

Identified Gaps in Behavioral Health System- DRAFT Page 1

<u>Programs and Services</u>	<u>Communication, Collaboration and Community Education</u>	<u>Program Staffing</u>	<u>Timely Access to Treatment</u>	<u>Integrated Models of Care</u>
There are gaps in critical services for individuals and families.	There is a continued need for community education, stigma reduction initiatives, and enhanced approaches to improve communication and collaboration.	There is a need to decrease staff turnover rates and improve access to training in new models of care.	Timely access to treatment is not always consistent across the system.	There are needed improvements to support an integrated, whole person approach to care , across primary care, and individuals who have co-occurring mental health and substance use disorders.
<p><i>Examples:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Need for safe affordable housing for adults who have a serious mental illness and/or a co-occurring disorder who need access to supported housing (financial and services) to live independently in the community and reduce the use of non-integrated living settings such as locked care. <input type="checkbox"/> Services are not widely available for individuals who have a mild or moderate mental illness. <input type="checkbox"/> Mobile Crisis services are not currently available in the County. <input type="checkbox"/> Trauma Informed models of care are not widely available across the system. <input type="checkbox"/> Evidence Based and Best Practice Models of care are not widely available and easily accessible for consumers and families: <ul style="list-style-type: none"> o Expanding the use of Full Service Partnership (FSP) Models and Assertive Community Treatment Team models (MOST for example) o Illness Management and Recovery (IMR) o Evidence Based Supported Employment (EBSE) 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Stigma often plays a critical role and is a barrier to expanding services in the community as illustrated by the challenges faced by a peer support agency seeking to expand membership in their local neighborhood and the siting of a new methadone clinic in South County. <input type="checkbox"/> There is a need for greater understanding of the constraints of the system- mandated populations to be served, types of services required, and which individuals and families the system is not currently able to support. <input type="checkbox"/> The County and its providers need to be able to demonstrate the value and effectiveness of programs provided, both through outcomes and defined performance measures. 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> There are high turnover rates in key positions across the system, especially the community non-profit providers, which may negatively impact timely access to care and consistency of service providers for individuals and families- having to repeat one's story and establish new relationships with new providers. <input type="checkbox"/> Differences in pay scales among providers in the community makes it especially difficult for some providers to retain staff that move to other organizations due to higher pay scales. <input type="checkbox"/> Staff development needs to be tied to new program models being developed and the changing needs of the community such as co-occurring disorders and Evidence Based Practices. 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> There are waits for services across the system for mental health, substance abuse and psychiatry services. <input type="checkbox"/> There are not enough bilingual providers to meet the current demand for bilingual services <input type="checkbox"/> Shortages in psychiatrists and Psychiatric Nurse Practitioners negatively impacts timely access to psychiatric services. <input type="checkbox"/> Criteria for who can access specialty mental health services needs to be clarified to potentially support a broader range of individuals and families accessing treatment. <input type="checkbox"/> Group treatment models, which can more efficiently and potentially more effectively serve 	<p><i>Examples:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> With the planned development of an integrated behavioral health and primary care model at the County FQHC's, what model will be utilized to support the provision of integrated care (mental health, primary care and substance abuse services) for the adults and children served by this program? <input type="checkbox"/> Care may not be well coordinated for individuals and families involved in multiple systems.

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<ul style="list-style-type: none"> ○ Trauma Focused Cognitive Behavioral Therapy (TF-CBT) ○ Seeking Safety ○ Integrated Dual Disorders Treatment (IDDT) ○ Medication Enhanced Treatment (MET) as some examples □ The Crisis Intervention Training (CIT) for law enforcement has not been widely adopted in law enforcement to support the safety of individuals with mental illness as well as law enforcement. □ Improved services are needed to assist youth in transitioning to adulthood and for youth who are not able to engage in services in traditional settings. □ Psychiatry services are only available through the County and in the Private Practice community and are often not available at all for individuals with substance use disorders. □ Crisis beds for youth are not available as an alternative to inpatient care. □ Screening, Brief Intervention, Referral to Treatment (SBIRT) for individuals needing substance use disorder treatment should be an established practice in key areas of the system, such as primary care. □ Expanded services for the growing older adult population are needed. 	<ul style="list-style-type: none"> □ More effective collaboration tools can be used to engage consumers and family members in directing the goals of treatment and supporting the development of personal recovery goals that are defined by the individual and/or family. □ There is a need for more regular opportunities to engage the community and stakeholders in defining changing community needs and how to prioritize and respond more effectively to those needs. 	<ul style="list-style-type: none"> □ Staff need access to technology and other tools to maximize their available time with individuals and families, for example developing a mobile workforce with the ability to document services electronically in the field. □ Staff supports for administration and program evaluation functions need to keep pace with growth in clinical services. 	<p>larger numbers of individuals at one time, are not extensively utilized throughout the system as a strategy to expand the availability of services.</p> <ul style="list-style-type: none"> □ There is a lack of well-defined community based access points for individuals and families who are homeless to connect to behavioral health services. □ Individuals ready for substance use disorder treatment need rapid access to treatment services- “treatment on demand”. 	<div data-bbox="2435 1227 2583 1300" style="border: 1px solid black; padding: 2px; text-align: center;">Page #2</div>