no place to take their belongings - won't see doctor if they have to leave belongings outside.

Problem

Unengaged SMI who are at home and homeless females who have COD and patients that leave inpatient placement.

Barrier

No barrier listed.

Learning Goals

- Why aren't shelters being used by the homeless? Are they going to access shelters if there is another case manager than the one that is at the shelters?
- Would mobile physicians or integrated care at one location increase access to care for the homeless?
- What is a safe system for the homeless?
- Interface with the existing programs because maybe there are things in that program that can be a barrier. Learn from existing programs and provide the existing programs feedback. Give them something back to what they are not getting in other ways.
- Speak to the homeless and find out what their priorities and needs are.

Capacity of Outpatient Clinics (MHB Ranking #5)

Problem

It is difficult for new patients to receive the services needed from outpatient clinics.

Barrier

Outpatient clinic clients who are farther along in their recovery are not moving onto more appropriate service which focuses on community integration, client empowerment, and social, emotional and physical well-being. People are not utilizing the existing array because there is no communication of the array that is available out there. The community fears the public health system. There is a lack of transition management. There is a recruitment problem within the public sector to get hire more doctors, therapist, etc.

Learning Goals

- If doctors collaborated more with WRAP facilitators, will this shorten the length of time? Will they go through transition more? Would active involvement outpatient recovery services shorten the length of time? Would a recovery physician registry lead doctors to shorten the stay of their patients?

- Would more knowledge that there are recovery services out there shorten the length of time?

- How do we incentivize clinicians to move their clients out of the therapeutic setting and into the community setting especially since currently the incentives are to keep the good cases rather than unload them and have worse people come in? How do we change that model? How do we make it in their interest to do what's better for the client?

- Are needs being met during the short time clients are with the psychiatrist and clinician? Would learning how to get your points across to the doctor in a short enough time be helpful to the client?

- Would peer support reduce the client's tendency to hang on? Would a management transition team be helpful? Is there a benefit of using a team approach for managing one client? With the client at the center of the hub the needs are driving his treatment plan.

- Would giving the message that there is more after treatment be helpful to a person who is in the mental health system for the first time?

- Why does the fear exist? Who did they first talk to that helps or hinders their ability to move on?

- Would access to faith based systems that are appropriate to them be useful in the transitional process? How would that transition work?

Alcohol and Drug Relapse (MHB Ranking #6)

Problem

Clients in AOD treatment/recovery often relapse after reintroduction into the family.

Barrier

There are no family communication programs that empower both parties. A change in the definition of mental illness in relation to treatment of AOD is needed. Change people's views on relapse - everyone looks down on relapse, accept that relapse is a part of recovery. No support in the workplace or military.

Learning Goals

- Why are providers putting the stigma on relapse?
- If we used the term ‘a bump in the road’ instead of term ‘relapse’ would that help reduce stigma?
- Does the family support increase with the knowledge of reduce stigma of relapse?
- How do we educate and support families to be part of that person’s support system through that journey?
- What would an education program look like for families who are doing their part of supporting someone and they don’t have the tools that they don’t need? At what stage can family members intervene before a relapse occurs?
- How do you engage families in a way that they are to be supportive and not be part of the problem? Offer some type of support

Older Adults (MHB Ranking #7)

Problem
Older adults lack sense of purpose, isolation, hopelessness.

Barrier
No land available for community gardens and a therapist trained in horticulture therapy. Lack of computer resources.

Problem
Persons with dementia have difficulties accessing traditional MH system.

Barrier
No current programs in place to serve the population and they are not eligible for Public Guardian because they have limited financial resources. With regards to dementia, is it a mental illness or not? There is a lack of data.

Problem
Older Adults live in costly assisted living facilities

Barrier
Lack of funding, shift of funds from facilities to peers

More Barriers
Huge stigma associated with Older Adults. MediCare is complicated. Lack of transportation. Difficult to communicate to the community. Usually older adults are not compliant with their medication compliance. Older adults' homes aren't always the nicest clinic environment.

Learning Goals
- How do we look at older adults as a whole person? Would providing support to their individualized needs be helpful? This is not a population that you can say that their cause of isolation is that they fell and broke their hip and have a decreased mobility. We need to look at older adults in a different way.

- How do we honor the person's individualization? How do we meet the person's needs but then recognize that whatever we say is non-compliance is what they are holding on to with their independence? How can we maintain a person's independence for as long as reasonably possible through in home supports, community supports, networks, etc.

- What if we treated older adults as someone still needed in the community? They are no longer connected to main stream society. How do you reengage them to being valued in the community?

- What is it going to take to create something where they are valued and feel that value and are contributing to a young person's life or a society as a whole?

- The Older Adult population is changing radically from what it used to be. The Older Adult population that we will be addressing is not going to be recently retired with looking for things to do, but with work lives that are past their retirement. What are the physical and mentally challenging issues that will occur if they continue to work?

- Dementia issue is a huge issue because it falls through the cracks – it's not a mental illness it isn't a physical issue, how do you continue to support someone with dementia at the highest level as possible? I don't think we have the social support place, legal mechanisms. It's an increasing population. What are the mental health needs with a person with dementia?

- How do you empower them to get the support they need from their family, caregivers, community?

Mental Health Client Issues with Criminal History (MHB Ranking #8)

Problem

MH clients unable to clear criminal history.

Barriers

Court costs, fees or restitution, cannot successfully complete probation or parole.

More Barriers

No plan for individuals released from prison. Long process to reactivate benefit. No treatment in prison.

Learning Goals

- What barriers are we creating for them that cause them to go back to jail?

- Can developing a transitional and peer support program reduce them from being in the street? Peer support services from parole and community.

- Would providing the resources they need when they are out of prison assist them?

- There is a TAY population here, juvenile system coming out with the same issue. Do we think about TAY issues with criminal history and what that is going to entail? How do they make their adjustment?

- Would a community contact when they are inside the prison help?

Mental Health Client Issues with SSI/SDI (MHB Ranking #9)

Problem

Majority of uninsured clients are denied SSI/SSDI after initial application.

Barrier

County has traditionally funded behavioral health services for indigent clients and integration efforts are just beginning. Process is very bureaucratic and slow. There is a lack of support in the application process and incentive for medical team. There is a lack of leadership and public relations from the department. There is a lack of data of knowing the number of applications and how many are denied. There is a lack of education - people are applying when they probably shouldn't be applying.

Learning Goals

Special Populations (MHB Ranking #10)

Problem
Ethnically diverse communities need services.

Barrier
Stigma - there are limited MH services offered in a non-traditional setting and a non-traditional hour of the day.

Problem
Poor recognition of maternal depression, especially Hispanic moms.

Barrier
Lack of identification of maternal depression, lack of available services, stigma.

Problem
Commercial sexual exploitation and trafficking of children.

Barrier
Lack of awareness of the problem, no comprehensive, uniform coordination of support and services.

Problem
Release from military without re-programming predisposes vets to PTSD.

Barrier
Vets avoid positive responses on the PDHA because of stigma.

Problem
Not enough medicating psychiatrist in the community colleges to address the needs in the higher education.

Barrier
Limited resources at community college for medical services. Most students do not have insurance and must navigate the county mental health system which is frightening to the students.

Learning Goals

Gambling and Mental Illness (MHB Ranking #11)

Problem

Gambling and MH Challenges

Barriers

Lack of recognition of prevalence, stigma, education and funding.

Learning Goals

Hoarding (MHB Ranking #12)

Problem

Front line workers are not provided with EBP on treatment of hoarding and how to manage these cases and hoarding creates unhealthy conditions.

Barriers

Providers lack information and education on how to treat the causes. There are no formal trainings out there. There is no coordination between law, code enforcement and social services.

Problem

Hoarders face problems with neighbors and clean-up costs. Hoarding creates fire hazard, public nuisance, and substandard living conditions.

Barriers

Treatment of hoarding is expensive, involved and hard to find. Those that do want to clean up their properties are faced with large costs associated with trash removal. No protocol on how to handle hoarders.

More Barriers

The hoarder is resistant to treatment. There are a lack of treatment programs, education on the screening of a hoarder. It is a long treatment process. The community is not educated in knowing the early signs of a hoarder.

Learning Goals

- Would more education on the early signs lead people to reach out for help with their issues?
- What are the things that lead someone to become a hoarder?
- Would early intervention help?
- Lack of knowledge with someone who is hoarding and they have a fear of treatment because they have to give them that stuff or they are going to be labeled or stigmatized with being a hoarder
- Would a publicized support system be effective?
- If you can properly label this then you can properly find support for this, maybe putting this in the OCD group because having OCD has less stigma

Trauma Informed Services (MHB Ranking #13)

Problem

With libraries increasing scene as a safe place for those who have experienced trauma, library staff are not prepared to respond to the needs of these customers and are ill equipped to deal with behaviors if they escalate.

Barrier

Stigma, lack of education on correlation between trauma and illness, no funding for trauma-informed care. There is no training for library staff on recognizing and understanding mental illness, and what to do to diffuse intense situations and then to talk about traumatic experiences.

Problem

Victims of violence suffer behavioral challenges and often become perpetrators of violence; violence is a predictor of the need for mental health services.

Barrier

Empowering TAY and adults with alternative skills is not widely promoted.

Learning Goals

- How effective would a team from mental health working with library staff be with lowering number of incidents?