

# Behavioral Health Continuum of Care

Progression of Services in the Mental Health and Substance Use System

## Health Promotion & Prevention:

- Awareness/Education
- Mindfulness, Yoga,
- Peer Recovery Community
- Mental Health Wellness Accounts

## Identification of Need / Engagement [Emergent]

- Universal Screening
- Diagnosis/Assessment
- School Based Supports & Services
- Assertive Outreach

## Basic Outpatient Treatment

- Integrated Primary Care
- Medication Management
- Office based Outpatient Treatment
- Behavioral Health Home

## Intensive Day Programs [Diversion]

- Home & Community Treatment
- Intensive Outpatient
- Partial Hospitalization Program
- Day Treatment Program

## Crisis Emergency

- Peer to Peer Respite, etc.
- Urgent Care (BH Link)
- Mobile Crisis
- Emergency Department

## Most Restrictive / “Safe” Setting

- Crisis Resident
- MH Emergency Department
- Inpatient Psychiatric Hospital (Acute)

## Long Term Care

- Self-Directed Medicaid Plans
- BH Case Management
- Home Care (RN) Psych Program/Community Health Team
- Geri-Psych Nursing Facility
- Specialty Psychiatric Hospital



### Community awareness

Lack of general community awareness and understanding of substance and mental health disorders.

Lack of awareness of veteran services available

Stigma associated with receiving treatment

### Peer Supports

Lack of peer recovery services for mental illness (resources are focused on opioid use)

### Criminal Justice System

Mental illness and substance use are criminalized.

### Provider Education and Training

Primary care doctors, paramedics, and schools lack understanding of behavioral health disorders and knowledge of how to provide help.

### Access to Treatment

#### Lack of behavioral health providers in the region, particularly for:

- Children and adolescents
- Medication management
- Psychiatry
- Medication-assisted treatment for addiction
- Inpatient beds
- Occupational therapists
- Care transition back to the community (from inpatient care)

#### Hard to access available behavioral health providers

- Lack of consistent access to trained staff in schools
- Many local practices are not accepting new patients.
- Not enough appointments available – long waitlists (what types of services?)
- In-network providers are limited
- High provider turnover
- Some primary care doctors are not willing or do not have the expertise to treat more complex or severe behavioral health cases.

#### Limited Public Transportation to Services

#### Lack of Case Management for Behavioral Health Issues

#### Substance Use and Mental Health Systems are disconnected.

### Insurance Barriers

- **Poor reimbursement rates** for mental health services, particularly psychiatrists and home-based services, leading to fewer providers in the area
- **Limited health insurance coverage and frequent changes to coverage** for behavioral health.
- **Approval processes are complex**, and the rules often change.
  - Approvals for residential treatment are limited to 14 days and requiring patients to constantly request extensions.
- Many providers who have **stopped taking insurance.**
- **High cost of co-pays** or out of pocket expenses.

## RECOVERY / SELF-DETERMINATION, FAMILY VOICE & CHOICE

Recovery / family supports that are needed at each point along the progression of services.

### Few Housing Options or Support Services for Adults

- Lack of sober housing
- Lack of residential treatment with Methadone
- Homelessness is a barrier to recovery and facilitates mental health and Substance use issues.
- Housing and behavioral health systems are disconnected.

### No Support Services for Children

- Schools are limited in resources to support children in school. High staff turnover and limited schedules impede access.

### Employers Lacking the Structure and Means to Support Employees with SUD

### Lack of Non-Clinical Support Groups

- Veterans groups
- Parents (Parents are forming their own resource networks)

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Consumer/Family Advisory - Strategy Brainstorm Nov. 2019

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### Community awareness

Implement a public awareness/stigma reduction campaign. Increase public awareness and education on substance use disorder and mental illness to reduce stigma and fear of seeking treatment. (3 dots)

Provide culturally responsive, trauma-informed training and education to improve the knowledge and competencies of professionals working with people impacted by mental illness and/or substance use. (4 dots)

### Peer Support Services HIGH PRIORITY - (7 dots)

Bring CPRS into emergency departments for mental illness (in addition to substance use disorder)

Implement peer respite in South County for mental illness.

Increase the availability to local support groups for a variety of behavioral health issues.

### Decriminalize mental illness and addiction (2 dots)

Expand CIT training

Provide education/training to judges, ACI staff, police, parole, and probation officers.

## Identification of Need / Engagement [Emergent]

- Universal Screening
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### Early Diagnosis and Prevention

Expand funding for secondary and tertiary prevention

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LESS  
Intensive  
MORE

### Address Network Adequacy

- **Increase Access to Treatment (HIGH PRIORITY - 11 dots)**
  - Increase the number of mental health providers (who can prescribe medication) located in South County (child and adult psychiatrists, AP RNs, nurse practitioners).
  - Open a behavioral health unit at South County Hospital.
  - Expand the number of behavioral health providers at Community Health Centers in South County. Ensure that the care provided is culturally responsive.
  - Create a 24/7 crisis triage center.
- **Advocate for Insurance Parity (2 dots)**
  - Advocate for compliance with insurance parity regulations.
  - Advocate for increased provider rates.
  - Advocate for expanded insurance eligibility and coverage for behavioral health services.

## RECOVERY / SELF-DETERMINATION, FAMILY VOICE & CHOICE

Recovery / family supports that are needed at each point along the progression of services.

Make it easier for families to find and connect with services and supports (1 dot)

Create a South County resource website for behavioral health with information about all providers, services, programs, hotlines, and supports.

Educate providers on the services available.

Increase the number of safe and affordable housing options for people with mental illness or substance use disorder in Washington County. (HIGH PRIORITY - 8 dots)

- Increase the amount of supported housing
- Localize homeless shelter control and placement
- Increase the number of sober housing facilities and support staff
- Increase the amount of homeless resources (housing, emergency shelters, support, and "housing first" initiatives)

Increase the amount of high quality child care and afterschool programs for children with disabilities and mental illness. (2 dots)

Expand public transportation options in Washington County (3 dots)