



Top Vote-Getters from the 5/3 Issues Forum:

Program Issues:

1. Lack of continuity of care for clients leaving hospital to community in follow-up, appointments, special programming and affordable, accessible quality housing (transitional/step-down) (26)
2. Integration of common practices among hospitals, providers and service agencies (16)
3. Lack of client/customer input into decision-making process leading to lack of engagement/buy-in by clients/customers (13)
4. Balancing health and safety of mental health population v. reduced regulatory oversight (12)
5. Integrating and aligning initiatives of both departments towards one mission (including public and private) (12)
6. Lack of clear direction/leadership (11)
7. Lack of staff to adequately treat patients (psychiatrists, physical health, counselors and case managers) and a lack of physician (and perhaps other disciplines) retention-recruitment (hiring and keeping qualified staff) (10)
8. Understanding of our language to ensure effective communication – common language (7)
9. Lack of understanding of what we offer and consumer-operated services (6)
10. Lack of sufficient services for people with comorbidities (DA, physical health) i.e. detox, physical health and continuity of care (6)

Financial Issues:

1. Funding streams defining needs as opposed to needs and client service plans defining treatment services from the bottom up (30)
2. Inequality of ADAMH Boards with and without levy funds, resulting in resources varying by county, which causes a lack of services for “working poor” and uninsured (30)
3. Inability to effectively monitor Medicaid services and billing (13)
4. Lack of funding for quality housing and prevention services (11)
5. Lack of funding for: additional staff, adequate payment (especially for psychiatrists), housing alternatives, supportive services (9)
6. How will decisions be made regarding funding to the field (sharing funds, discretionary dollars – Board funds) (9)
7. Need for technical assistance to providers for reimbursement process (6)
8. Impact of Affordable Care Act on hospitals, private/public sector and providers (5)
9. Define financial outcome measures to support decision making (common data) (2)

Internal Work Process Issues:

1. Lack of staff input into decision-making and lack of management accountability (possibly caused by generational differences e.g. “millennium generation” not allowing ‘out of box’ thinking and bureaucracy) (19)
2. Lack of compatibility and integration of rules, standards, processes and electronic systems (19)
3. Silos hinder effective communication, collaboration and sharing of information (13)
4. Train new and existing professionals on health integration, department philosophy, AoD and MH services, referral system, available resources and security measures needed for improvement of continuity of care and efficiency (active treatment curriculum) (12)
5. Review position descriptions to develop consistency (10)
6. Lack of education to public and open communication to staff regarding the co-occurring AoD and MH issues (stigma, etc.) (8)
7. Lack of training and growth; undefined roles and responsibilities (excessive hierarchy) (8)
8. Lack of ongoing process to identify existing/new workflow issues/barriers (8)
9. Perceived and real barriers between exempt and non-exempt staff (7)
10. Hiring/retaining qualified staff, working effectively w/ HR (“different rules”) & collective bargaining (6)
11. Need to develop interagency access and referral base between MH and AOD hospitals and service providers (5)
12. To educate staff from both agencies on services provided by each to improve efficiency, continuity of care and then roll out to field (3)

Organizational Culture Issues:

1. Need for blending of ideas and equal representation of MH and AoD at table with decision making (37)
2. Unwillingness to share knowledge, information and deliberate non-communication based on fear and unknown (preserve my piece of cheese) – resistance to change (23)
3. Lack of team culture: talk to the workers about internal stigma, 360° feedback to managers/teams/coworkers and share more information (19)
4. Lack of empowerment/punitive culture/fear of repercussions/over-reactive (19)
5. Philosophical differences, practices and priorities and the relative size (ODADAS = smaller; MH = larger) leads to work time/process differences (proactive v. reactive) (7)
6. Stereotypes exist with “MH world” and “AoD world”- there is different terminology and view of recovery, general lack of common vernacular (7)
7. Cultural competence throughout department is not infused (compartmentalized & not integrated) (4)
8. Staff promotion opportunities – need more openness (2)