APPENDIX A – LIST OF MENTAL HEALTH ISSUES

Below is more detail regarding each of the top three issues identified through the Summit process:

Lack of providers:

- Especially bilingual, Masters level to Psychiatrists, lack of range of providers.
- Few specialty providers such as child or geriatric psychiatrists/providers.
- Provider licensing issues such as use of LMFT along full continuum of care.
- Problematic recruitment and retention.
- Providers that are available may not provide services to those most in need (e.g. don't take Medi-Cal, Healthy Families, Medicare, etc, may not serve the Developmentally Disabled, may not treat certain diagnoses such as dementia).

Lack of resources:

- Inequities in funding base for counties.
- Cost of providing full range of services for very few people.
- Lack of mental health providers in rural northern California.
- Lack of resources to support the delivery of services at all levels of the mental health system.
- Challenges to coordination along the full range of behavioral health care services, including the stigma of providing services in small communities, and the different care models present in primary care and county-based systems.
- Billing issues for clinics including reimbursement for the full range of BH providers.
- Able to bill for more than one visit in a day and telepsychiatric visits at primary care clinics.
- Cost of providing treatment is often higher than reimbursement, and insurance parity issues.
- Vulnerability to market economy, as resources and quantity are scarce and demand is high.
- The serious and persistent nature of severe mental illness makes this a costly and priority service population.

Challenges to coordination along the full range of behavioral health care services include:

- Stigma and "small town" confidentiality issues. Consumer denial of need due to stigma.
- Conflicts between different service models and the lack of interdisciplinary training and lack of funding for time spent in cooperative/coordinated efforts.
- Emergency services access, follow-up, transportation, bed space, and efficacy of emergency interventions, cost to county system of in-patient care, closures of psychiatric hospitals, burdens on hospital emergency rooms.
- Language and fractionated (other words used to describe the systems were different, separate, wholly unrelated) services, medical vs. mental health language illustrates the disconnected models delivery system and creates a significant barrier to collaboration.
- General lack of understanding of the full range of services from one provider to the next.
- Lack of transitioning to Client-Centered and Client-Directed care along the continuum.

APPENDIX A – LIST OF MENTAL HEALTH ISSUES

The full list of eleven issues is:

1. **High suicide rates** in rural communities

2. **Geography:** driving distances, lack of public transportation, poor roads, weather and impact on treatment.

3. **Lack of providers:** especially bilingual. Few specialty providers such as child or geriatric psychiatrists/providers. Provider licensing issues such as use of LMFT along full continuum of care. Problematic recruitment and retention.

4. **Lack of resources:** Inequities in funding base for counties, cost of providing full range of services for very few people, billing issues for clinics include approved providers, more than one visit in a day and telepsychiatric visits, cost of providing treatment is often higher than reimbursement, and insurance parity issues.

5. **Lack of infrastructure:** Limited range of services, level and locale of services, lack of emergency and transitional beds, lack of full-range of supportive community services such as domestic violence, drug and alcohol, Adult Day Health Care, housing, food banks, etc.

6. **Stigma:** "Small town" confidentiality, consumer denial of service need due to stigma.

7. **Lack of coordination** along the entire continuum of mental health care services.

8. **Emergency services:** Access, follow-up, transportation, bed space, efficacy of emergency interventions, cost

9. **Conflicts between different service models:** Lack of interdisciplinary training and lack of funding for time spent in cooperative/coordinated efforts.

10. **Vulnerability to market economy**, as resources and quantity are scarce and demand is high.

11. **Transition to client directed care**