Healthcare Integration Barrier Tracking

| **Barrier** | **Current Status(Red / Yellow / Green)****&** **Resolved?** **(Y/N)** | **Summary / Background Information** | **Action to Date** | **Recommendations Submitted to:**  | **Resolution** |
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| **Comorbid Chronic Medical and SUD conditions** | Y | Patients treated for chronic medical conditions in primary care settings and indicate need for SUD treatment are referred to detox services by PCP or Integrated BH Clinician. Due to the patients' complex medical needs that require specialized medical treatment, patient is denied detox services and hospitalization and goes untreated for SUD. | * (*June 2021*) Barrier Presented to HIC
* (*July 2021*) HIC generated Recommendations and Prioritized Recommendations for implementation
* (*September 2021*) Denna (barrier submitter) partnered with HIC Co-chair to identify and implement action plan with HIC, SUD workgroup, and short-term subgroup
* (*October 2021-April 2022)* SUD workgroup developing standardized documents/forms for PCPs to reference/use when referring individual to SUD Treatment
* CHC now implementing new and improved referral process
 | * HIC
* SUD Workgroup
* PCP providers (at CHC)
* SUD/Detox providers
 | Standardized form developed and implemented within the Lane County CHCs for PCPs to use when referring individuals to SUD treatment, which includes more content specific to what SUD provider needs to know to provide safe and appropriate treatment. BHASC SUDS workgroup tasked with further development/standardization of documents to enhance communication between PCPs and SUD providers around a referral to treatment. |
| **Care Coordination for BH Services/****Supports for Older Adults & People with Disabilities** | Y | Older Adults and Adults with Disabilities often struggle to access behavioral health services based on many structural barriers that could potentially be alleviated by more comprehensive care coordination in physical health settings, aging services, and through health plans. This population would benefit from community based (in-home) services or the option of telehealth if they have the technical competence and support. There are funding mechanisms that create tension between systems that could come together to support this population. | * (*February 2022)* Barrier Presented to HIC and HIC generated Recommendations
* (*February 2022)* HIC Barrier discussion outcomes shared with Older Adults & Adults with Disabilities Workgroup
* (*March 2022)* HIC Prioritized Recommendations for implementation
* (*June 2022)* HIC participants completed recommendation statement regarding adjustments to billable services in better support of community based care for homebound/limited transport older adults in need of BH services. Recommendation Statement to be reviewed by Lane County H&HS Leadership and submitted to CCOs
 | * CCO leadership
 | * CCO Leadership to review and consider flexibility and opportunities for sustained community based service delivery
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| **Increasing equity & equality for individuals with I/DD who are in need of mental health/addiction treatment** | Y | It is difficult for people with Developmental Disabilities to access substance use and mental health treatment. Substance use and mental health treatment providers are often not familiar with I/DD diagnosis or how to make accommodations. For example, it was a challenge for an individual with autism to get an accommodation to allow their Personal Support Worker to attend group with them as part of a substance use treatment program  | * (October 2022) Barrier presented to HIC, HIC developed recommendations focused on training for mental health and substance use treatment providers.
* Barrier will be presented to SUD Workgroup through BHASC
* Planned BHASC Summit focused on topic
* Developed list of training resources that has been shared with SUDS and mental health providers ‘
* Identified local example of integrating PSS to support individuals with I/DD in navigating Mental Health Court
* Identified that this barrier is also a focus of the Association of Oregon Community Mental Health Programs and potential partnership opportunities.
 | * CCO leadership
* BHASC
 | * Shared I/DD support resources with SUDS workgroup
* BHASC hosting I/DD + BH Summit on August 2nd, 2023 with CEUs
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| **Lack of available youth crisis respite beds in the community** | Y | There are few programs that will take youth with aggressive or suicidal behaviors, and minimal crisis beds available for this population, which leads to crisis workers spending more hours in homes waiting for kids to tire out, and/or transporting the youth to the ED, and having to sit for up to 6 hours to be seen. This is minimalizing crisis services available for the community as a whole and the goal would be to develop a crisis respite program, with multiple beds and the ability to keep youth for 24 hours, up to two weeks, depending on their needs. | * 11/16/2022 – Barrier submitted to HIC.
* 01/23/2023 – Barrier presented and reviewed by HIC. HIC identified The Crisis Navigation Center, which will include youth beds as well, may be a long-term option for additional support, though this is not planned to open until 2024. It was identified that the Systems of Care (SOC) was also submitted this same barrier and is planned to review this barrier at their next scheduled meeting. HIC will do a warm hand-off of submission information to SOC coordinator for follow-up as this is a youth barrier, which is the focus of SOC.
 | * SOC workgroup
 | * Will be reviewed by SOC as this is a youth-focused barrier.
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| **Difficulty getting pediatric patients to appropriate mental health providers** |  | Pediatric Medical Providers don't have any way ofknowing who has opening/availabilities or so they often send parents off to call a lot of places that cannot seethem. Unless the parent is very motivated, these children often don't see therapists. PCPs frequently getphone calls 6-9 months later when they are in crisis or suicidal. | * 4/14/2023—Barrier submitted to HIC.
* 4/23/2023- Barrier presented and reviewed by HIC. HIC generated Recommendations and Prioritized Recommendations for implementation
* 5/4/2023-Tara responded to barrier submitter with recommendations and resources.
* 6/23/2023-After consulting with LaneCare Management team, Tara submitted recommendation to County HHS leadership via “Your ideas matter form”
 | * Lane County HHS leadership
 | * 7/11/2023-Tara received response from HHS Leadership that HHS Leadership will be looking at how Unite Us may be leveraged to address this barrier.
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