
Statewide Mental and Behavioral Health Initiatives

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Project Background

- NOSORH collaborative project in Regions A & B
 - Goal - Develop a tool to:
 - Help SORHs understand behavioral health (BH) issues in rural areas of their states;
 - Develop relationships between SORHs and BH policymakers and stakeholders; and
 - Identify opportunities for collaborative activities to address state-level rural BH problems.
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Assessment Process

- Multi-stage process to describe state BH policy/ financing environment and rural issues through:
 - A review of existing documents (such as their state's mental health and Medicaid plans):
 - A review of available state BH data; and
 - Interviews with key mental health and substance abuse policymakers and stakeholders.
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Suggested Assessment Time Line

- Month 1: Identify documents/data; identify policymakers/stakeholders; schedule interviews
 - Months 2 and 3: Conduct interviews; prepare summaries; analyze notes, documents, and data
 - Month 3 and 4: Prepare draft of state briefing paper; share with key respondents for review and comment; revise as necessary
 - Months 5 and 6: Finalize briefing paper; disseminate; identify next steps
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Resource Materials

- SAMHSA materials
 - Closing the Gap on Access and Integration
 - State Profiles of Mental Health and Substance Abuse Services in Medicaid
 - State Resource Guides
 - State Behavioral Health Plan
 - State Medicaid Plan
 - NAMI Grading the States: A Report on America's Health Care System for Serious Mental Illness
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Resource Websites

- National Association of State Mental Health Program Directors: <http://www.nasmhpd.org/>
 - National Association of State Alcohol and Drug Abuse Directors: http://www.nasada.org/index.php?doc_id=6
 - National Alliance on Mental Illness: <http://www.nami.org/>
 - Mental Health America: <http://www.nmha.org/>
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Policy and Stakeholder Organizations

- Mental health agency
- Substance abuse agency
- Medicaid agency
- Behavioral health association
- Primary care association
- NAMI and other advocacy organizations
- Rural health associations
- County health organizations

State Rural Behavioral Health Profile

- Development of short profile containing the following sections:
 - BH system in state (2-3 pages)
 - BH system in rural areas (2-3 pages)
 - Discussion of rural BH issues and opportunities to enhance access to services for rural residents. (2-3 pages)

Section 1: State System

- Mental health and/or substance abuse agencies
- Funding sources for mental health and substance abuse services
- State BH infrastructure/service delivery systems
 - Description of major treatment delivery systems
 - Description of training programs

Section 2: BH System in Rural Areas

- Description of rural areas of state
 - Size/location of rural areas, population density, etc.
 - Economy, demography, diversity, population trends, etc.
- Rural BH infrastructure/delivery systems
 - Rural issues (e.g., workforce, availability of specialty services, role of primary care in BH care, etc.)
 - Rural specific BH planning initiatives
- Challenges to serving vulnerable rural populations
- Major rural BH health stakeholders in state

Section 3: Issues and Opportunities

- Top 3 to 5 problems impacting the delivery of BH health services to rural residents
 - Rural stakeholders interested in working collaboratively to address these problems
 - Role of SORH in working on these issues
 - Prioritize problems in terms of the timeframes to address them and desired outcomes, funding and resources needed, and the likelihood for a successful intervention
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Tips and Suggestions

- Identify partners that can assist in the assessment process
 - Rural health associations, advocacy groups, etc.
 - Explore the use of student interns
 - Be aware of potential turf issues between agencies and organizations
 - Validate the results of the assessment with SORH stakeholders and partners
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When the Assessment is Completed....

- Share briefing document with participants, SORH stakeholders, state policymakers, legislators, etc.
- Explore options to encourage the development of BH initiatives within existing programs
- Think locally when developing BH projects
- Use assessment process to raise awareness of the impact of BH policies on rural communities, providers, and consumers

Emerging Rural BH Issues

- Veteran's issues as many returning vets are from rural communities
 - Include the VA in the assessment process
- BH and primary care integration
 - Latest evidence suggests that consumers with MH issues do not receive adequate physical health/primary care services
- Growing interest in the "medical home" has implications for the integration of BH and primary care services and for rural primary care providers

Findings from Virginia Assessment

- Inadequate funding for services
- Transportation and geographic isolation
- Lack of specialty care providers
- Lack of time and training for primary care providers to identify and treat BH
- Patient resistance to treatment due to stigma
- Large number of uninsured patients
- Fragmentation of care; poor communication between providers; infrequent referrals to specialty BH care from primary care settings

Mental and Behavioral Health Services in Pennsylvania

- Pennsylvania Mental Health Procedures Act of 1976
 - Pennsylvania Department of Health provides the services
 - Pennsylvania Department of Public Welfare provides the payment for services
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Pennsylvania Department of Health

- Bureau of Drug and Alcohol Programs is the designated single state agency for the administration of D&A Prevention, Intervention, Treatment, and Case Management Services
 - The Bureau enters into grant agreements with Single County Authorities (SCAs) to county-based groups to administer county-based drug and alcohol programs.
 - 49 SCAs are funding through "joinders," five-year grant agreements with contracting requirements.
 - All 67 counties are served since some SCAs cover more than one county.
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Pennsylvania Department of Public Welfare

- Medicaid Mental Health and Substance Abuse treatment options for adults: HealthChoices and Fee for Service
 - HealthChoices Behavioral Health Services: One of the state's mandatory managed care programs. Administered by the Office of Mental Health and Substance Abuse Services
 - Serves primarily urban areas in three "zones" in the state
 - Office of Mental Health and Substance Abuse Services: A Call for Change: Toward a Recovery-oriented Mental Health System for Adults
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Mental Health Services in Rural Pennsylvania

- Qualitative project conducted in Summer 2007
 - Key informant interviews
 - Government agencies
 - Advocacy groups
 - Primary care organizations
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Key Informant Interviews

- Pennsylvania Department of Public Welfare's Office of Mental Health Services and Substance Abuse
 - Governor's Policy Office
 - Pennsylvania Department of Health's Bureau of Drug and Alcohol Programs
 - Pennsylvania Department of Insurance, Office of the Children's Health Insurance and Adult Basic Programs
 - National Alliance on Mental Illness – Pennsylvania
 - Pennsylvania Mental Health Consumer's Association
 - Pennsylvania Association of Community Health Centers (state's Primary Care Association)
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Areas of Concern

- Workforce and leadership
 - Transportation
 - Stigma in rural areas and client education
 - Treatment options
 - Heroin (greatest issue), alcohol, cocaine, and marijuana abuse. Methamphetamine use = 1 percent of hospital admissions
 - No statewide standards for co-occurring disorders
 - Reimbursement and funding for mental and behavioral health services
 - Prisoner re-entry
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Major Findings

- Lack of coordination between state agencies
 - Disconnect between what the state agencies provide and what the consumer groups think are needed
 - Consumer groups at odds
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Outcomes

- Two presentations on mental health services in rural areas at the NAMI-PA 2007 and 2008 annual conferences
 - Follow-up meeting with the Pennsylvania Mental Health Consumer's Association
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