



Promoting Wellness and Recovery

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Mental Health Clinical Roundtable Priority Setting Survey

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Purpose and Objectives

- **To set priorities for the Mental Health Clinical Roundtable**
 - ✓ Identify most salient issues facing persons with Mental Health problems
 - ✓ Identify barriers to addressing problems
 - ✓ Identify potential solutions to barriers



Methodology

- Survey with three open-ended questions on:
 - 1) Salient issues
 - 2) Barriers to addressing salient issues
 - 3) Potential solutions
- Disseminated to members of the Mental Health Clinical Roundtable between 2/23/2014 – 3/17/2014. Two reminders were sent out.
- Received 16 responses

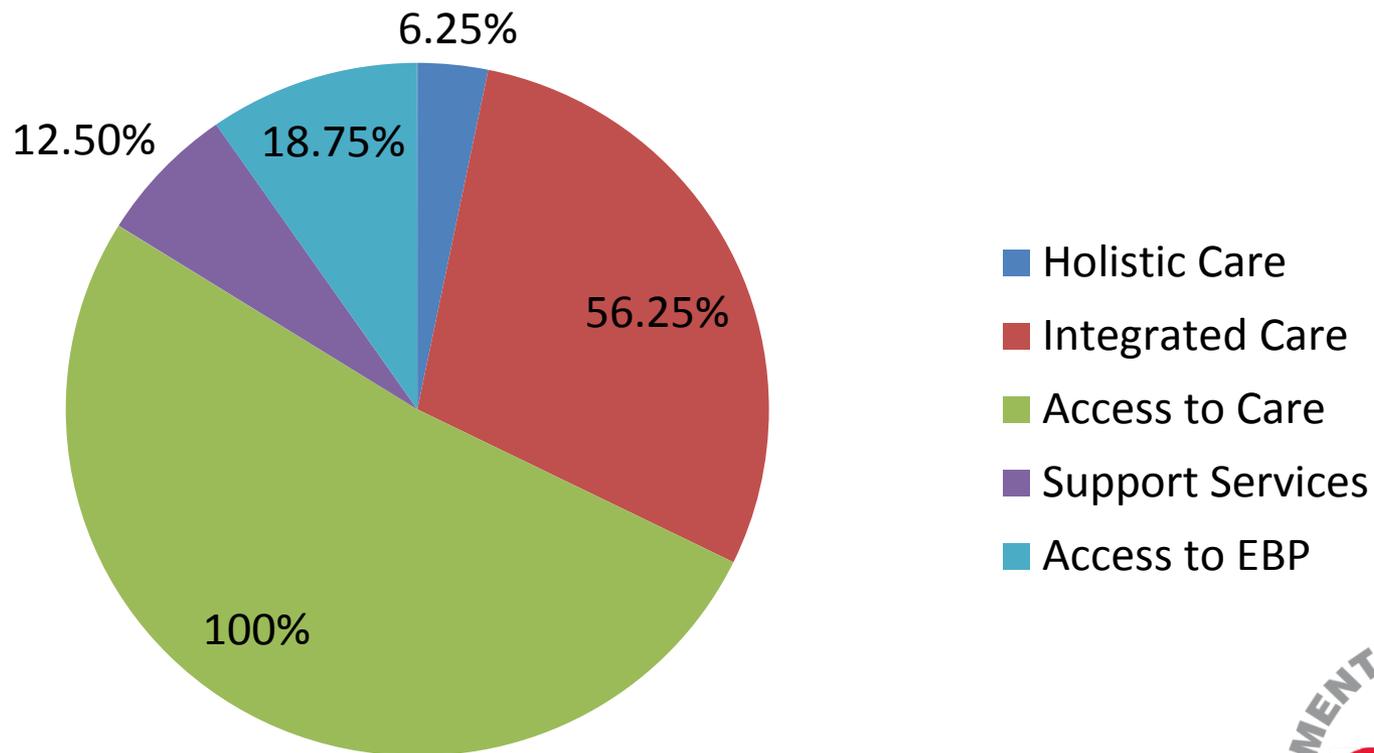


Question 1:
**Three most important issues facing
individuals with mental health problems**



FINDINGS: Question 1

Percentage of Respondents



Question 1

- **ACCESS (RANK 1)**

- Appropriate level of care: “Children receiving the right level and type of service, in the right amounts based on their clinical needs”, “Adequate levels of care”
- Access to outpatient services: “Inadequate access to outpatient services, especially medication evaluation and management”; “Access to forensic ACT teams”; “Accessing appropriate care in a timely manner”
- Workforce shortage: “The shortage of mental health providers is well-known”
- “Adequate levels of care”
- Inpatient services: “Access to hospital when needed due to the limited beds in the system.”



Question 1



- **INTEGRATED CARE (RANK 2)**

- *Cross System Coordination/Communication:*

- “Lack of integrated local and state policies and resources that support youth functioning across key life domains, especially for youth with multiple system involvement”;
- “Compartmentalization of care: the lives of children are comprised of experiences in multiple systems (family, community, education, mental health, medical). Communication across these systems is minimal.”

- *Integrative Models of Care:*

- “Continue practice level change through primary care and behavioral health care integrated models/programs that include health homes as one approach.”

Question 1



- **Access to EBP/Quality Care (RANK 3)**

- Lack of Evidence-Based Care:

- “Lack of Evidence-Based Care”, “Lack of evidence-based/research based interventions to stabilize and address emotional disorders”
- “Access to Evidence-based therapeutic techniques across a wide spectrum of disorders (beyond ACT, IDDT, MST)”

- Lack of providers trained in Evidence-Based Treatments:

- “Lack of providers trained in evidence-based treatments”;
Inadequate access to outpatient services, especially medication evaluation and management”;
- “Access to forensic ACT teams”;
- “Accessing appropriate care in a timely manner”

- Quality care:

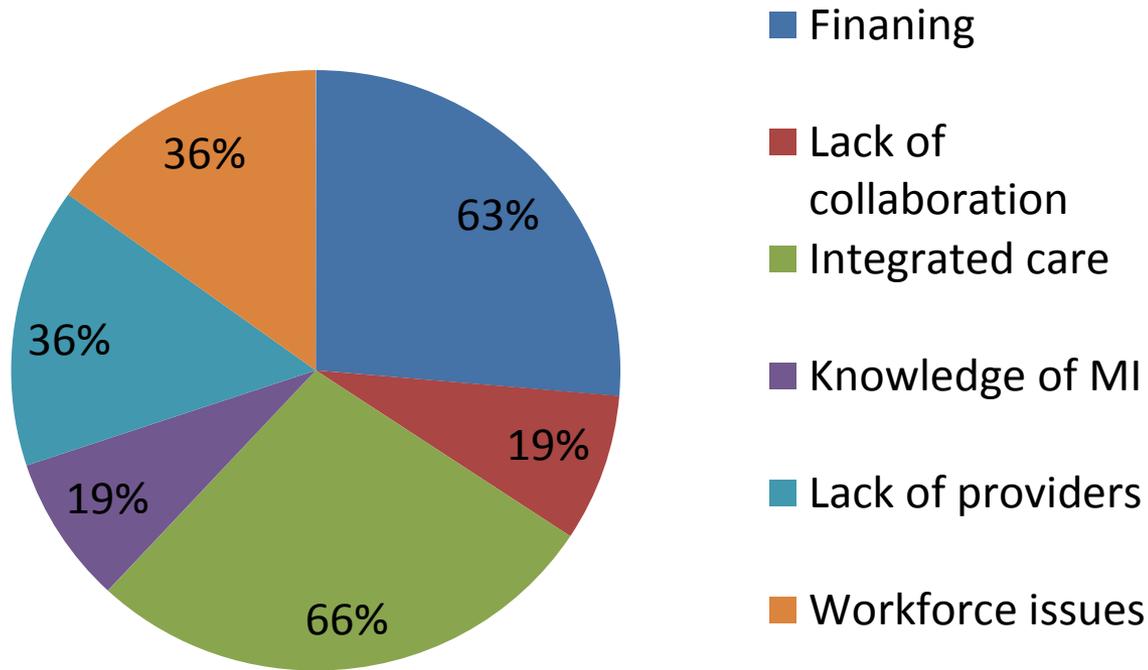
- “Lack of access to competent/capable provision of quality care”;
“Access to quality mental health and addiction services”

Question 2:
**Three most important issues facing
individuals with mental health problems**



FINDINGS: Question 2

Percentage of Respondents



Question 2



- **INTEGRATED CARE (RANK 1)**

- Better Coordination Of Care:

- “Barriers to better coordination of care between primary care and mental health care.”

- Siloed Systems:

- “Professionals in primary care and psychology are trained in silos without appreciation for each others expertise”;
- “Siloed youth/family serving systems, without effective strategies or policies for collaborating financially on multi-system involved youth.”

- Issues with Sharing Data/Patient Information:

- “Privacy policies designed to protect patients from breeches of sensitive information have limited communication between systems in order to effectively exchange information and coordinated care.”

Question 2



- **FINANCING(RANK 2)**

- **FUNDING LIMITATIONS:**

- *Funding Evidence-Based Care and Promising Care:*

- “Funding ACT, IHBT, Peer Support”;
- “Unfortunately, effective alternatives (peer support, self-help groups, etc... are ignored because they are not reimbursable under Medicaid or insurance programs”

- *Funding Prevention:*

- “Current billing structure does not adequately reimburse preventative services.

- *Funding Structure:*

- “Lack of resources (Medicaid Rates, Medicaid Service Array; use of discretionary dollars; use of funds for treatment supports)
- “Need appropriate management and oversight of funding”
- “Funding fragmentation and resources”

Question 2



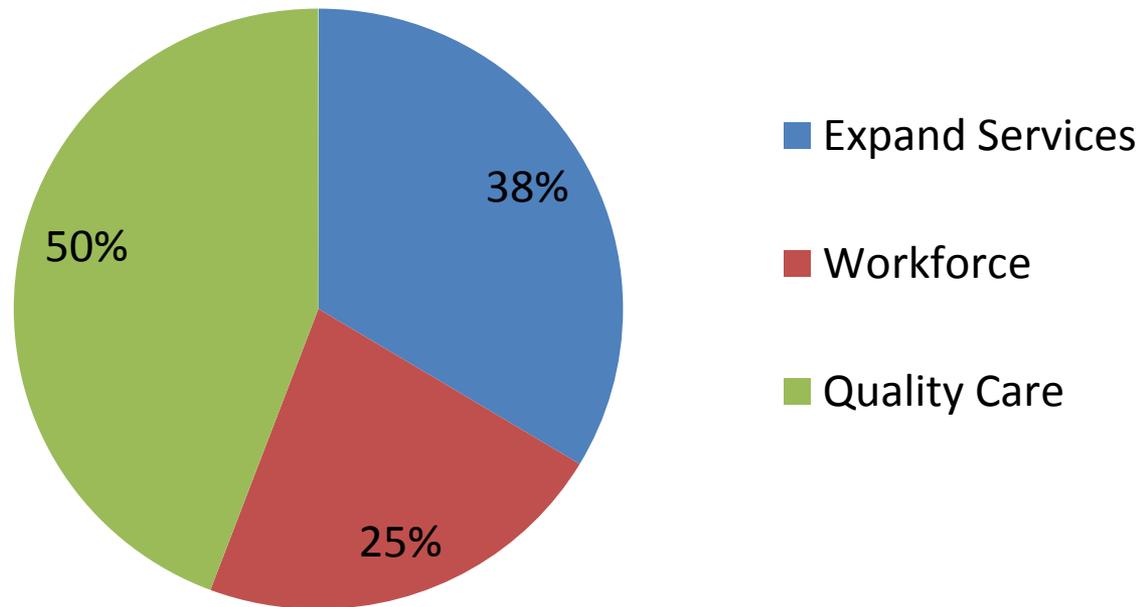
- **WORKFORCE ISSUES/LACK OF PROVIDERS (RANK 3)**
 - **Training:**
 - “Lack of ongoing training when in the field.”;
 - “Inadequate training regarding aggression and violence”;
 - “PCPs need to be trained to provide a higher level of care, thereby increasing their provider pool.”
 - **Lack of Providers/Treatment Locations:**
 - “There is not enough facilities with a continuum of care”;
 - “Inadequate providers for Medicare”;
 - “There is not enough attention paid by state government to promote the child and adolescent psychiatry career path.”
 - **Turnover:**
 - “Staff turnover and burnout are ongoing issues for mental health providers and agencies”;
 - “There is not a good answer for the high turnover at CMHCs because often people need to be someplace like this to be supervised to then earn ‘independent’ licensure.”;
 - “Staff salaries”; Poor wages, Paperwork”

Question 3:
**What are potential solutions or
interventions to address the issues you
listed**



FINDINGS: Question 2

Percent of Respondents



Question 3



- **EXPAND SERVICES(RANK 1)**

- Services In Schools:

- “Expand School-Based Services”

- Prevention:

- “Prioritize investment in and insurance coverage for wellness focused prevention, health promotion and early intervention services.”

- Treatment Supports:

- “Access to safe, stable housing”;
- “Add services to existing facilities that provide preventative, supportive care”

- Implement Coordinated Care Teams:

- “Develop state of the art continuum of care facilities”;
- “Cultivate supportive teams which remain centered on patient care”

Question 3



- **WORKFORCE(RANK 2)**

- Establish Provider Network:

- “Develop significant numbers of interdisciplinary training teams across the health care workforce to provide experience in non-hierarchical teams including physicians, psychologists, social workers, and nurses”
- “Create community collaboratives to develop full continuum of care that all patients can access.”

- Training:

- “On-going training and coaching that supports the development of comprehensive skill sets needed to effectively work with youth...”
- “Create interdisciplinary training teams across the healthcare workforce to provide experience in non-hierarchical teams...”

Question 3



- **EXPAND SERVICES (RANK 3)**

- **More Treatment Support Services:**

- “More focus and investment in treatment support services particularly the whole array of housing options and employment support that requires a more comprehensive approach”
- “Inadequate training regarding aggression and violence”,
- “PCPs need to be trained to provide a higher level of care, thereby increasing their provider pool.”

- **Expand services for Youth:**

- “Expand services and support for youth with complex needs (co-occurring treatment; family-based treatments, intensive home and community-based treatments, wraparound, respite therapeutic mentoring, mobile crisis, crisis beds.”

- **Fund Prevention:**

- “Add services to facilities that provide preventative and supportive care.”



THANKS!!!!!!