Innovation Cycle #2 - Problems and Barriers

ID	Theme	Problem	Barrier	Study Group Input - 7 MHB members participated
1	TAY/ Foster Youth/ Children	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	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 are hesitant to reach out to that system for assistance	2 out of 7 MHB members ranked this #1 1 out of 7 MHB members ranked this #2 3 out of 7 MHB members ranked this #3 1 out of 7 MHB members ranked thid #4 <u>Barriers to note</u> -The silent at risk foster TAY not being reached -Lack of role models -System not set up to identify at risk youth -Insufficient support and resources -Lack of funding
2		Students who have been raised with drugs and alcohol in the home, have learning or behavioral challenges, have low self esteem	No positive role models at home	
3		TAY lack self-identity, sense of purpose and passion for future	No teaching and coaching of how to identify and develop goals that are directly connected to their passion and motivators	
4		Children and teens are identified too late as needing services	System is not set up to identify at risk youth by gatekeepers	
5		Children System of Care - Adults not qualified for Adult MH System, yet need individual or couples therapy	There is a lack of awareness, coordination, resources and funding	
6		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	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	<u>Additional Barriers</u> -Reaching out to the silent at risk population. It was suggested that we might need to look at the model again. Alfredo commented that we need to think of innovative ways to reach out to the TAY population. Philip confirmed that they are working with schools to transition children to adult hood at age 18. IEPs follow the child until age 22 if they have not graduated high school.
7		Truancy among Children/Youth, mental illness contributes, leads to delinquency	Stigma, poverty, confidentiality, parent cooperation	
8			Innovation Workgroup: There are a lack of models of support for kids with complex needs. The funding stream requirements are complicated. There is a huge stigma associated with this problem. Lots of bureaucratic barriers especially with Foster TAY ie. doctor prescribes medication and fills out paperwork but there is no reimbursement.	
9	Early Mortality	Chronic physical health condition w/chronic behavioral health conditions	Siloed service delivery, busy scheduling, lack of communication	3 out of 7 MHB members ranked this #1 1 out of 7 MHB members ranked this #4 <u>Barriers to note</u> -No integration of medical records and health care -No id of target individ -No continuum of care -Client does not understand to follow up, after dx
10		Early mortality rate for individuals with MI	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.	
11			Innovation Workgroup: 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. Docotors 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.	

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12	B/C and ILFs	B/C residents do not transition and are isolated without support	Lack of knowledge, lack of socialization training, lack of funding	2 out of 7 MHB members ranked this #1 1 out of 7 MHB members ranked this #2 <u>Barriers to note</u> -No standards/list for ILFs -Lack of licensed B/C -No parity with rates for dual diagonsis
13		Poor coordination of care for people going from acute care environments to B/C and shelters	Lack of funding, little tracking where patients are going	
14		Most ILF's are for profit and not person-centered or recovery focused; individuals have no where to go for accurate reliable information on ILFs	Need to change views; No common source for reliable information on ILFs and training for those employed by ILFs	
15			Innovation Workgroup: More attention is given to people with disabilities because they are given more money. A registry is non-existant. There is a lack of standards of treatment and living conditions. There are issues with licensing.	<u>Additonal Barriers</u> -There are no openings - a registry of ILFs is important
16	Homelessness	Self-sufficiency and self-determination in affordable housing	Stigma, lack of funding	2 out of 7 MHB members ranked this #2 1 out of 7 MHB members ranked this #5 <u>Barriers to note</u> -Stigma -Lack of funding
17		Homeless with mental illness have trouble getting needs met when resources are spread out	Lack of funding, lack of coordinated integrated care in one location	
18		Unengaged SMI who are at home and homeless females who have COD and patients that leave inpatient placement		<u>Comment</u> There are a lack of dedicated doctors.
19			Innovation Workgroup: There is no enforcement of involuntary treatment of people who are living homeless. Homeless has no place to take their belongings. They won't see doctor if they have to leave belongings outside	
20	Capacity of outpt clinics	It is difficult for new patients to receive the services needed from outpatient clinics	Outpatient clinic clients who are farther along in their recovery are not moving onto more appropriate service that focus on community integration, client empowerment, social emotional and physical well-being.	1 out of 7 MHB members ranked this #3 1 out of 7 MHB members ranked this #4 <u>Barriers to note</u> -Lack of transition mgmt for people who are ready to go to more appropriate service
21			Innovation Workgroup: 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.	<u>Action item</u> -Candance Milow to forward Council a roster for mental health providers. <u>Added Barriers</u> - Benefits and transitional services

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22	AOD Relapse	Clients in AOD treatment/recovery often relapse after reintroduction into the family	There are no family communication programs that empower both parties.	1 out of 7 MHB members ranked this #2 1 out of 7 MHB members ranked this #3 Barriers to note -Education
23			Innovation Workgroup: The system is defined by the funding. There needs to be a change in the definition of mental illness in relation to treatment of AOD. Change people's views on relapse - everyone looks down on relapse, accept that relapse is a part of recovery	Additional Barriers -No support in the workplace or military. Relapes comes in different forms overnight, weekend, several weeks, months or years. Definition definitely of concern. Education is necessary.
24	Older Adults	Older adults lack sense of purpose, isolation, hopelessness	No land available for community gardens and a therapist trained in horticulture therapy	1 out of 7 MHB members ranked this #4 1 out of 7 MHB members ranked this #5 Barriers to note -Lack of coordination
25		Current Aging Well presentations are not culturally relevant to Hispanic community	Lack of funding	
26		Persons with dementia have difficulties accessing traditional MH system	No current programs in place to serve the population and they are not eligible for Public Guardian because they have limited financial resources	
27		Older Adults live in costly assisted living facilities	Lack of funding, shift of funds from facilities to peers	
28		Older Adults need to expand social life through computers	Lack of resources	
29			Innovation Workgroup: Huge stigma associated with Older Adults. With regards to dementia, is it a mental illnes or not? There is a lack of data. MediCare is complicated. There is a huge disconnection between primary care and mental health. Lack of transportation. Difficult to communicate to the community. We have to deal wtih the isolation and lack of connection with society. Usually older adults are not compliant with their medication compliance. Older adults homes aren't always the nicest clinic environment.	Additional Barriers -Target population is 60+ and older. This population is only going to increase.
30	MH Client Issues w/ criminal history	MH clients unable to clear criminal history	Court costs, fees or restitution, cannot successfully complete probation or parole	1 out of 7 MHB members ranked this #1 Barriers to note -No plan for individuals released from prison
31			Innovation Workgroup: No plan for individuals released from prison Long process to reactivate benefits No treatment in prison	Comment -A big part of this population is parolees that have mental illness. MH Court is one of the tools to help people complete probation. This population has a much bigger rate of co-occuring disorders.
32	MH Client Issues w/ SSI/SSDI	Majority of uninsured clients are denied SSI/SSDI after initial application	County has traditionally funded behavioral health services for indigent clients and integration efforts are just beginning	1 out of 7 MHB members ranked this #1 Barriers to note -Overwhelming bureaucracy -Lack of coordinated support with family or treatment professionals
33			Innovation Workgroup: 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 ie. people are applying when they probably shouldn't be applying	

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34	Special Populations	Ethnically diverse communities need services	Stigma - there are limited MH services offered in a non-traditional setting and a non-traditional hour of the day	1 out of 7 MHB members ranked this #3 Barriers to note -Lack of awareness of consumers' sexual explotation
35		Poor recognition of maternal depression, especially Hispanic moms	Lack of identification of maternal depression, lack of available services, stigma	
36		Commercial sexual exploitation and trafficking of children	Lack of awareness of the problem, no comprehensive, uniform coordination of support and services	
37		Release from military without re-programming predisposes vets to PTSD.	Vets avoid positive responses on the PDHA because of stigma	
38		Not enough medicating psychiatrist in the community colleges to address the needs in the higher education community	Limited resources at community college for medical services. Most students do not have insurance and must nagivate the county mental health system which is frightening to the students	
39	Gambling & MI	Gambling and MH Challenges	Lack of recognition of prevalence, stigma, education and funding	Comment -Gambling is more of an addiction, not a mh problem. It was suggested that sex addiction should also go into the gambling section.
40			Innovation Workgroup: Lack of funding	
41	Hoarding	Hoarding ; front line workers are not provided with EBP on treatment of hoarding and how to manage these cases; hoarding creates unhealthy conditions	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.	No comments from MHB Study Group
42		Hoarders face problems with neighbors and clean-up costs. Hoarding creates fire hazard, public nuisance, and substandard living conditions	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.	
43			Innovation Workgroup: 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.	
44	Trauma Informed Services	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	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.	Comment -The librariers are a huge benefit to our mentally ill population. An additional barriers is that we don't' provide suffcient support.
45		Victims of violence suffer behavioral challenges and often become perpetrators of violence; violence is a predictor of the need for mental health services	Empowering TAY and adults with alternative skills is not widely promoted	
46			Innovation Workgroup: There needs to be a shift developmentally in that industry and there is a lack of outreach to other ethnic groups	