Sheboygan County
COMMUNITY CONVERSATION ABOUT MENTAL HEALTH AND ALCOHOL & DRUG ABUSE
March 21, 2014

Executive Summary and Report from the Steering Committee

Background
On March 21, 2014 over 300 community stakeholders attended a Community Conversation about Mental Health and Alcohol and Drug Abuse at the Blue Harbor Resort in Sheboygan Wisconsin. The objectives of the day were as follows:

- To identify 3-5 community priorities to improve mental health and alcohol and drug abuse systems in Sheboygan County.
- To encourage community involvement through recruitment of action team members to move priorities forward.
- Move in a direction to create good mental health in our community.
- Educate the community regarding the services available in Sheboygan County.

The **planning committee** was made up of the following participants:

- Kate Baer, Mental Health America in Sheboygan County
- Kristin Blanchard, Lakeshore Community Health Center
- Amy Culver, Sheboygan County Health and Human Services Department
- Abby Dahmer, The Salvation Army
- Jon Doll, United Way of Sheboygan County
- Jean McMurray, Aurora Health Care
- Mary Paluchniak, St. Nicholas Hospital
- Emily Rendall-Araujo, United Way of Sheboygan County
- Laura Roenitz, Safe Harbor
- Shelley Saunders, Sheboygan County Detention Center
- Norm Shanks, Aurora Health Care
- Corrie Skubal, The Salvation Army
- James Veeser, Sheboygan County Service Providers
- Ann Wondergem, United Way of Sheboygan County

The sponsors included: Aurora Health Care, Healthy Sheboygan County 2020, Lakeshore Community Health Center, Mental Health America in Sheboygan County, Safe Harbor, Sheboygan County Health and Human Services Department, Sheboygan County Service Providers, St. Nicholas Hospital/Prevea Health, The Salvation Army, and United Community for Youth- Drug Free Community Grant, and United Way of Sheboygan County

Update

Lilly Irvine-Vitela, who served as the facilitator for this event, took all the information recorded throughout the day and compiled a written summary of that data. This summary document may be viewed at the Mental Health America of Sheboygan County website at www.mhasheboygan.org.

A number of the original community conversation planning committee members (Steering Committee) began to meet every Tuesday afternoon to review the summary document and categorize similar thoughts, words and statements from the discussions on:

- What are the barriers that prevent people from accessing services?
- What is missing/gaps in the services available in our community?
- How do we build on what is working and the strengths?

The steering committee members focused on the top three strategies identified during the Community Conversation:

- **Access**
- **Education**
- **Coordination**

Items that did not fit into these top three strategies have been placed in a parking lot for future consideration. The steering committee than summarized each strategy and made recommendations for each Community Action Team to focus on in the creation of action plans. These recommendations are based on existing opportunities, tasks that are needed to move other projects forward, and focus on long term systematic changes. Community Action Teams can use these recommendations as a guide when creating their plans.

The steering committee members and their respective organizations have agreed to support the following next steps:

- Provide Co- Leaders to facilitate the formation of three Community Action Teams. These teams will be asked to:
    - Create action plans with measureable goals based
    - Define responsible parties for carrying out action plans
    - Co-Leaders to report back to Steering Committee on progress
- Planning Committee Members will continue to assist/support Community Action Teams by:
    - Monitoring progress towards the development of action plans for each strategy
    - Assisting Community Action Teams in achieving action plan goals
    - Providing quarterly progress reports to Community Conversation attendees and the community at large through electronic newsletter and website updates via Mental Health America of Sheboygan County
    - Continuing to evaluate new needs related to mental health and substance abuse in the community

Steering Committee Members: Kate Baer – Mental Health America, Kristin Blanchard – Lakeshore Community Health Care, Amy Culver – Health and Human Services, Jean McMurray – Aurora Health Care, Mary Paluchniak – St. Nicholas/Prevea, Laura Roenitz – Safe Harbor, Norm Shanks – Aurora Health Care, and Ann Wondergem – Sheboygan County United Way.

The attached document outlines the recommendations of the steering committee and includes supporting documentation (participant comments from the Community Conversation small group report out charts). The document also outlines lead organizations, proposed co-leaders for Community Action Teams, and steering committee member recommendations initial action planning. As you review the document, note that the steering committee is supporting some program areas that are currently in development. Awareness of these programs is the direct result of the Community Conversation and should not be considered all inclusive.

ACCESS

Access Recommendation: Further study and develop work plans to address:

- Prevention
- Eligibility
- Availability

Lead Organizations: Aurora Health Care, Sheboygan County Health & Human Services and Lakeshore Community Health Center

Co-Leaders: Lori Knott & Tracy Lee-Johnson - Aurora Health Care, Amy Culver – Sheboygan County Health & Human Services and Kristin Blanchard – Lakeshore Community Health Center

ACCESS SUMMARY:

Participants identified services, programs, and organizations currently operating in Sheboygan County related to access of mental health care including and not limited to:

- mental health intake services at Sheboygan County Health & Human Services
- first time parent's programs, early childhood education and family support
- Mental Health America in Sheboygan County (MHA) and the Aging & Disability Resource Center (ADRC) offering information and education
- mental health services in our county jail
- mobile crisis services

Participants identified barriers and gaps related to the access to mental health care including and not limited to:

- concern that there is less of a focus on preventative care and more attention on crisis services
- there may be an array of services to offer to families and individuals with mental health issues and many are not aware that these services exist
- the process of accessing services is cumbersome, timely, and ultimately frustrating
- a shortage of psychiatry, group homes, and funding can all serve as barriers to treatment
- inadequate insurance, lack of transportation, residency issues can all lead to services not being offered
- eligibility (program, financial, etc.) for services serves as a barrier for care

Some of the recommendations were:

- it is important to educate and inform the general public of what services are available
- review and address availability issues such as hours of service, communication barriers, wait lists, etc.
- review and address eligibility issue such as costs, residency, etc.
- review and assess feasibility of addressing:
    - service gaps such as supportive services (e.g. transportation, satellite offices, etc.)
    - programs (e.g. group homes, safe places, care coordination, etc.)
    - provider shortages (e.g. psychiatrist, marriage & family, etc.)

There was also mention of researching program and service options for targeted populations including children, youth and the elderly.

Steering Committee Member Recommendations: ACCESS

- **Prevention:** Research what is currently in place and develop a plan on how mental health could be incorporated into curriculum for parent education/visitation programs, child care programs, maternal child and health programs, services related to postpartum depression, etc.
- **Eligibility:** Support outreach and enrollment in the Affordable Care Act to some ensure access to health insurance coverage including mental health and Alcohol and Drug related services.
- **Availability:**
    - Research the ability of organizations (e.g. Lakeshore Community Health Care) to obtain funding through new state legislation to recruit, hire and retain mental health providers by becoming eligible to offer the hire loan repayment options/funding.
    - Review the Sheboygan County Health & Services plan to improve access to the mental health and alcohol & drug services system and develop a plan to support those aspects that will support improvement, build on community coordination, etc. (e.g. warm line).

Access Barriers	**Access Missing/Gaps**	**Access Strengths**	**Overall**
Need better understanding of 'how to' (e.g. ability to make appointment, eligibility, referral system, qualifying for services)	AODA (e.g. sober/dry activities Detox Center, Drug Court, NARON, suboxone clinic/prescriber)	Build on existing (e.g. Centralized Intake, ADRC, one stop mental health, caseworker to help access system, tele-help)	Access – one stop and system navigator
Availability (e.g. hours of service, support groups/peer, physical access, wait lists, communication barriers)	Availability (e.g. hours – need 24/7, use of technology – Google, I-pad, communication barriers)	Improve Community Networking (e.g. wraparound, teams)	Availability – hours, levels, types, etc.
Cost (e.g. limited free or low cost, providers who accept Medicaid)	Cost (e.g. funding for those with no insurance, under-insured, medication funding, providers who accept Medicaid)	Children/Family (e.g. support for first time parents, children's resources, family resource center, school behavioral health,	Children & Youth Services & Programs
Program/Staff Resources (e.g. group homes, safe places, in-home, numerous provider types, care coordination, transportation, wait lists)	Program Resources (e.g. providers – marriage/family, gender specific, LBGTO, diversion from jail, warm line, warm house, housing)	Access – Satellite offices, transportation & other supportive services	Support Services
Residency issues/lack of resources	Domestic violence/Treatment	Nurse prescriber's model	Cost
	Children/Youth (e.g. treatment vs. punishment, age appropriate for children, lack on mental health services in the schools)	Inpatient facility in county – separate mental health & AODA	One mention of the elderly.
	Directory (e.g. information on skills, qualifications, etc.)	Arts	

Access - Barriers: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

1. Ability to make appointments - big picture and next step thinking may be impaired
3. Availability of support groups
6. **Client-centered services**
10. **Difficulty to get help unless in immediate danger to self and others**
11. **Eligibility**
12. Evening services and resources; Limited weekend and afternoon hours
13. Facilities may not be accessible for physical disabilities
16. Free or low cost services (more)
17. **Group homes and safe places to go (need more**)
19. Lack of addictionologist in area
20. **Local treatment and support in home**
21. **Peer support programs**
23. Psychiatric unit needed in the community
25. **Referral steps are complicated; Referral system not consistently supportive – gaps in knowledge**
26. Residential beds (not enough)
28. Timing – availability vs. need, group reports 4 month wait list
29. Waiting for appointments and local services if need specialty care
43. **Long-term care resources not adequate**
50. Lack of resources for people that are not from Sheboygan
51. Children are left on their own more and may not have enough boundaries and supervision
52. Face-to-face conversations and communication limited
61. Language competence for non-English speakers is low, not enough bilingual staff or translators: Hmong and, Spanish-speaking, Sign-Language, Other, Lack of cultural understanding
66. Not enough physicians; Shortage of board certified psychiatrists in general and child psychiatrists in particular; Shortage of experienced mental health and AODA providers; Understanding of how to treat addiction and mental health at the same time is low
67. Not enough providers that take Medicaid/BadgerCare
69. **Promote continuity and continuation of services rather than waiting for crisis**
71. Transportation
72. Wait list for low-income or underinsured people
86. Qualifying for services

Access - Missing Gaps: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

1. 24/7 answers!
5. Youth services rather than juvenile justice
7. Directory – lack of information on the therapy skills, qualifications, and genders of providers including professional bios and educational/training
10. Sober and dry activities
11. Translate the services provided for/to target the new generations i.e. (Google, IPad, etc.)
12. Enough providers who will take Medicare/Medicaid
13. Funding – for those with no insurance/ under insured/ out of pocket expenses
14. Medication funding
17. Mental illness – training for help with aggression etc.
18. Lack of providers at hospital over extended especially when providers are on vacation
19. No suboxone clinic/prescriber in the county
20. Age-appropriate services not adequate: Kids with ADHD, Infant mental health expertise is limited, Child psychiatrists and child psychologists, Limited clinicians for very young children and adolescents, Care for elders limited
22. Bilingual services
24. Detox center; Lack of detox/inpatient facilities
25. Drug court
26. Extended time to meet with health care providers (psychiatrist, therapists, etc.)
27. Facility that provides mental support and medical detox monitoring for addiction
29. Gender specific outpatient
31. Lack of marriage and family therapists
32. Lack of mental health services in schools; School psychologists; Reduced school counselor/therapists staffing in school
33. Lack of providers who will provide/ write prescription for psych meds
34. Lack of psychiatrists (no child psychiatrist in our DSS community)
35. Lesbian, Bi-sexual, Gay, Transgender, Questioning specific services (LBGTQ community is disproportionately represented with poor mental health and AODA outcomes)
38. More supervision of court ordered treatment
39. More diversion programs for mental health instead of sending to jail
40. Nar-Anon - like Al-Anon but for opiate addiction
42. Transitional living services
43. Warm line
44. Warm house

49. Child care while receiving AODA and mental health services
50. Domestic Violence shelters; Treatment for domestic violence
51. Family therapy
52. Homeless services inadequate supports to mental health and AODA, hard to establish residency
53. Housing (affordable, safe, high quality)/long-term housing to stabilize on medication
56. Pediatric psychiatric services
57. Post crisis services
58. Residential Services
61. Transportation – distance and cost creates barriers for example the bus system doesn't go to Plymouth, especially hard in more rural communities
62. Treatment foster care
63. Services for young adults

Access - Strengths: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

7. Improve community networking and expanding into the schools – psychiatrist, teacher training, counselors, wraparound programs
18. Add more to county services/medical Aging & Disability Resource Center (ADRC)/Aging/ACDA
19. Adolescent service in the summer support groups
21. Arts – enriching, therapeutic
22. Beds/facilities for patients
24. Build on social services
25. Caseworker to help access services/Caseworker for the working class to advocate & navigate like a hub – who do you call? (health care traditional med model) + support staff
26. Centralized Intake
27. Children's resources/family resource center
28. Continue medical care while people are incarcerated
33. Grow nurse prescribers' medication management
34. Heroin detox facility
35. Hire additional psych – child, adult, addition, public, private, Federally Qualified Health Center (FQHC)
36. Home-based services
39. In-patient facility in the county/mental health/AODA separate
42. More drug drop off opportunities (ER, etc.)
44. One stop triage mental health

45. Parent/family support group by an agency facilitator
47. Recruit and retain skilled mental health providers/clinicians
48. Satellite offices out in county
49. School behavioral specialists
50. Services for men in community/anger management/abuse
51. Support first time parents – provide parent education and role models – home visiting
52. Supportive services – more access to transportation, child care, financial asst, other enabling services, pet care
53. Tele-health counseling/psychiatry
55. Expand mental health resources through ADRC
77. Services in schools for more gifted children

EDUCATION

Education Recommendation: Further study and develop work plans to address:

- Community Education
- Consumer & Family
- Provider – Direct Service Providers & Indirect Providers

Lead Organizations: Mental Health America in Sheboygan County, Safe Harbor, Aging & Disability Resource Center and Healthy Sheboygan County 2020

Co-Leaders: Kate Baer - Mental Health America in Sheboygan County, TBD – Healthy Sheboygan County 2020 and TBD Sheboygan County Health & Human Services

EDUCATION SUMMARY:

Participants identified organizations that provide and/or offer mental health education and programming. This included Mental Health America in Sheboygan County, school based programs, jail based programs, the Salvation Army and a variety of other venues. The challenge is many of these venues are not integrated resulting in gaps of service as an individual moves throughout the community.

Some of the recommendations included providing training and education for the public and also for specific groups of people including businesses, professionals, and families. Comprehensive education of mental illness is needed to eliminate stigma and shame. Specific training on how to communicate with and handle people with mental health issues and those who are experiencing a mental health crisis would be beneficial. Providing information on social networks and user-friendly websites may see younger generation accessing services more likely.

Steering Committee Member Recommendations: EDUCATION

- **Community Education:**
  - Community resource fair.
  - Mental Health Anti-Stigma Campaign.
- **Consumer & Family:**
  - Develop educational material/programs on access, services, regulations, etc.
  - Determine what resources should be developed to help navigate the system(s).
- **Providers:**
  - Direct Service Providers (Medical): Research, develop and implement a training curriculum (e.g. Fox Valley model).
  - Indirect Providers: Research, develop and implement a training curriculum (e.g. access, navigation, trauma informed care, motivational interviewing, etc.) for target providers (e.g. law enforcement, judges, emergency response providers, etc.).

Education Barriers	Education Missing/Gaps	Education Strengths	Overall
'How To" (e.g. referral steps are complicated, Website & information hard to navigate) Knowledge of resources insufficient, low awareness of resources	Mental Health Literacy of general public – how to talk about needs with others, website & information hard to navigate	More forums/public & community outreach, mental health provider fair, create a vehicle for people to obtain info. (e.g. book, pamphlet, common website), education (e.g. workplace, symptoms, for young parents, families), neighborhood mental health fairs, church bulletins, required education in the school.	Education – General and specific
Coordination of Care – promote continuity of care, continuum of care, ability to access help without a crisis or danger to self/others, co-morbidity, trauma & secondary trauma	Directory – skills, qualifications, etc. communication between hospitals to admit, training to deal with aggression, drug court, networking for providers, domestic violence shelters/treatment	Get medical and non-medical involved, provider networking, provider support & professional development, provider education on resources, first responder education and required education in schools	Education & training for providers
Stigma, denial, cultural attitudes, fear, misconceptions	Promote what good mental health is	Improve coordination re: drug seeking behavior	
Client centered services	Drug Court	Support first time parents	
Belief medication is a quick fix, self-medication	Medication funding	Grow nurse prescriber medication management	
More training for teachers, first responders, judges, etc.	Training for care givers, parenting education		Education & training for other specific populations

Education - Barriers: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

2. Alternative treatment beyond medications
6. Client-centered services
7. Coordination of care and services; No coordinated community-wide continuum of care
10. Difficult to get help unless in immediate danger to self and others
14. Fear of restriction
22. Poor understanding of levels of care
25. Referral steps are complicated; Referral system not consistently supportive-gaps in knowledge
27. Services in supportive culture and appropriate language
30. Belief that medication will create a "quick fix"
31. Culture of alcohol tolerance, social acceptance of alcohol miss-use
32. Cultural attitudes
33. Co-morbidity – recognize and treat
34. Denial
36. Fear of: Diagnosis, Embarrassment about the need for support, Feeling weak, Getting stuck, Legal or employment repercussions for seeking help, Losing a coping mechanism (drugs), Reporting to law enforcement, Use of restraints
38. Helping the mentally ill is less tangible than "feeding the hungry"
39. Individualism and belief that it can be handled alone
40. Lack of faith in ourselves and others
41. Lack of trust in government agencies
42. Low understanding of how to break a negative family cycle
44. Older generations may not be as educated about AODA and mental health issues
45. People are aware of labels
46. Pride
47. Self-medication
48. Shame, fear, myths to the individual and families with mental health issues or substance abuse disorders; Sigma still exists, people feel judged; Stigma
49. Underage drinking is common
53. Improve how people are treated upon entrance into treatment
54. Low empathy
55. Perception that where you come from may impact the services you receive - discrimination
56. Religion and culture may be a barrier for accessing services

57. Correctly diagnosing people is time-consuming
58. Inadequate training for the continuum of needs
59. Issues seen as behavioral rather than mental health and minimized
62. Low awareness in general public about resources other than the Emergency Room
64. More training for teachers
65. Need more education and public awareness about services
69. **Promote continuity and continuation of services rather than waiting for crisis**
70. Secondary trauma
73. Education about coping mechanisms
74. First responder education to address problems early
75. Judges need to be educated on mental health and medications
76. Knowledge of resources is insufficient
77. Medically side-effects poorly understood by professionals and general public
78. Misconceptions about the importance of issues related to mental health and substance misuse/abuse
79. Parents may have limited knowledge about mental health or they hit a wall in the system
81. Websites and information is hard to navigate
82. Consequences of being arrested
83. Crisis intervention for police department

Education - Missing Gaps: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

4. Role models, celebrity role models
7. Directory – lack of information on the therapy skills, qualifications, and genders of providers including professional bios and education/training
8. Mental health literacy of general public to know how to talk about needs with others
9. Promote what good mental health is
11. Translate the services provided for/to target the new generations i.e. (Google, IPad, etc.)
14. Medication Funding
16. Lack of communication between hospitals regarding ability to admit
17. Mental illness – training for help with aggression etc.
25. Drug court
26. Extended time to meet with health care providers (psychiatrist, therapists, etc.)
45. Cultural competence needs of the providers

46. Employee retention
47. Networking opportunities for providers
48. Training for care givers
50. Domestic Violence shelters; Treatment for domestic violence
55. Parenting education
60. Teen pregnancy prevention resources

Education – Strengths (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

5. Forums like this with follow up
6. Getting non-medical, non-mental health provider services involved
10. Mental health provider fair
11. Organizational buy-in
12. Provider networking
13. Provider support and professional development to providers
14. Public conversation & collaboration
15. Raise awareness of community resources – "211"
16. "Resource Mapping"
20. Affordable Care Act – increased understanding
29. Educating consumer about their disease – what is disease, what meds they are on, how to deal with it
30. Educating providers more on available resources
31. Empower families
33. Grow nurse prescribers' medication management
37. Improve coordination/communication, drug seeking behavior, diverting, pharmacies, providers
38. Increased education in judicial system
41. Managing medications better
46. Promote mental health services in addition to medication treatment
51. Support first time parents – provide parent education and role models – home visiting
57. Reach out to volunteers and philanthropic opportunities to build awareness & support of mental health needs
58. Advocate for mental health and AODA careers in the schools – encourage vocation & passion
59. Community outreach/marketing resources
60. Continue mock drunk driving modules
62. Create the vehicle to which people can go to obtain info – book/pamphlet, common website

63. Education about issues in workplace & community
64. Education of symptoms of illnesses
65. Education for young parents/families and children and parents together
66. Educate people on how to access services
67. Educate youth about drugs
68. First responder education about mental health, AODA issues, and trauma
69. Marketing/awareness of current resources & issues
70. Neighborhood mental health fairs/forums
71. Promote crisis services including all lines
72. Raise awareness in church communities, bulletins
73. Required education (community): in schools-different topics, in org issues
74. Address prevention vs. reaction to mental health
75. Healthy food choices
76. Medicine – Research & science

COORDINATION

Coordination Recommendation: Further study and develop work plans to address:

- System Change(s)
- Program Development
- Integration of Care

Lead Organizations: Aurora Health Care, Sheboygan County Health & Human Services, Lakeshore Community Health Center and United Way of Sheboygan County

Co-Leaders: Norm Shanks – Aurora Health Care, Kristin Blanchard – Lakeshore Community Health Center and Ann Wondergem – United Way of Sheboygan County

COORDINATION SUMMARY:

The need for integrated services and follow-up care for all individuals who are suffering from mental illness, regardless of where there illness was first recognized (e.g. school, jail, hospital, etc.), was identified as a priority. Lack of resources such as group homes, case management services, or peer supports impact on an individual's ability to obtain needed follow-up care.
Participants discussed the need for systemic changes that would assist individuals, family members and others in navigating the complex mental health service delivery system. A warm line, warm house, and/or peer supports could be used to help individuals navigate community resources and assist in obtaining the most appropriate care needed at that point in time.

Steering Committee Member Recommendations: COORDINATION

- **System Change:** Develop a resource map.
- **Program Development:** Immediately support programming currently being explored, proposed or in development including but not limited to:
  - Lakeshore Community Health Care Integrated Health Proposal and Grant Application
  - Aurora Health Care Behavioral Health Program Proposal
  - Drug Court Grant Application.
  - Area school districts in expanding availability of mental health curriculum and services in the schools.

*Note: The Steering Committee thinks that a resource map will assist in assessing and determining other program and service development needs.

- **Integration of Care:**
  - Research opportunities for sharing of information including a shared data base (e.g. RAIL system in use in the Fox Valley)
  - Develop a plan to provide networking opportunities for providers.

Coordination Barriers	Coordination Missing/Gaps	Coordination Strengths	Overall
Coordination of care & services, case management, fine line team approach vs. 'passed around', follow up, Broken systems	Communication across service provider, lack of communication/collaboration	Communication across stakeholders, develop coordination, develop system to document outcomes, build on social services	Systemic changes, coordination, communication & collaboration
Services – daily living/support, group homes/ safe places, local treatment/support home, peer support programs, co-morbidity	Services – peer support, age appropriate for children, AODA Coordinator in county, facility providing mental support & medical detox, family support groups, life skills courses, transitional living, warm line, warm house, housing, post crisis services, residential services, wrap around services, more supervision of court ordered services,	Services – case worker to help access/ navigate services, one stop triage, inpatient facility in county mental health And AODA (separate), nurse role – referrals/community involvement, adolescent	Development of services
Help navigating/advocating for person in need, website & information hard to navigate	Integration of behavioral health & primary care	Include more faith based solutions, coordinate obvious places where people obtain information – coffee shops, churches, law enforcement, taverns, etc., expand NAMI & Alanon	Integration, inclusion and information
Long-term care resources inadequate	Consumer voice not heard	Build on success of client centered services	Client/consumer involvement
Prevention & early intervention require more focus	Support systems fragmented/non-existent	Better use of existing resources, grants to support coordinated approach not just one agency/service	Support coordinated approach, focus on prevention & early intervention

Coordination - Barriers: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

4. Broken systems that impact the county's ability to deliver full-range of services
5. Case management support
7. Coordination of care and services; No coordinated community–wide continuum of care
8. Daily living support
9. Disconnected services
15. Fine line between team approach and feeling "passed around" to various providers
17. Group homes and safe places to go (need more)
18. Help navigating services-advocate for person in need
20. Local treatment and support in home
21. Peer support programs
24. Relationships with schools and coordination of resources could improve
33. Co-morbidity – recognize and treat
35. Family dynamic – children's mental health or substance use disorder may not be addressed if a parents needs aren't being met; Family dysfunction
37. Follow-up isn't as comprehensive as it needs to be
43. Long-term care resources not adequate
60. Lack of psychotherapy follow-up with the chronically mentally ill
63. Medication compliance for school-age kids is poor
68. Prevention and early intervention require more focus
69. Promote continuity and continuation of services rather than waiting for crisis
80. Partner more with clergy to increase awareness of services
81. Websites and information is hard to navigate
84. People caught in the middle-making too much money to be eligible for services but cannot afford additional supports
85. Medication distribution in jail is poor

Coordination – Missing Gaps: (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

2. Consumer voice not heard
3. Peer training; Peer services
6. Communication across service providers
15. Behavioral health integration with primary care physicians
20. Age-appropriate services not adequate: Kids with ADHD, Infant mental health expertise is limited, Child psychiatrists and child psychologists, Limited clinicians for very young children and adolescents, Care for elders limited

21. AODA coordinator in the county
23. Discharge services need to improve and follow-up care
27. Facility that provides mental support and medical detox monitoring for addiction
28. Family support groups limited
30. Lack of communication/Collaboration between services
36. Life skill courses – resilience, coping
37. Meditation and emotional coaching for younger kids
38. More supervision of court ordered treatment
40. Nar-Anon – like Al-Anon but for opiate addiction
41. Prescription drug monitoring and follow-up
42. Transitional living services
43. Warm line
44. Warm house
53. Housing (affordable, safe, high quality)/long-term housing to stabilize on medication
54. Mentorship
57. Post crisis services
58. Residential Services
59. Support systems fragmented or non-existent
64. Wrap around services

Coordination – Strengths (Items in bold appear in multiple categories e.g. Access, Education and Coordination)

1. Communication – across stakeholders
2. Continue connecting legal system to issues
3. Develop coordination
4. Develop system to document outcomes
8. Include more faith-based solutions
9. Increase parent involvement
17. Spiritual health (mind-body-spirit)
19. Adolescent services in the summer support groups
23. Build on success of client-centered services
24. Build on social services
25. Caseworker to help access services/Caseworker for the working class to advocate & navigate like a hub – who do you call?

(health care traditional med model) + support staff

28. Continue medical care while people are incarcerated

32. Expanding NAMI & AL-ANON

37. Improve coordination/communication, drug seeking behavior, diverting, pharmacies, providers

39. In-patient facility in the county/mental health/AODA separate

40. Jail system working with medical system

43. Nurse role – referrals, community involvement

44. One stop triage mental health

54. Better use of existing resources

56. Grants – to support coordinated approach not just one agency or service

61. Coordination between the obvious places people go to obtain information – coffee shops, churches, law enforcement, taverns, non-profits, healthcare, schools, major employers, governmental offices

Parking Lot

Parking Lot Recommendation: As Community Action Teams meet, develop plans and make further recommendations applicable Parking Lot issues will be addressed. In addition, when appropriate Steering Committee members and lead organizations will advocate for needed changes.

PARKING LOT SUMMARY:

Some concerns identified during the small group discussions act as barriers to accessing and receiving mental health services. These include:

- fear of the legal ramifications of a chapter 51 which results in individuals not reaching out for help
- resistance to psychotropic medications due to side effects such as weight gain, cognitive impairment, and lethargy
- financial limitations may force individuals to choose between paying for rent, food, and clothing or paying for expensive medications

Public and private policies impact on access and provision of services:

- Chapter 51 (STATE ALCOHOL, DRUG ABUSE, DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH ACT) specifically states that only individuals who are a danger to themselves or others can be served under this administrative rule. This leaves many who are suffering with significant mental health symptoms untreated
- there has been a decrease in psychiatric hospitals accepting individuals with mental health needs, who are displaying aggressive or dangerous behavior. The options for these individuals are to go back into the community or be place out-of-county at one of the few mental health institutes remaining in the state
- insurance company and hospital policies stipulate shorter hospital stays and offer little to no medication adjustments
- natural supports or lack of supports needs to be considered. Many individuals, who suffer from mental illness, have chaotic families and/or other family members also have a mental illness. Many have few or no friends due to their symptoms and or behavior. When there is little to no positive natural supports in place, recovery from any mental illness is more difficult.

Parking Lot Barriers	**Parking Lot Missing/Gaps**	**Parking Lot Strengths**	**Overall**
Confidentiality	Insufficient family & natural supports or under-utilization of supports	Strengthen collaborative groups & community connections	Strengthen collaboration – planning & funding
Funding instability, insurance coverage, cost	Diverse income levels – poverty impacts on ability to access services	Advocate for funding, insurance reform, funding partnerships	Funding – insurance reimbursement, state, federal & local, develop funding partnerships
Eligibility – Immigration status	Need positive activities (e.g. Open Door)	Listen to people using the services	
Legal restrictions/Requirements	Funding for prevention & education	Study other communities with successful programs, measure outcomes	Look at successful programs, measure outcomes
Policies	Providers – salaries, workload, working conditions, reimbursement	Public awareness initiatives, use media, utilize businesses, resource book	
Policy Makers – lack of understanding		Improve State legislation, hold decision makers accountable	Legislation & Policies

PARKING LOT ISSUES:

#3. Barriers that prevent people from accessing services:

- Confidentiality
- Fear of mandatory reporting
- Funding for programs is unstable and results in reduction in services
- Immigration status
- Legal restrictions may make it difficult to personalize/individualize services to meet the specific needs of someone
- Need policies
- No minimal universal standards for MTL/ADOA services (insurance plans all vary)
- Overemphasis on reacting to unmet needs rather than preventing growing unmet needs
- Policy makers that understand issues exist but aren't the majority
- Prior reauthorization can make intake difficult
- Privacy and transparency needs are often at odds
- Requirements for forced treatment
- Sufficient time to evaluate
- Social Security Insurance is suspended while someone is in jail
- Wisconsin law, 14 year-olds can refuse services
- Disability associated with the disease itself as well as blind, deaf, and limited mobility
- Lack of planning
- Greater Education
- Internet access low, access to information resources low
- Volunteer opportunities for people who want to make a difference
- Willingness to speak out on issues
- Lacks of checks and balances
- Low use of evidence-based interventions
- Misunderstanding and miscommunication
- Pushed to break laws because people need to be "sick enough" to receive care/ red tape
- Qualifications may be limited to a specific program

- Volunteers need training and background checks
- Community has changed and people may not know each other or feel a sense of responsibility
- Community is impacted by a ripple effect
- Dislike and discomfort with side-effects make managing illness through medication difficult
- Lack of socialization
- More mobile community
- People are suffering
- People feel judged
- People feel pushed around
- Barriers based on insurance provider
- Care expensive even with insurance
- Co-pays are costly
- Cost to employers high
- Economic opportunities impacted if substance abuse of mental health disorders
- Insurance-consider regulations and policies and restrictions
- Low reimbursement rates for providers
- Managed care and legal restrictions
- Medicine is expensive
- Resources are costly
- Standard of living impacts outcomes
- Entitlement attitude
- Intolerance
- Narrow interpretation of the bible related to sexual orientation and inadequate supports
- Technology may be misused and contribute to disconnectedness
- Terrible confusion
- Value privacy and appearances above wellness

#4. Missing/gaps in the services available in our community:

- Diverse income levels are impacted by mental health & AODA issues but generational poverty makes access to services more difficult
- Employment opportunities
- Insufficient family supports
- Natural supports over utilized when systems of care aren't coordinated
- Positive activities- Open Door
- Positive reinforcement for managing mental health and substance use
- Resources to advertise services
- Some are not connected to internet/ web and other technology to find resources
- Education
- salaries of mental health professionals, caseloads and working conditions
- Services to match personal fit/needs
- Support groups with trained leaders for "CIC
- Hospitals - "this person is dangerous we can't accept them"
- Methadone delivery system is questionable
- Fund prevention
- Adequate reimbursement for mental health
- Providers ombudsman

#5. Build on what is working and the strengths:

- Formal collaborative groups that focus on mental health – more focused (subcommittee)
- Promote NAMI
- Put collected suggestions into action
- Strengthen connections coordinators
- Study other communities with successful programs
- Training for trainers
- Better citizen to government reps communication
- Holding community decision-makers accountable for improving mental health delivery system/addiction/prioritizing mental health/AODA issues
- Insurance reform, pr. auth licensing & credentialing, MA

- Improve state legislation
- Listen to people who are using services
- More function from state & fed
- Measuring outcomes
- Support from state legislators
- Update legislators to make them informed on current issues
- We have to all be part of the solution
- Create base level standard of communication
- Healthy Sheboygan Facebook page
- Information available in various media with all ages in mind
- Improve websites = ACCESS (incompatibility with phones)
- Post training video clips, etc., on Facebook, YouTube to be accessible to all
- Public awareness initiatives – billboards (We've started, let's continue. Discuss in committee)
- Statewide resource book
- Use media (local radio/billboards/web/TV/phonebook)
- Use the arts to raise awareness through creating endeavors – theater is a great resource
- Utilize businesses to promote additional awareness
- Advocate for funding etc. to continue and build and what is already working
- Continued fund raisers local collaborative
- Corporate funding partnerships
- Increase funding for prevention (primary secondary)
- Keep counselors/ school workers employed
- Keep funding programs that work
- More resources – specifically financial
- ADDA inpatient not only connected to religious affiliation
- Advocacy counseling fee
- Expand ability of parish
- Peer consultation
- Support groups in needed areas