ONE Vibrant Communities | Root Causes

Lack of Prevention / Mitigation

Lack of Knowledge / Skills in Referring Agencies

Inadequate focus on wellness / coping skills

Lack of Resources

Smaller Population

Lack of Visibility / Advocacy

Lack of Specialized Care (Adult/Pediatric/ Elder)

No local residential

Patient Overflow to Specialty Services in Other Regions

People End Up in Crisis and in the ER

Lack of Adequate Supports for Detox and Sober Living

Lack of Staffing Capacity

Nursing Shortage

Education Pipeline

Pay

Lack of Sober Living / Local Step Down Facilities

Stigma / NIMBY

Mental Health / Substance Use

Broader System Contributors

State Investment

Local Politics / Stigma

Transportation

COVID 19 Pandemic Stressors

Aging Demographic

Lack of Qualified Workforce

Pay

Stress &Burnout

Stigma

Lack of Diversified Funding / Adequate Funding

Lack of Regional Health Equity

Lack of Capacity

System of Care

Lack of Understanding of the Design / Performance of Current System

Need Resource / System Mapping

People End Up in Crisis and in the ER

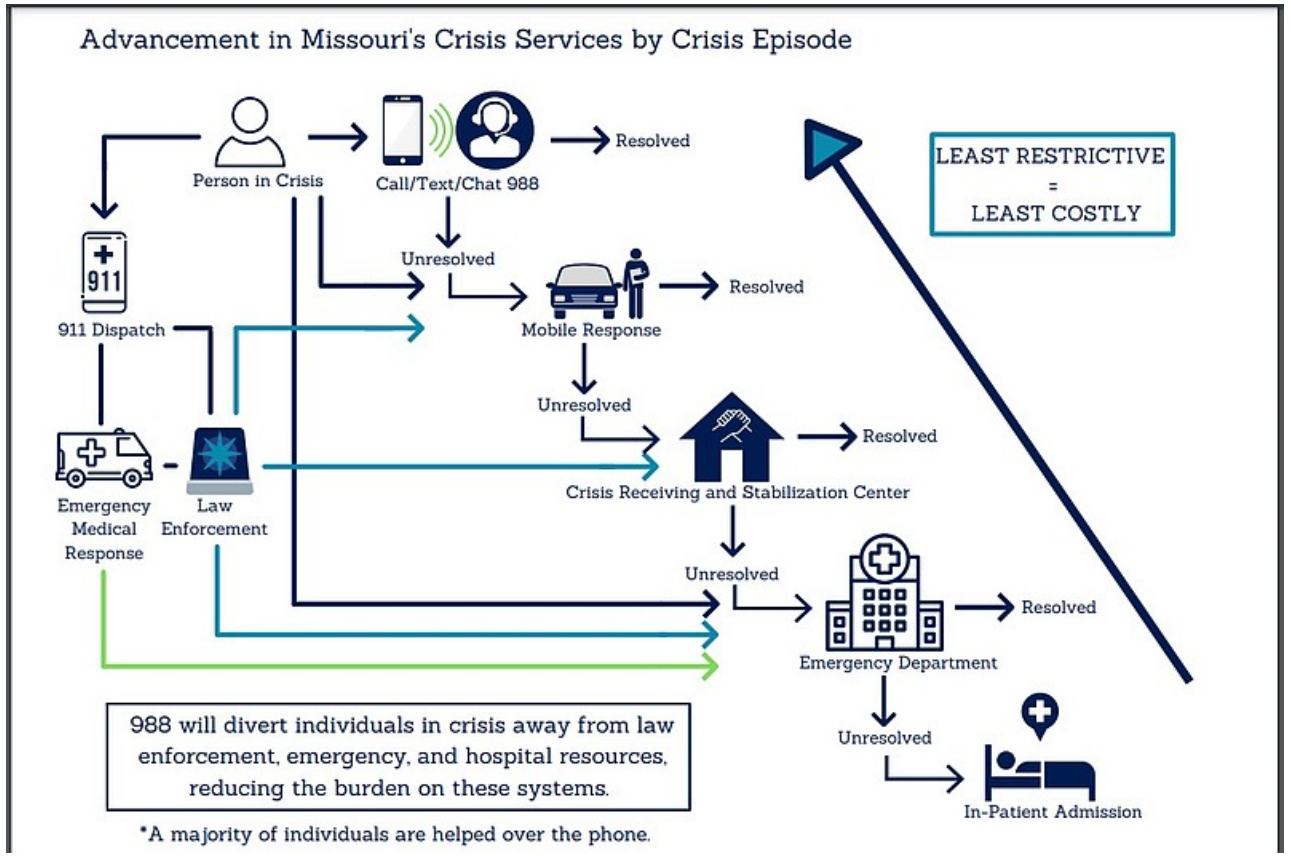
Current Supports

- *SUD Emergency Supports* - JTR – Peer, Coach supports in ED - 24/7; 365 – SUD Peer Certification Process/Training/Supervision
- *Emergency Services* – 24/7; 365 – In-person/virtual/phone and assessment supports
- *Enhanced ES* – VSP embedded full time MH Crisis Specialist
- *CARE Bed* – 2 bed crisis unit with 24 hour staffing – Hospital diversion or step-down option.
- *National Suicide Prevention Lifeline* – NKHS is a certified Crisis Center – 24/7 – phone/text/chat

Remaining Gaps/Challenges:

- People discharged back to the community or 'home' with no other alternative
- Intermediate placements
- Process of EE can be confusing to the community – 'why were they discharged?'; 'Why can't you hold them?'
- Stigma and community fear
- Knowledge of current services to reach out to, before the ER
- Covid – Isolation and loneliness
- PIP and CARE Bed are in St. J. only
- Children's specific crisis supports

Future Potential Model for Services -



Lack of Adequate Supports for Detox and Sober Living

Current Supports

- *PIP Bed*– Assessment and diversion services –
- *JTR*– Peer Supports and coaching availability – can respond to emergency situations and support people at the emergency department- 24/7; 365 – Training/Certification/Supervision
  - Can support people with accessing and navigating community services.
- *BAART and SaVida* – MAT Services
- *Regional Partnership Program* (Lund DCF Collaboration)
- *Hub and Spoke Model*

Remaining Gaps

- *Hub and Spoke*– NEK has the fewest spokes in the State – reduced access to MAT services* (Hub and Spoke Eval 2017)
- No social detox programs in our area (only one in the state)
- PIP and CARE Bed are located in Caledonia only (St. J)
- Navigating insurance process to access services. – Underinsured – not insured.
- Timing of access to services – no same-day services

Lack of Understanding of the Design / Performance of Current System

Current Supports

- *NKHS – Designated Agency* – Mostly Medicaid funded – Core/Required services:
  - CRT – IDDS – CYFS – ES – SUD – Eldercare – Psychiatry and med services –
- *FQHC's* – NCHC; NVRH; NCH
  - Behavioral Health
  - Emergency Department
- *SUD Services* – JTR; BAART; SaVida
- *Peer Supports* – JTR; WRAP; Cadre
- *Accountable Health Communities* – NEKProsper!; VibrantONE
- *Accountable Care Organization* -

Remaining Gaps

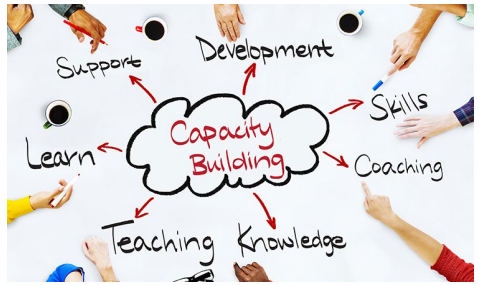
- *Access* – Capacity to serve the need
- *Access of information* – where do you find services/Resources – even among providers
- *Community engagement* – opportunities to learn or engage with the system
- *NIMBYism* – People are generally supportive of services until they are located near them
- *WIFM* – "What is in it for me" – needs to be addressed
- *Sharing of data* – what has been accomplished in the area
- *Lack of Staffing* -

Lack of Qualified Workforce

Pay - Stress &Burnout - Stigma

Current Situation

- *Designated Agencies* –
  - Licensed, Clinical Therapists; Service Coordinators;
- *FQCHs/Hospitals* –
  - Nurses, physicians, BH health professionals
- *Peer Certification* – Currently SUD peer certification exists



Remaining Gaps

- *Expense of Education*– Expense of education does not translate into higher paying job for social service work
- *Geography*– Rural, remote, low population, housing options
- *Technology* – Telehealth and internet access gaps.
- *Education capacity –*
  - There is an interest but the pipeline is backed up – e.g. Nursing – schooling and education…
- *Lack of capacity of MH Peer Supports/Certification -*
  - Limited infrastructure
  - Impacted by Covid

Gaps?

- Lack and awareness of Prevention Services
- Gaps in the continuum of care that cause stressors on current supports
- Shortage of qualified Staff
- Rurality
  - Limited internet bandwidth
  - Limited accessibility to services outside of the '4 walls'
- Shortages and Access barriers have the biggest impact on uninsured and underinsured.
- Lack of well defined system of care/philosophy/approach to MH/SUD supports in the community
- Community awareness and education about the System of Care

Recommendations – Collective Impact

- Cross-partner education and training?
  - Multiple education opportunities
- Community education and training?
- Community Engagement
  - Community event – BBQ, open house, resource sharing.
- Asset mapping? What supports exist in our community – is this fully known?
- What assets are we not currently accessing?
- Peer supports
- Community engagement – how do we leverage the power of communities