Public Health
Prevent. Promote. Protect.
Rock Island County
Health Department

Mental Health Services

December 9, 2015
Rock Island Provider Panel Meeting

SWOT Analysis

Break into a few groups and have each group determine the Strengths, Weaknesses, Opportunities, and Threats (SWOT):

Internal	
Strengths	**Weaknesses**
SASS Contract Mental Health/ Drug Court Services geographically accessible Facilities available Close to academic institutions School based services Robust continuum of care Cooperation between entities NAMI Bi-state Community mental health center in county	No budget Lack dual diagnosis program for children Not enough impatient beds Education of services Need more intensive step down services Lack of funding No specialty court for juveniles

Examples: human resources, financial resources, activities and processes, past experiences

External	
Opportunities	**Threats**
Refugee community work (education) Strengthen prevention services Educate on importance of treatment compliance Educate/ reduce stigma Collaborate with primary care to improve access Educate/Collaborate with schools Trauma informed care work in the community Create strategic plan in the community Work with major business partners. Support legislation	Aging psychiatric workforce (55 Years) Funding/Budget Lack of resources/ longer wait times Average age of social worker (50 year old) Disconnect between medical and psychiatric providers Reimbursement rates are flat and low Aging population of consumers

Examples: future trends, economy, funding resources, demographics, legislation, local/national/international events

Scott County Health Department

November 6, 2015, 8:30 - 9:30 a.m.

Provider Panel Meeting

Location: Scott County Administration Center, 600 W. 4th Street, Davenport, IA 52801

SWOT Analysis

Break into a few groups and have each group determine the Strengths, Weaknesses, Opportunities, and Threats (SWOT):

Internal	
Strengths	**Weaknesses**
Agencies	Lack of collaboration between certain providers due to lack of education
School based therapy	Job turnover
Integrated health	Lack of respite
Families awareness of mental health	Longs waits for medical appointments
Involved Families	BHIS not allowed in schools
Involved providers from both sides of river	No inpatient beds for youth
Amount of services on both sides of river	Limited crisis services
Trauma works	Limited parent resources
School Districts	Long waits for treatment placement
CMHC	Capacity for adults and children
CHC	Child array
Good collaborators community capacity	After care
Adaptable to needs	Coordination of child services
Ability to be responsive	Stigma
Knowledgeable about current trends/practices	Education and Awareness
Needs assessments	Funding
TIC Consortium	Transportation
School based therapy in all Bettendorf Schools and Davenport Schools	Funding - IL and IA
6 Peds beds to open at Genesis by 1/1/16	Not enough crisis services and beds
Many community providers	Bi-State challenges – resources knowledge
Increase in prescriber services for acute and hospitalizations (7-14 days from DK)	Bi-State Accessibility
Development of 24/7 crisis response team	Consistent provider participation in IL
Strong NAMI presence	Too little focus on prevention and early intervention
Family Panel	Lack of bed space for Youth hospitalizations
Medicaid recipients will have choice of provider	Shortage of prescribers licensed clinicians
Great providers/organizations and services	No partial hospitalization, day time or IOP in Scott County
Collaboration throughout County	Lack of permanent supported housing
Integration of SBMH services	ER wait time
4th grade Mental Health Screener project	Reactionary services vs prevention (before Stage 4)
Youth Advocacy/ Voice	Mental Health Court – adolescents in RI Co and Adults & adolescents in Scott
Networking amongst providers and schools	Veterans Court
Broad spectrum of services	Reimbursement Rates (Medicaid, Medicare, Tri-Care)
Training and specialization opportunities	No specialized daycare services for 1st and 2nd shifts
Committed providers	State line/ eligibility
Several counseling options	No youth inpatient Mental Health (short or long-term)

Dawn's position – support/advocacy School based services Good collaboration among agencies Stability in services/providers – experience Available trainings: trauma informed care, etc. Committed families (advocate for themselves and others)	Lack of psych providers Lack of crisis response (immediate) in schools and community Funding Marketing/awareness to ALL Breaking the stigma Recognition of mental health among peers (education) Threats Lack of inpatient care options (child) (2) Lack of child psychiatry (1) Gap in services for privately insured (BHIS, skill building) Lack of respite care for parents Waiver list – long wait Stigma (i.e. veterans) Being able to afford prescript/care More focus on co-occurring disorders

Examples: human resources, financial resources, activities and processes, past experiences

External	
Opportunities	**Threats**
Grant for under/no insured (Davenport School) More collaboration over all (2) Work more with IHH Recruiting more providers Be involved in discussion about new psyc. Hospital Respite, Respite, Did I say Respite? (1) Youth shelters (3) Sustained leadership Family based after care Prevention programs NAMI Increase in number served Educational Plan (Public Media) Coordination of adults and kids services Engage Business community Transportation Health Screening mental health Maternal programs Engage families and public in efforts to build knowledge of mental health services Jump on national initiatives – mirroring efforts – shaping Integrating a bio-psycho-social-spiritual approach Holistic Expansion of integrated health and Bi-directional care Strategic behavioral health Community growth/Marketability to attract psychiatrist and other specialist to area Education to general public Elections	Medicaid Reorganization Limits with private insurance Limited funding Lack of understanding Low reimbursement rates Lack of emergency services Budget Poverty Disproportionality Health Privatization Lack of understanding at policy maker level Tend to focus on bottom line instead of community need Follow through on what community needs – digging in Siloes don't see holistic nature of mental health Trend to address criminal justice needs over mental health New MCO's may create confusion Stigma Media portrayal of violent events Funding cuts IL politics and budget deficit Elections Increasing mental health need in youth and suicide Lack of legislative support (government) Time – When? Where? Who? Stigma Lack of knowledge/ Awareness Lack of funding (3) Political climate (need for advocacy for mental health) Ongoing stigma

Develop youth advocacy groups in IL Funding/Grants/Foundations Marketing and Social Media Training/Education (youth focus) Expand types of services make specialized services awareness Teach YMHFA in Health or PE Look at other County models in mental health awareness More collaboration with law enforcement Increase inpatient care options (2) Increase child psych. Options (retaining and adding) (1) Increase education about availability of resources to parents/ families (i.e. waiver) Supporting families while on waiver U of I psychiatric/ MH care recruitment Streamlining/encourage increased collaboration between agencies (de-duplication of services) (3) Increase training opportunities	

Examples: future trends, economy, funding resources, demographics, legislation, local/national/international events

Scott County Health Department

December 3, 2015, 12:00 – 1:00 p.m.

Mental Health and Law Enforcement Meeting

Location: Scott County Administration Center, 600 W. 4th Street, Davenport, IA 52801

SWOT Analysis

Break into a few groups and have each group determine the Strengths, Weaknesses, Opportunities, and Threats (SWOT):

Internal	
Strengths	**Weaknesses**
Continuum of care	Lack of prescribers/providers (3)
FQHC's	Lack of beds/ services (3)
Both Counties	Lack of funding
Two CMHC's	Lack of social workers
Cooperative work	Lack of RN's
Community support	Lack of Coordinated Children's Services
QCHI	Prevention Services/Funding
Supportive law enforcement	Residential services not considered
School support & Involvement	A core service = loss of funding/beds
SOCs	Frozen $ amounts by state
TIC Consortium	Lack of psychiatric hospitals
Cooperation agencies	Wait times for services
5 kids beds in Scott County!	Lack of crisis services
Utilize Facilities border states	Continuum of care – follow-up outpatient
Mental Health Task Force	Mobile crisis geared towards mental health patients
Community Health Provider	No jail diversion program
Community Mental Health Center	Lack of understanding of mental health by government
Growing Awareness	Community education of mental health
Crisis Intervention Team (CIT) Training	More education for emergency services
School Based Mental Health Education	Rules for different states/boundaries
Youth Suicide Prevention Task Force	Families separated for treatment (kids)
SC Board Supervisors Supportive $	Lack of funding from government
Access Center	Poor discharge planning
Inpatient services	Limited access to healthcare/mental health services
Outpatient services	(limited Medicaid providers)
VA Mental Health Clinic	
Group Homes	
Crisis Lines	
Minimal 1st responder trained	
Vet Center Therapy	
Genesis construction	

Examples: human resources, financial resources, activities and processes, past experiences

External	
Opportunities	**Threats**
Involve public health at all levels	Unknown of MCO's
Develop bi-state coord. Child & adult continuum of care (strategic plan)	Unknown of coordination
	Staff shortages
Continue bi-directional integration work	Low Levey rate – Scott = decrease funding
Public health messaging on mental health	High suicide rate – need a plan
New EBP services/funding	No funding to recruit
Mental Health & Drug Courts (3)	Poverty (2)
Private hospital provide services	More beds does not = access
CARES Team (Police, Fire, Social Workers, ACT Team)	Fear of competition
Genesis Expansion services	Long term sustainable funding
Residency programs (doctors/students) attracts more professionals	Clients coming from Illinois due to no funding
	Funding
Education for all (policy makers)	Buy-in of the problem – "who cares?"
Prevention money	For-profit vs non-profit/government
More publicity of crisis lines	Lack of education/training
Mobilizing private providers to help	Lack of coordination to help find "right" services
Expand mental health law enforcement task force	Family trauma/separated
Better coordinating for discharge planning	Poor insurance reimbursement for providers
	Not enough affordable housing

Examples: future trends, economy, funding resources, demographics, legislation, local/national/international events

Scott County Health Department

November 5, 2015, 5:40 – 6:15 p.m.

Family Panel Meeting

Location: Rick's House of Hope, 5022 Northwest Blvd, Davenport, IA 52806

SWOT Analysis

Break into a few groups and have each group determine the Strengths, Weaknesses, Opportunities, and Threats (SWOT):

Internal	
Strengths	**Weaknesses**
2 Child Psychiatrist	Only 2 [Child Psychiatrist], long waits
Scott County Kids – Dawn Knutson	Funding restrictions
Family Support	CMH waiver BIG wait and low resources
Mental Health Education – NAMI & AIDE	Stigma
School Based Therapist	0 hospital units
2 IHH	0 crisis intervention
BHIS Counselors	0 day treatment
Social & Emotional Screenings	0 substance unit for teens
Programs	0 school coordination with mental health
More talking about it	Access
In the schools	Stigma
More awareness	Getting around
	Getting to programs
	No rooms for mental health in hospitals
	Training

Examples: human resources, financial resources, activities and processes, past experiences

External	
Opportunities	**Threats**
Expand Social & Emotional Screening	Funding
Increase Partnerships	Stigma
Eliminate monopolies on services	Poor reimbursements
Strategic Behavioral Health	Iowa – hard to hire
More education for everyone	Monopolies
More resources for younger kids (prevention education) 3-12	Lack of mental health knowledge at the schools
Funding (1)	Funding
No child psychiatrist (4)	Stigma
More screening (2)	Time
Pro-Active (2)	Education people
Training (3)	
More Support (5)	
Impact culture	

Examples: future trends, economy, funding resources, demographics, legislation, local/national/international events

Scott County Mental Health and Law Enforcement Task Force Meeting
November 4, 2015
5-7 pm
Scott County Administrative Center

- John Rushton shared that there is a MHU (Mental Health and You) app that is available through the Center for Health Care Services. It was suggested that our community could purchase the rights to use this app for our purposes
- Lori Elam shared that by July 2016, there will be 10 adult and 3 kid beds available at Genesis, and by July 2017, there will be 24 geriatric beds for a total of 60 beds (28 adults, 8 children, and 24 geriatric-age 55+)
- There are 25 adult and 5 kid beds at Robert Young, although they can increase kid beds if needed and crisis stabilization
- Lincoln Prairie in Springfield, IL also has 20 kid beds
- They are looking at the creation of a mental health court in Scott County
- Linda Frederiksen from MEDIC shared that we need more kid beds.
- Scott County Sheriff's Office shared that they provide a lot of juvenile out-of-town transports.
- There is a need for a residency/fellowship program for psychiatrists. There is lots of interest at this time and Genesis will be hosting the next meeting to discuss this. There is interest in partnering with the University of Iowa to increase the number of slots at the University of Iowa and make the Quad Cites a training site.
- It was discussed that we need to keep data for a reimbursable model. This data includes the number of bed, the actual report of the problem in the Quad Cities (it was discussed that many of it is underreported such as suicide attempts, partial treatment programs).
- We need to build a continuum of care—this includes community services, supportive services, outpatient service providers, decrease wait times.
- It was shared that 1 juvenile is sent to Robert Young only every 3-4 months due to full beds.
- Scott County Kids developed a resource guide for mental health professionals. Contact Dawn Knudson if you would like a copy or a presentation to your staff.
- It was shared that a social media campaign would be helpful in our community. Sometimes suicide can be glorified on social media was the opinion of some.
- Dawn Knudson shared that they have formed a suicide taskforce.

David Woods, VA Director/Case Aide
November 10, 2015

1. **Are mental health and/or behavioral health issues problems in Scott County? Why?**
   - Yes, mental health is a big need in our Vet community.
   - The VA estimates Vets are affected 15-20% by PTSD after one deployment; some Vets are deployed multiple times.
   - There are 14,000 – 16,000 Vets in Scott County
   - Woody averages 134 Vets through his office a month.

2. **How easy or difficult is it to navigate mental health care?**
   - The VA Clinic in Bettendorf over medicates Vets because there is a shortage of doctors. The VA is aware of the problem and believes it is related to the extended hours and rotations.
   - The next closest VA Clinic is in Iowa City. The Iowa City VA Clinic has a 24/7 365 days/year emergency care center for Vet's suffering from mental illness.
   - Transportation is provided for free to Vet's only by the DVA van. Spouses and caregivers cannot be transported and the vans are not wheelchair accessible.
   - Very recently River Bend Transit has begun offering discounted rides to Iowa City for Vets ($10/way). River Bend Transit is wheelchair accessible and spouses and caregivers can ride with their Vet.
   - Woody makes a lot of referrals to the Quad Cities Vet Center (QCVC) in Moline. However, the QCVC does not share medical records with the VA unless a release of information waiver is signed.

3. **What are barriers have you run into accessing local mental health services?**
   - To diagnosis a Vet with PTSD the VA requires 1) point of trauma and 2) triggers. Many Vets do not want to relive their trauma or triggers by sharing about it, which can be a barrier to them seeking the help needed through the VA. Sometime ago, the VA revised very similar guidelines for victims of Military Sexual Trauma (MST) and now will take the Vet's word for it and not require point of trauma or triggers.
   - Shortage in doctors, long waits (average 30 days)
   - Lack of education in resources and compensation

4. **What mental health services and treatment programs are available in our community?**
   - Community Services
   - Quad Cities Vet Center
   - Jason's Box
   - Veterans Gym
   - Honor Flight
   - Rock Island Arsenal
   - Patriot Guard (Eric Swanson "Nailer")

5. **What suggestions do you have to improve mental health and behavioral health services?**
   - Increase in providers and beds
   - Physical activity opportunities (i.e. VA Golf Tour in Riverside)
   - Education for providers and vets on resources and compensation
   - Advocates