

Sample Problem Statements

Example 1

The Human Service Center adult team carries a case load of approximately 100 to 120 patients. This case load rotates dependent on the patient's functional impairments. An audit shows 100% of patient charts have incomplete or missing data related to the medical conditions, primary care visits, specialty visits, and labs. Patients receive incomplete care when medical records and laboratory results are missing from the health record. Inputting records, consulting with the medical providers, and reviewing laboratory results will identify patients whose mental health is a barrier to maintaining their physical health. Utilizing this data to inform the treatment plan may increase positive outcomes and reduce hospitalizations from the medical complications cooccurring with behavioral health.

Example 2

Inadequate staff training can lead to issues that affect the employee, the population they serve and the organization. The overreaching goal of the organization's afterschool programs is not only to provide a safe and engaging space, but also to foster the emotional well-being of the youth participants. Evidence based curriculum has been implemented in all afterschool program sites but staff have not been properly trained on how to execute the curriculum correctly. Much of what makes the curriculum effective relies on the employee's ability to relate to youth using a trauma-informed approach. Many staff are lacking the skills needed to foster the social and emotional growth of the participants. Without addressing this issue, the quality of our programs will continue to suffer. This leads to an increase in challenging behavior exhibited by youth participants and increased frustration by staff.

Example 3

The problem with the current discharge protocol from a residential treatment program not only affect's the members with a substance use disorder, but also the hospital systems, residential facilities, doctors, social workers, and insurance companies due to the high utilization of services as a result of the gaps in follow up care. This issue continuously presents itself with members' who are not adequately getting connected to the appropriate resources, supports, and lower level of care options. This needs to be addressed prior to discharge from

the residential facility.

This issue has the highest prevalence when a member discharges from a residential treatment facility. However, it also occurs at the inpatient level of care after a member discharges from a detoxification stay for similar reasons or due to leaving against medical advice (AMA). It is critical that we resolve this issue for all stakeholders involved, but most importantly, for our members. Not only will optimizing the discharge process help members get the help they need, but it will also significantly reduce the costs associated with the frequent readmissions, will open up beds for other member's who may need that level of care, and will give the doctors and staff more time to spend with patients that require 24 hour care.

Example 4

Individuals diagnosed with Developmental Disabilities (DD) often require behavioral and adaptive daily living supports to help them increase their autonomy. However, individuals with DD also present with common co-occurring conditions such as, epilepsy, obesity, anxiety, and gastrointestinal disorders. While these co-occurring conditions are often treated by medical professionals, there is little integration between the professionals who treat co-occurring medical conditions and those who provide behavioral supports that target the needs of DD. There are gaps in communication and collaboration between the interdisciplinary teams treating this population which leads to a lack of person-centered care. There is also a need to improve professional knowledge, obtain funding, and increase stakeholder confidence in integrated care. This problem occurs within behavioral, medical, and social settings which is indicative that there are little to no options for individuals with DD to receive quality integrated care. Fixing this problem is important as it could greatly improve the quality of care and quality of life for individuals with DD. Making an integrated model of care the standard for individuals with DD will address their behavioral needs, social needs, as well as their medical needs. Addressing these needs can result in treating the patient as a whole and greater understanding of how co-occurring conditions interact and affect the overall condition of the patient.