Identified Gaps in Behavioral Health System- DRAFT 11-18-14

Programs and Services	**Communication, Collaboration and Community Education**	**Program Staffing**	**Timely Access to Treatment**	**Integrated Models of Care**
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 and support new models of care to more effectively deliver services in the community.	***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.
Examples: ☐ Need for ***safe affordable housing*** using a **Housing First Model** for adults who have a serious mental illness and/or a co-occurring disorder who need access to supported housing (financial and services) and services to support them in housing, in order to live independently in the community and reduce the use of non-integrated living settings such as locked care. ○ Services should be ***available in people's homes or supported housing programs*** ○ Specialized ***housing programs for women, couples and individuals who may have pets***. ○ Independent ***housing options for young adults*** ○ ***Clean and sober housing*** for individuals who are recovering from substance use disorders. ☐ ***Services are not widely available*** for individuals who have a mild or moderate mental illness.	*Examples:* ☐ The term ***"Stigma", or using an alternative term such as "bias"*** 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. ☐ 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. ○ ***More clearly articulated criteria for who can access services through the County*** that is more effectively	*Examples:* ☐ 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. ☐ There is a need to develop new strategies for more effectively ***recruiting and retaining psychiatrists*** ☐ 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.	*Examples:* ☐ There are ***waits for services*** across the system for mental health, substance abuse and psychiatry services. ○ ***Ensure the availability of the right number of staff*** at the ***right time*** based on actual and future demand for services. ☐ There are not enough ***bilingual providers*** to meet the current demand for bilingual services ☐ ***Shortages in psychiatrists and Psychiatric Nurse Practitioners*** negatively impacts timely access to psychiatric services.	*Examples:* ☐ 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? ☐ Care may not be well coordinated for ***individuals and families involved in multiple systems***. ☐ ***Integrated care is inclusive of*** family input, through sharing of information and inclusion in treatment when

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○ Services should include ***intensive supports for children and teens not yet "diagnosed".*** ☐ ***Mobile Crisis services*** are not currently available in the County. ○ ***Models developed should include peers and access to family navigators, and include coverage into the evenings and weekends.*** ☐ ***Trauma Informed models of* care** are not widely available across the system. ○ Services, including suicide prevention services, are ***informed by the diverse needs of the individual being assisted***, ex. Veterans trauma issues. ☐ ***Evidence Based and Best Practice Models of care are not widely available*** and easily accessible for consumers and families: ○ Expanding the use of Full Service Partnership (FSP) Models and Assertive Community Treatment Team models (MOST for example) ○ Illness Management and Recovery (IMR) ○ Evidence Based Supported Employment (EBSE) ○ Trauma Focused Cognitive Behavioral Therapy (TF-CBT) ○ Seeking Safety	communicated to individuals and families seeking services. ☐ 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. ☐ 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. ○ Includes ***supporting and training clinicians in understanding the benefits of using family members*** to support the care of the individual in the community. ☐ 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. ☐ ***Develop more "humane" approaches to working with individuals who are under a 5150 hold*** through collaboration with community members and	☐ ***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. ☐ ***Mental Health staff are certified and experienced to provide substance use disorder treatment for individuals with co-occurring disorders.*** ☐ 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. ☐ ***Staff training in working with the needs of a diverse population***, including Forensics, LGBTQ issues, issues specific to veterans, risk assessment, cultural competency, and older adults	☐ ***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. ☐ ***Group treatment models***, which can more efficiently and potentially more effectively serve larger numbers of individuals at one time, are not extensively utilized throughout the system as a strategy to expand the availability of services. ☐ 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".***	consent is requested and provided. ☐ ***Capacity*** is needed ***to conduct assessment, treatment planning and provide treatment for both mental health and substance use disorders*** within the same program using a team based approach to care. ☐ Develop opportunities for ***integrated programs for housing, school based services and other mental health and substance abuse services*** to leverage the resources offered by other programs and initiatives serving the same population.

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○ Integrated Dual Disorders Treatment (IDDT) for co-occurring disorders treatment ○ Medication Enhanced Treatment (MET) as some examples ○ Motivational Interviewing ☐ ***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. ○ Psychiatry services need to be made ***more available to families*** **as well.** ○ ***Specialized psychiatry services*** available to meet the needs of a diverse population ☐ ***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	stakeholders to improve this process, including advocating for changes in regulation. ☐ Availability of mental health services and evaluations ***within local schools*** through new efforts at developing collaborative models of care. ☐ Partnership with transportation organizations to ***support individuals in getting to and from medical appointments.*** ☐ ***Expanded connection to pro-social activities in the community*** for children and adolescents through increased collaboration with organizations providing these activities in the community. ☐ ***Provide access to parenting groups, parent education, and support*** in the community for families who are connecting with mental health services. ☐ ***Develop publications and an enhanced web information for consumers and family members*** that provide information about services available in the community, 5150 process, educational offerings, behavioral health center, etc. ☐ In the area of suicide prevention, the County lacks a coordinated ***Suicide Prevention Plan which builds on community collaboration among***	with complex medical issues, school based mental health services and complex family dynamics. ☐ Development of a ***family navigator position*** to assist families in navigating the complexities of the service system and connecting to services, particularly for families experiencing a first crisis, homeless individuals, individuals at the jail and in the court system with a serious mental illness and/or co-occurring disorder, and those accessing crisis services or being seen in the Emergency Department or Crisis Stabilization Program. ○ Follow-up for all children seen at the crisis stabilization program by a family navigator. ☐ Expansion of ***veterans advocate services*** ☐ Greater focus ***on recruitment and retention efforts for bilingual providers:*** therapists, and psychiatrists. ☐ Look at opportunities to ***leverage and utilize***	☐ ***Walk-in capacity for crisis care*** in the community in both North and South County. ☐ ***Services available*** in locations ***with the greatest need.***	

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as primary care and Access- the entry point into County Services. ☐ Expanded ***services for*** the growing ***older adult population*** are needed. ☐ Focus on funding ***programs that have been demonstrated to work*** ☐ ***Expanded peer services*** that are connected to the larger system of care ☐ Programs that focus on ***after care post hospitalization and intensive outpatient programs for youth.*** ☐ Development of ***prevention and early intervention services*** across the lifespan. ☐ Development of ***crisis respite services*** for children and adolescents ☐ Support for the development of ***alternative approaches to supporting recovery and wellness*** through peer and family support agencies. ☐ ***Expanded availability of case management services*** to assist individuals in accessing financial, legal, and other educational opportunities in the community. ☐ ***Availability of services in more than one language*** particularly for individuals who may only speak Spanish. ☐ Implement ***alternative approaches to engagement including activities based treatment for young adults*** and ***alternative outreach services through***	***multiple providers who have efforts in this area*** to effectively address the needs of the community and ties in prevention efforts to the recommendations of the national suicide prevention plan or the California Strategic Plan on suicide prevention. ☐ Provide ***training, education and support*** for primary care physicians to manage the medication needs of the mild to moderate population. ☐ ***Expanding the use of faith based organizations*** in leveraging and expanding the supports and services they have available to the community. ☐ **Written materials on available programs should include a reference to *Peer Support services and Family Support programs.***	***volunteers*** in support of the clients and families served. ☐ Expand the use of ***peer counselors embedded within the transition aged youth team*** to more effectively meet the needs of young adults. ☐ ***Peer Certification in Intentional Peer Support*** as a standardized training model to provide a consistent approach to providing peer services with a trauma informed approach. ☐ ***Leverage technology*** to support an expansion of services and a more flexible service model approach ○ Example of using ***telemedicine for psychiatry services*** ☐ ***Staff working at the Behavioral Health Center*** should have specified trainings each year that are based on the recommendations of the County as well as enhancing the service needs of the population supported by the program.		

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peers for adults who are having difficulty engaging in services. ○ Examples mentioned were "L.E.T.S.- Let's erase the stigma" as well as CLE model in Monterey for young adults with autism. ☐ Consideration given to moving ***program facilities to being tobacco free*** and support individuals trying to quit smoking. ☐ Counseling services for youth aged 0-5 in order to offer early intervention and prevention services and potentially reduce the need for future services.				

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