



**RURAL HEALTH DEVELOPMENT COUNCIL
PRESENTATION ON MH/AODA NEEDS IN
RURAL AREAS**

February 10, 2011

Wisconsin Division of Mental Health and
Substance Abuse Services



Background on MH/AODA

MH

- Diagnosis challenges
- High prevalence of co-occurring
- Recovery, resiliency
- Stigma
- Reliance on local funding
- Treatment gap

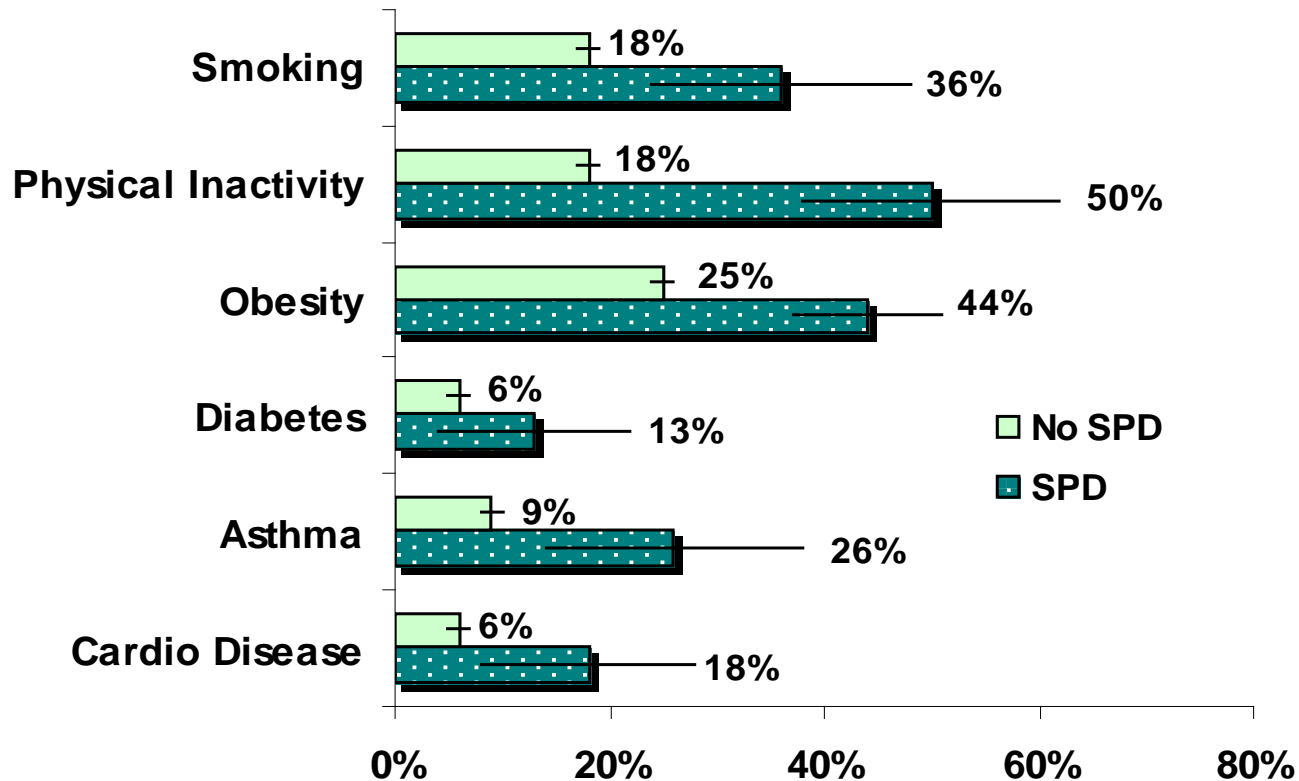
AODA

- What everyone should know
- Perceptions
- Cost-benefits
- Treatment gap

Background: Mortality Rates for Mental Health Clients

- 8-state study linking and analyzing public mental health treatment records with death records from 1997-2000
- Mortality rates for public mental health clients are **1.2 to 4.9 times higher** than the general population (depending on the year and state).
- Public mental health clients die an average of **25 years earlier** than the general population
- MH-physical health link = most MH clients died of the same natural causes as the general population (not accidents, suicides, etc.).

Prevalence Of Risk Behaviors And Chronic Diseases By SPD



Percent with risk behavior or chronic disease

COMMUNITY SUPPORT PROGRAMS (CSPs)

June 2010

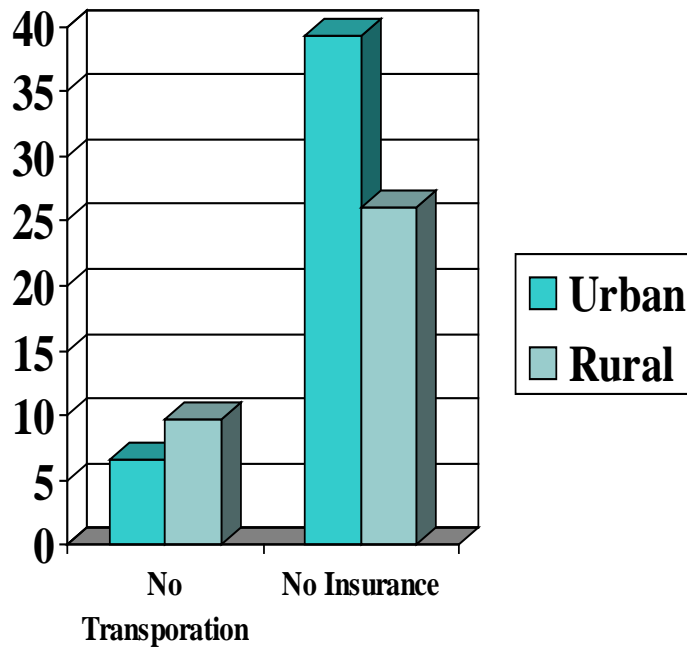


Certified CSP

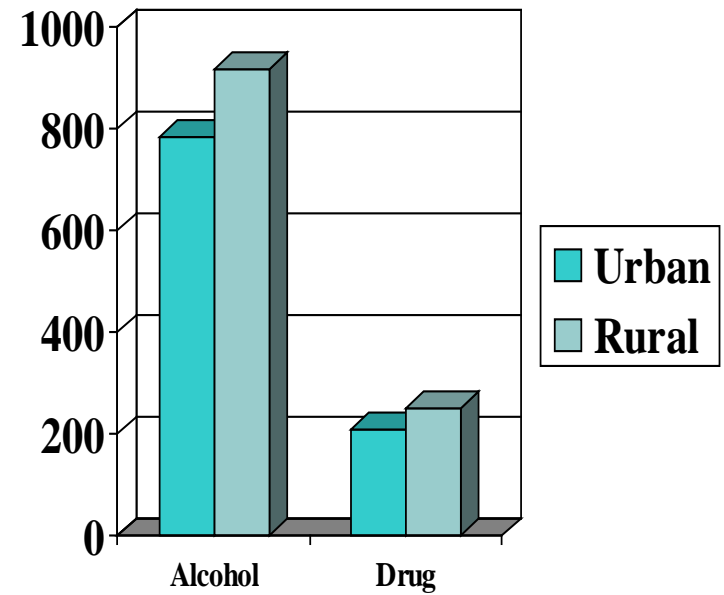
There are 76 certified Community Support Programs in the State of Wisconsin. The following counties have a joint CSP: Barron and Washburn; Forest, Oneida and Vilas; Grant and Iowa. The following counties have more than one CSP: Brown (2); Dane (4); Milwaukee (11); Price (2); Rock (2); Winnebago (2).

Rural-Urban Comparisons

Did Not Get Treatment Because...

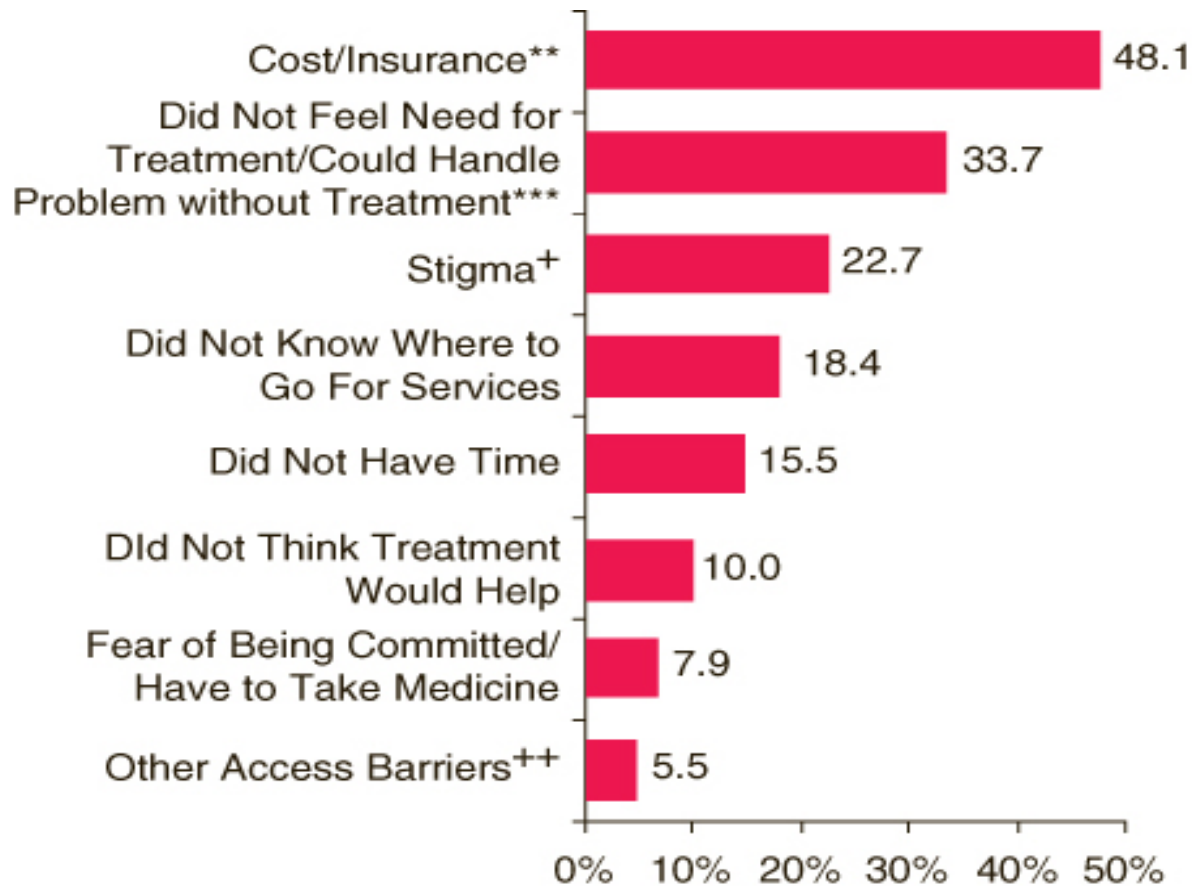


Hospitalizations per 100,000 Population



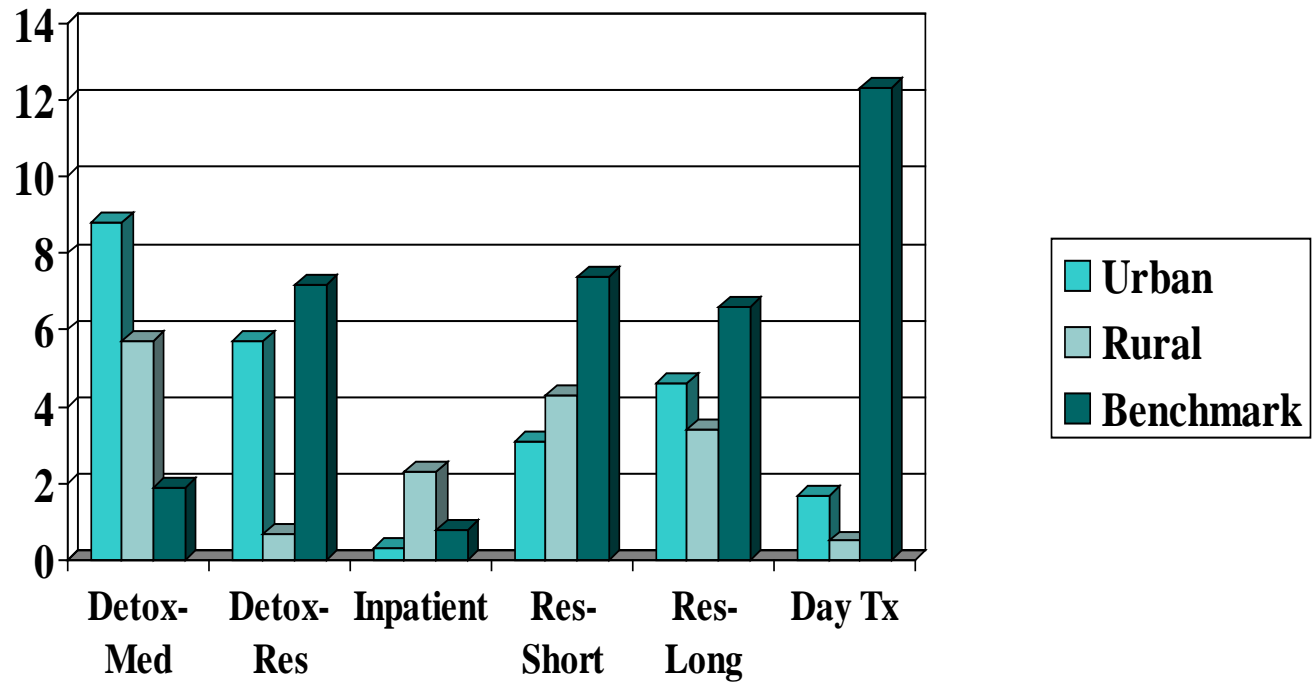
Unmet Need for MH Treatment (NSDUH)

Reasons for Not Getting Treatment or Counseling* for Mental Health Problems in the Past Year among Adults Aged 18 or Older Who Perceived an Unmet Need for Treatment for Mental Health Problems in U.S.: 2003, 2004, and 2005



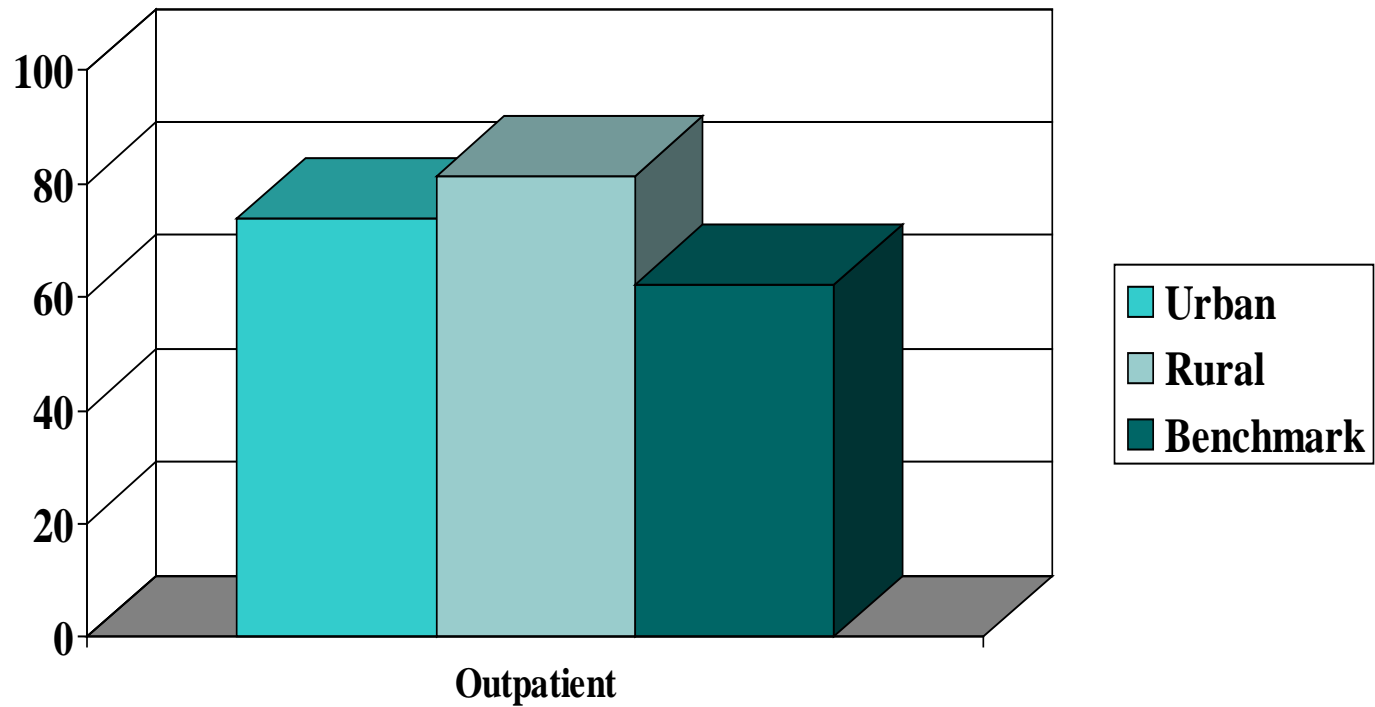
Benchmark Substance Abuse Service System

Percent Core Services Array vs. Benchmark



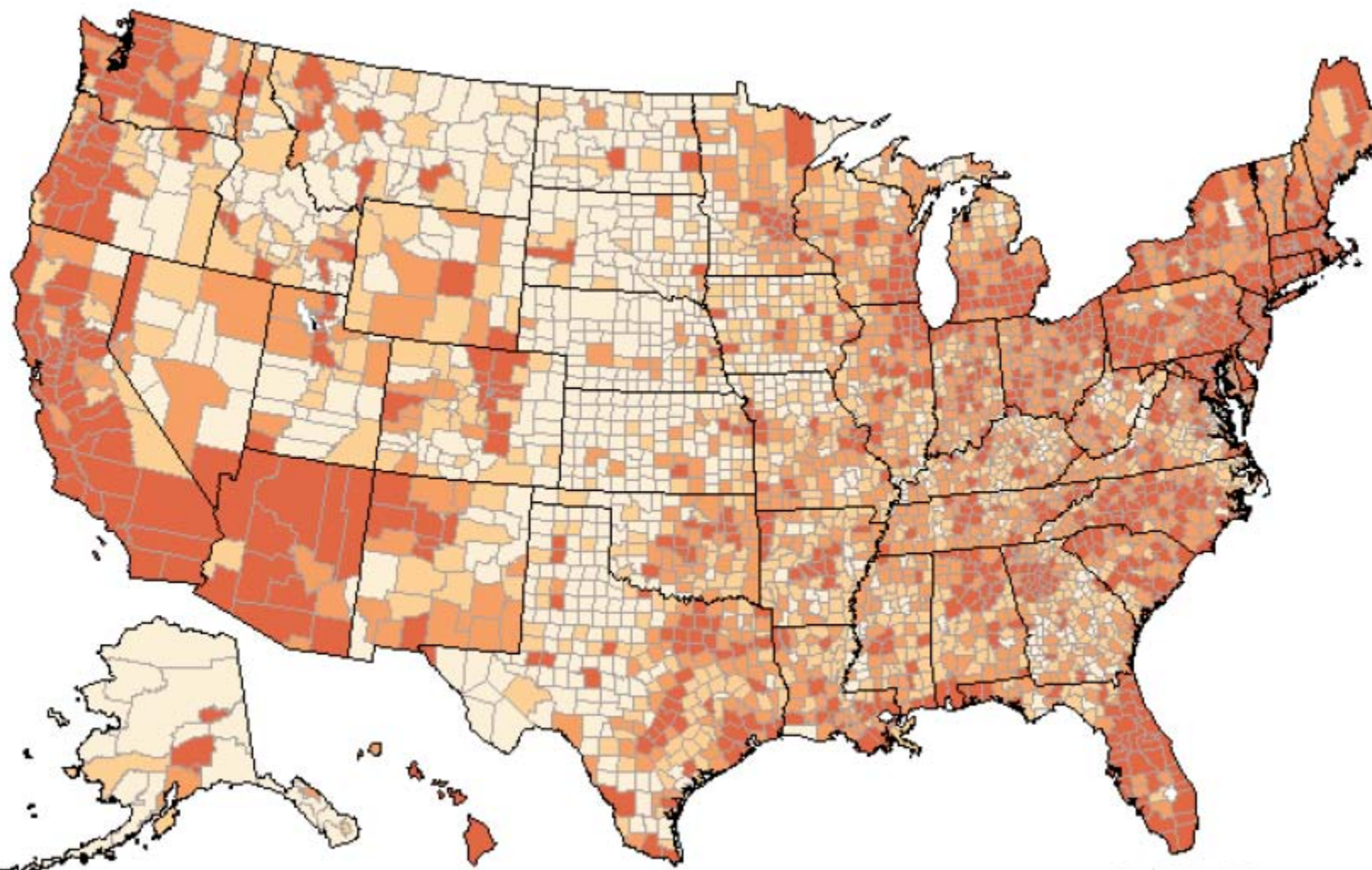
Benchmark Substance Abuse Service System

Percent Outpatient Services Array vs. Benchmark



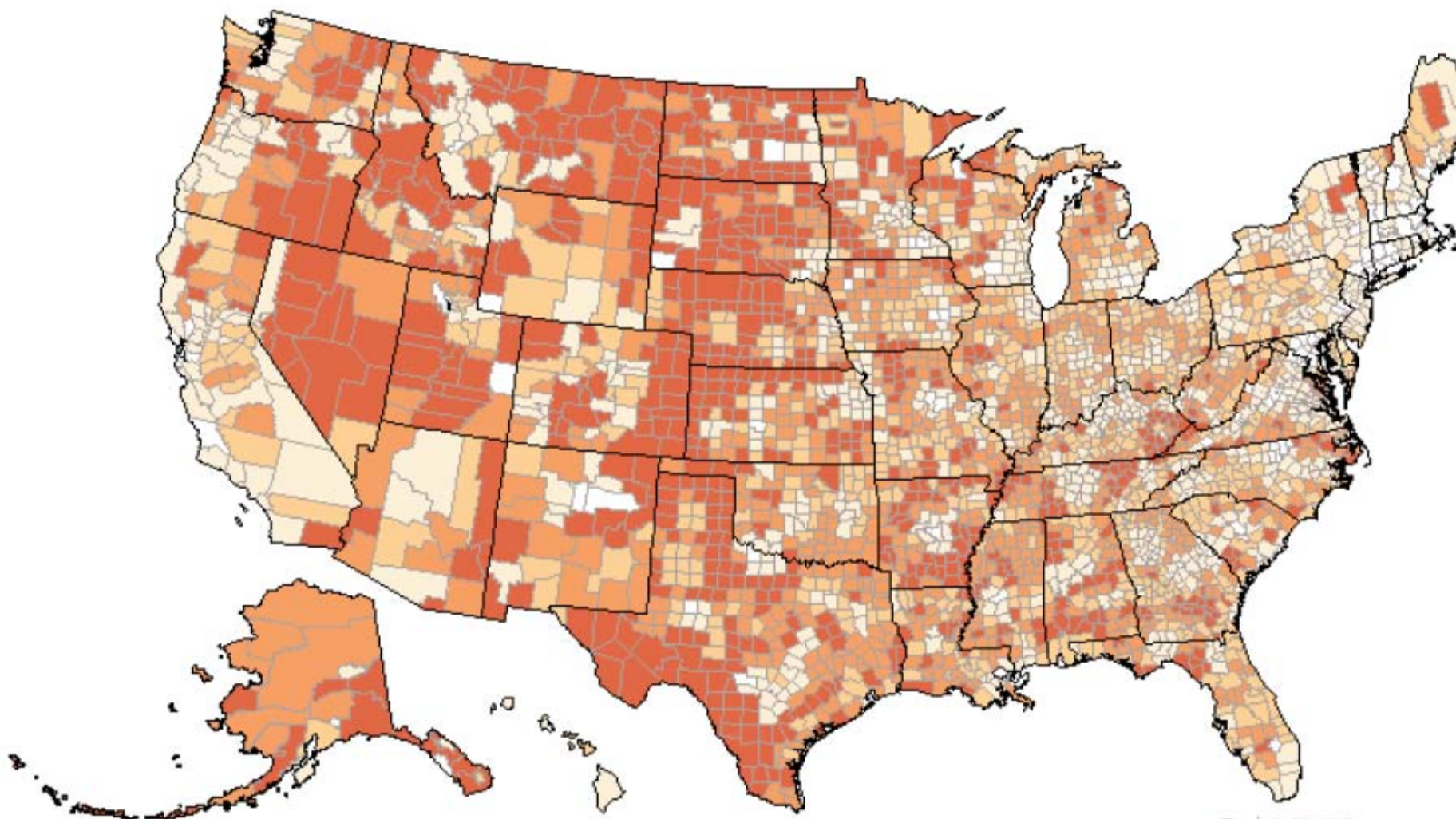
Number of full-time–equivalent mental health professionals needed in the United States, by county

Shading (from light to dark, indicating first to fourth quartiles, respectively) is intended to convey an overall pattern of need.



Unmet need for mental health professionals among counties with an overall shortage

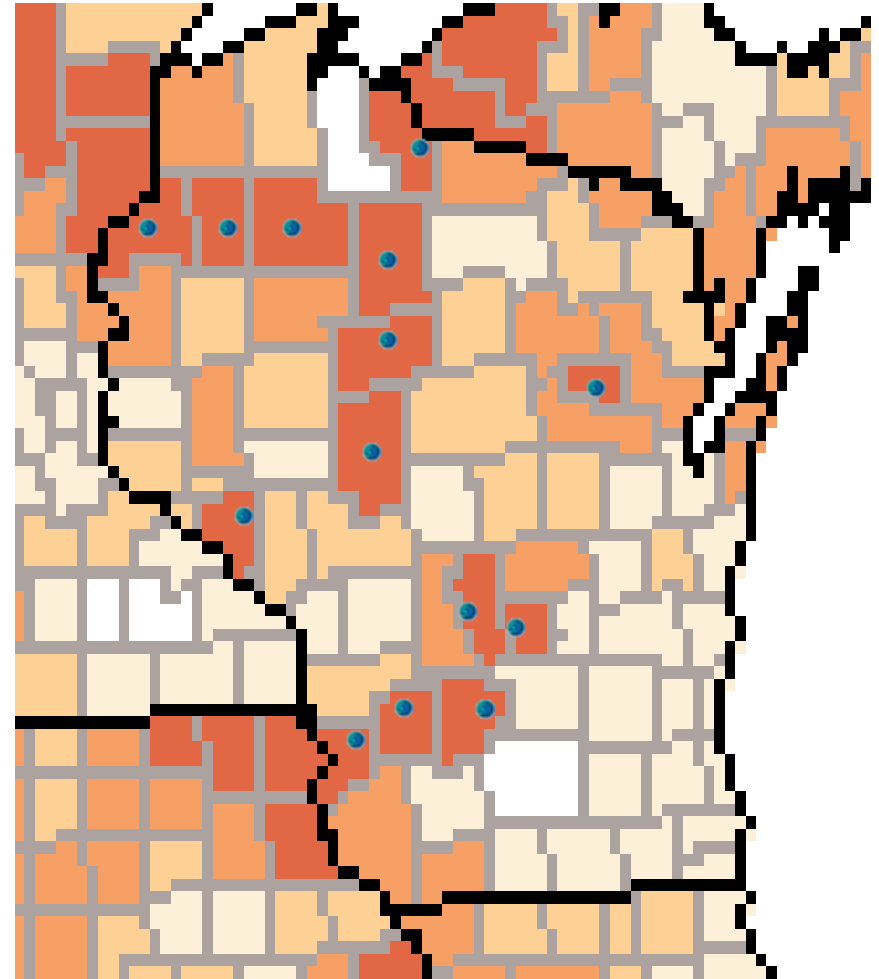
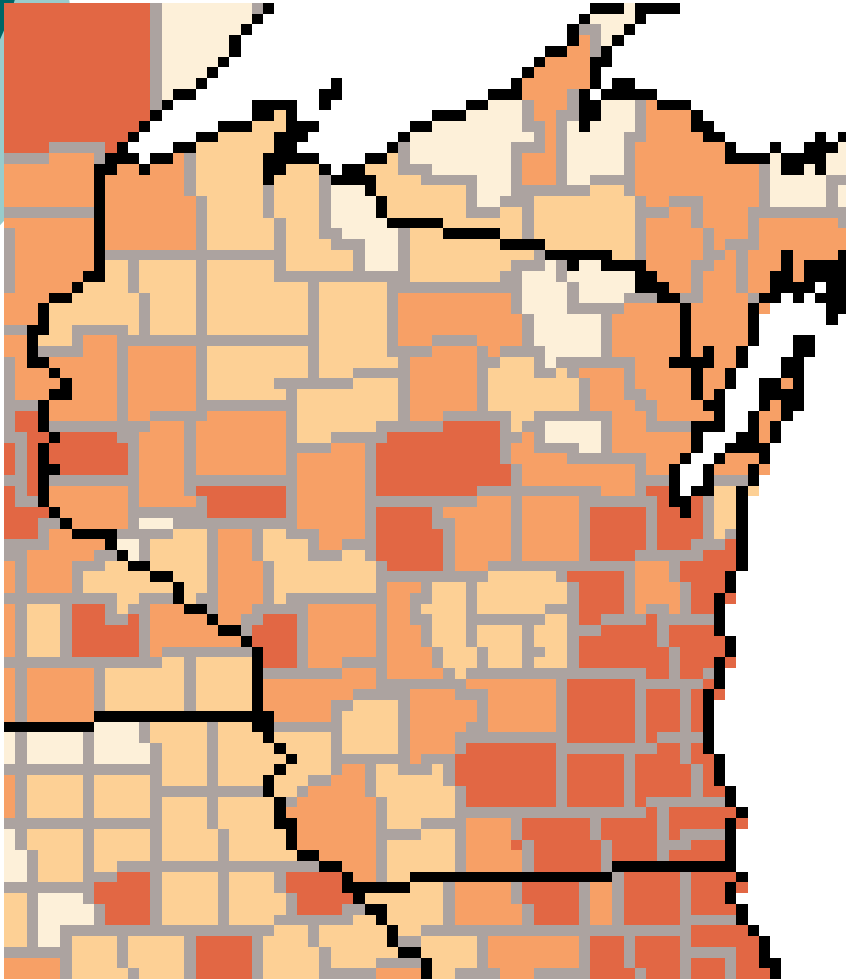
Shading (from light to dark, indicating first to fourth quartiles, respectively) is intended to convey an overall pattern of unmet need for prescribers and nonprescribers combined.



Number of Full-time Equivalent Mental Health Professionals

Needed

Unmet Need





Psychiatry Shortages

- Shortage of psychiatric services for all
- Shortages in specialty areas are even worse
 - child and geriatric psychiatry
 - deaf and hard of hearing population
- Results in higher use of inpatient and crisis services
- Results in over usage of primary care physicians for MH problems



Causes of Psychiatric Shortage

- Low number of graduates
- Relatively low pay
- Low appeal to med students
- Intensive training & education
- Funding – high costs to providers



Possible Solution: TeleHealth

- Any MH/AODA staff can use TeleHealth technology
 - Not just for psychiatry
- Can be used for a variety of MH/AODA services
 - Assessment and screening
 - Case management/med. management
 - Counseling and therapy
 - Crisis services



TeleHealth State Certification

- Must have pre-existing certification for MH/AODA services from the State DHS
- Must meet transmission standards
- Must train staff on use of equipment and its clinical application
- Must provide consumer orientation
- Must assess consumer satisfaction
- Choice of face-to-face contact must be offered



Telehealth Insurance Coverage

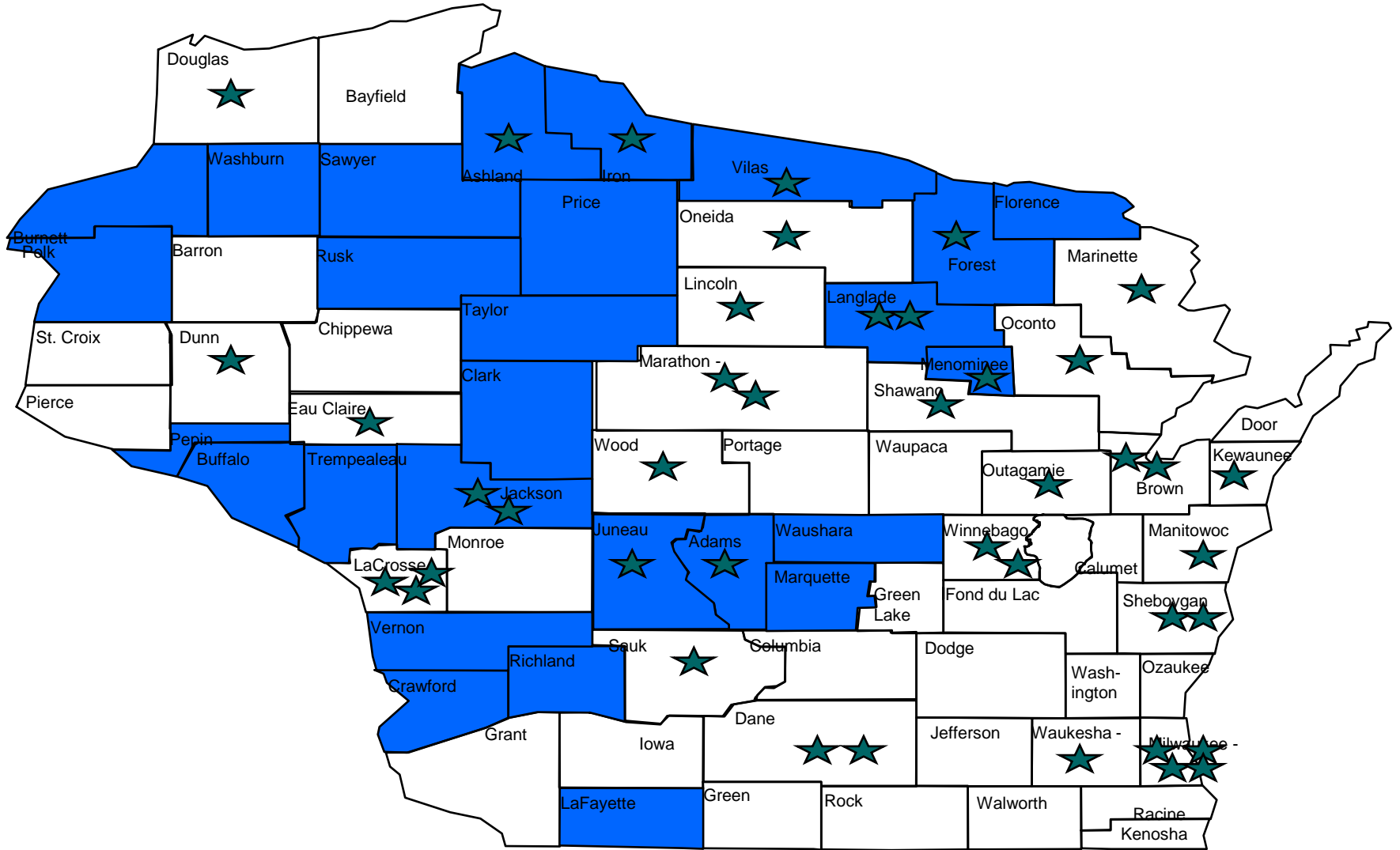
- Medicaid reimburses for TeleHealth just as for face-to-face contacts
- Must be State DHS certified agency
- Medicaid billing made under existing MH/SA benefit with a TeleHealth modifier
- Private insurance reimbursement also possible dependent upon plan



Where is TeleHealth Available?

MENTAL HEALTH TELEHEALTH CERTIFIED PROVIDER LOCATIONS

02/9/2011



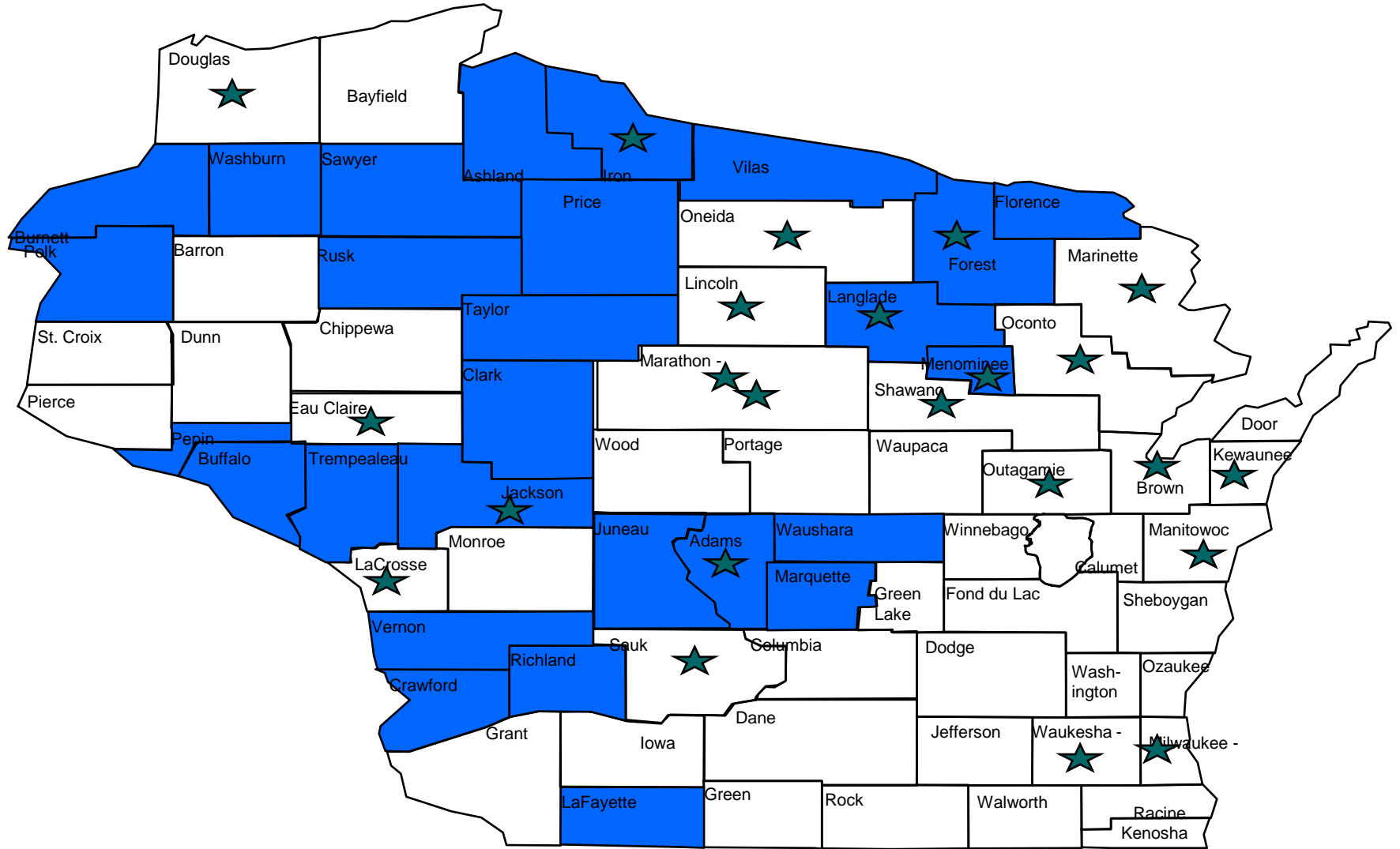
Poor/Rural Counties



MH Telehealth Certified Providers

SUBSTANCE ABUSE TELEHEALTH CERTIFIED PROVIDER LOCATIONS

02/9/2011



Poor/Rural Counties



Substance Abuse Telehealth Certified Providers



Possible Solution: Standardized Benefit Package

- Healthcare home/physical health
- Prevention and wellness
- Engagement services
- Outpatient and medication
- Community recovery and support
- Integrated intensive support
- Residential
- Acute intensive services
- Court/criminal justice MH services



Possible Solution: Alternate Service System Models

- County Collaborative System
 - Consortium of counties share delivery of a few specific services
- Full Multi-County System
 - A group of counties delivers all services across their region
- Public/Private Integrated Care System
 - Integrate MH/SA/primary care

AODA NEEDS – Different Perspectives

○ Policy Makers

- 1. Improve access to a minimum set of core services
- 2. Evaluate consumer outcomes and improve
- 3. Achieve equitable funding
- 4. Achieve service efficiency

○ Professionals

- Insufficient funding
- Under-funding
- Shortage of qualified counselors

AODA NEEDS - Different Perspectives

○ Researchers

- Address needs as consumers perceive them in the context of the communities in which they live

○ Consumers

- Don't perceive need for treatment (44%)
- Can't afford treatment (38%)
- Don't want others to know about my problem (25%)
- Don't know where to go for help (16%)



AODA SOLUTIONS

- Prevention; public awareness
- Early screening and brief intervention by primary health care providers (SBIRT)
- Triage and briefer treatments; open groups
- County collaborations on service deficits
- Diversify revenue

Mental Health Policy/ Programmatic Recommendations

- Implement screening for depression, substance abuse, and trauma in primary care
 - MH/SA, suicide risk screening and early identification integrated into primary health care systems (Include protocols and tracking of screening, outcomes, and client data).
 - Provide models of successful MH referral and access systems within primary care to mentor and provide consultation to others.
 - Offer MH protocols and models for referral, so that physicians/staff have services (place) to send patients with MH/SA needs.

Mental Health Policy/ Programmatic Recommendations

(Elimination of Health Disparities)

- Reduce health disparities for MH consumers in both primary and MH care.
 - Promote integrated and co-located MH services within primary care clinics.
 - Provide training/education for MH/primary care providers on delivery of culturally competent MH services.
 - Increase access to MH services for pregnant and postpartum women
 - Incorporate/monitor data from the Pregnancy Risk Assessment Monitoring System (PRAMS) a CDC grant, incorporating depression into a self-report survey (150 women/per month for 3 and a half years).
 - Increase depression screening postpartum into health care systems (i.e., Racine-All Saints Hospital, Unity Health Care, and Marshfield Clinic).

Mental Health Policy/ Programmatic Recommendations

- Promote effective MH treatment
 - Only 33% of people with a psychiatric disorder were treated adequately and only 13% of those who saw general medical practitioners were treated adequately (NCS, 2001-03).
 - Need to facilitate the dissemination of evidence-based practices on a statewide basis by making implementation materials accessible
 - Need to increase the availability of training for clinicians and supervisors on the use of specific EBP's
 - Need to track statewide EBP efforts and facilitate a "learning collaborative" approach in which counties will learn from each others EBP implementation experiences
 - Special certification and MA rates would provide incentives for providers to use EBP's

Mental Health Policy/ Programmatic Recommendations

- Combat stigma through health care and other professional education
 - Efforts to decrease stigma will impact people seeking treatment earlier, thus improving MH outcomes for recovery, lessens severity and duration of the disorder; may prevent need for crisis intervention, and/or ER presentation
 - Education and awareness to MH/MI screening across medical disciplines for early identification of risk factors and referral to treatment services and supports
 - Professional education about stigma and their own personal biases toward MI and persons who have MI, recovery, and person/family-centered non-stigmatizing treatment and work environments

Primary Issues in the Mental Health System

- Access to services
 - Financial, geographical, cultural
- Need for integrated services
- Work force training/education
 - Use of best available practices
- Lack of identification of MH needs across all health fields