

Delegation to Improve Behavioral Health Mobilization Plan Executive Summary



Dane County is considered a good place to live but challenges created by behavioral and mental health issues are encountered to varying degrees in every area of our community. Though Dane County is viewed by some as a resource-rich community, behavioral/mental health resources in particular are fragmented, and often difficult to access when needed.

The Delegation to Improve Behavioral Health was convened to examine whether the existing configuration of behavioral health services – established over twenty years ago with the movement away from institutions to community-based care – effectively meets current needs. A key focus was to identify solutions to fragmentation and duplication in the system that result in:

- gaps that hinder the continuity of care;
- inefficient use of existing resources;
- limits in service capacity; and
- an inability to adopt new best or promising practices.

Why this Matters

Behavioral health is linked to overall well-being: Physical and emotional health are closely tied as the foundations upon which a person's sense of overall well-being is based. Healthy individuals are likely to graduate from school, be productive in the workplace, behave appropriately in community settings and develop healthy relationships with others. Healthy relationships contribute to safe and healthy communities.

Help is available but access can be difficult: Most behavioral health issues can be effectively managed or cured with treatment. Over \$200 million through more than 645 providers is spent on behavioral health care in Dane County each year for an estimated 121,000 children, youth, and adults. Yet the system is considered clogged and people have a difficult experience in accessing treatment. This is particularly true for those who have health insurance that does not provide a strong mental/behavioral health benefit.

Trauma as a "root-cause" trigger: Research shows that trauma is an underlying cause of many behavioral health issues. Effective treatment is available, yet our service system in Dane County does not link victims efficiently nor consistently use "trauma informed" best and promising practices.

National Research on the Problem and Strategies that Work

Behavioral and mental health problems are common and often hidden/unseen. They affect children and adults, can be short-term or ongoing, and can be effectively treated or managed.

Strategy: A combination of therapy and medication, when appropriate, are effective in treating a majority of behavioral health problems for most types of disorders.

Mental illness and substance abuse are intertwined. The presence of a severe mental illness correlates with a higher risk for addiction.

Strategy: Effective treatment addresses both problems simultaneously.

Psychological trauma is a major trigger for behavioral health problems including the use of substances as self-medication. With appropriate treatment, the effects of trauma can be mitigated and recovery is possible.

Strategy: Treatment aims are three-fold: processing and coming to terms with the traumatic event(s); learning grounding techniques and skills to manage physical and psychological stress reactions in a healthy way; and re-establishing safe, secure emotional and social connections.

There are significant barriers that prevent people from accessing the behavioral health services that could help them.

Strategy: Achieving better outcomes for patients when both physical and behavioral health issues are addressed is a driving factor toward a new, integrated model of primary care where medical and behavioral practitioners work closely together. Particularly effective is having both providers in the same setting, able to independently see patients during the same appointment.

The Scope of the Problem in Dane County

We estimate that 105,000 (26%) adults in Dane County deal with some sort of mental or behavioral health problems in any given year. Depression and anxiety are the most prevalent issues affecting nearly 76,000. Prevalence rates are higher in certain populations such as the homeless and those who are in prison. Estimates are that as many as 80% of offenders who return to Dane County from correctional institutions have mental health, behavioral health and substance abuse issues.

Another 16,700 (15%) of children and youth under 18 also experience behavioral health problems.

- Middle schools deal with the highest proportion of students with behavioral health concerns.
- Depression, anger, anxiety and impulsivity top the list of behavioral health concerns for all ages.
- Trauma is a concern for about 10% of students.

There are three primary delivery channels in Dane County for mental and behavioral health care.

- *Health care systems* provide some level of access to behavioral health care for their patients. Most deliver these services in-house and minimize referrals to outside providers in order to control costs. Some have begun to integrate behavioral health care with primary care.
- *Community-based non-profit providers* have lost major funding sources that have greatly reduced the capacity of these organizations to be the safety net behavioral health providers for people who are un- or underinsured.
- *Therapists in private practice.* Without a centralized point for listing or obtaining information about providers and their areas of practice, accessing appropriate care, even for those with means to pay for it, can be problematic.

Developing navigational tools/processes such as multiple points of entry, (i.e., “no wrong door”) to treatment has been identified as a needed improvement to Dane County’s behavioral health care system.

What the Delegation Learned

1. Mental health stigma still exists and is a barrier to seeking help.
2. A high percentage of the inmates housed in the Dane County Jail have mental health and substance abuse problems; only a portion of those individuals re-enter our community engaged with the services they need
3. People with serious mental illnesses can recover.
4. Behavioral health and substance abuse problems need to be addressed concurrently.
5. Trauma is a major “root cause” trigger that underlies many behavioral health issues.
6. There are multiple cost and payment issues that limit access to behavioral health care.
7. Disconnects and mismatched services lead to inefficiencies and poor treatment outcomes.
8. Our community lacks sufficient mental health treatment resources to adequately meet all needs. However, the treatment provider network has inefficiencies that, if resolved, would enable more people to be served.
9. Research and evidence should inform treatment design and delivery.
10. Employers are important partners in helping people access help for behavioral health concerns.

Recommendations

The recommendations made by the Delegation are attached. The Delegation also guided United Way toward adopting a specific focus on psychological trauma. This will be a major emphasis within our work on early identification and treatment of behavioral health issues with a particular emphasis on improving family health. The first iteration of these (still evolving) goals and strategies is also provided.

Definition of mental health—the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity, from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. From The Executive Summary—A Report of the Surgeon General on Mental Health, 1999.

Dane County has long been recognized as a national leader in providing community-based treatment and support services that help people with significant, life-long mental illnesses live in the community.

Delegation roster is provided in the Appendix A of the Mobilization Plan.

Integrating Appropriate Services for Substance Use Conditions in Health Care Settings – An Issue Brief on Lessons Learned and Challenges Ahead, Forum on Integration, A Collaborative for States; July 2010.

An experience that is emotionally painful, distressful, or shocking, which can result in lasting emotional and physical affects and overwhelms one’s ability to cope.

Delegation to Improve Behavioral Health Recommendations

The Delegation to Improve Behavioral Health has developed recommendations around three key goals:

1. Improve timely access to appropriate mental health treatment/care through efficient capacity and utilizing evidence-based care practices.
2. Efficient use of existing capacity
3. Improving access to care

Our recommendations address the broad continuum of need, from easing access to care for those who are dealing with a short-term, transitional disorder to using different models such as peer support for people with severe and persistent mental illness who are on their way to recovery. The Delegation hopes its work stimulates health providers, funders, community agencies and others to re-examine their “traditional” approaches to service delivery in light of the growing body of evidence about what does – and doesn’t – work.

These are the Delegation’s **priority recommendations** for the Health Council:

1. *Integrate behavioral health screening/care into primary health care settings* – behavioral health specialists become part of the patient care team at the doctor’s office and are available to see patients with mental health problems at the time of their doctor’s visit. Improves access to treatment and medications, removes stigma, and generally leads to better outcomes for patients.
 - a. *Behavioral Intervention and Screening* – universal screening by interview or questionnaire conducted in primary care, emergency departments and hospitals to identify risk for problems with tobacco, alcohol and drug use and depression. Patients with positive screens are linked with immediate, brief interventions or referred for specialized treatment.
2. *Improve system navigation for matching patients to appropriate providers* – implement strategies that help people easily find and connect with timely, appropriate, and quality behavioral health care.
3. *Improve access to psychiatrists/health providers for appropriate medication services* – strategies like the integrated behavioral and primary health care model are helping to address this concern, one of the most serious and frequently mentioned problems encountered in the Delegation’s work.

Other recommendations: Categorized according to effectiveness in addressing the problems (IMPACT) and likelihood of successful implementation (PROBABILITY)

HIGH IMPACT/HIGH PROBABILITY

1. *Practice trauma informed care* – an approach to mental health treatment that factors in the current or delayed impact of trauma on the issue(s) at-hand and uses trauma specific therapy. (Note: United Way of Dane County has stepped forward and agreed to lead community work on this recommendation, in part because of its relationship to the United Way’s work related to school aged-children and trauma).
2. *Integrate mental health and substance use treatment for co-occurring disorders* –treat patients who have both mental health and substance abuse problems for both issues simultaneously since they are often interrelated. Will require modification of policies and reimbursement practices that required separation between the two.
3. *Improve our community’s response to and follow-up with people experiencing a mental health crises* – crisis intervention services in Dane County are of high quality when they are accessed by someone at-risk of harming themselves or others. Follow-up care is critical but extremely limited at present; strategies for improvement should be explored.

4. *Increase availability of peer support models for those with persistent and severe mental illness* – programs run by peers are often more effective in promoting recovery for people with serious and persistent mental illness than the traditional therapeutic, medical model.

HIGH IMPACT/MEDIUM PROBABILITY

5. *Develop viable and sustainable pathways to non-crisis mental health care for the uninsured* – people who are uninsured have the greatest difficulty obtaining help for mental health problems that are not “crisis” in nature. How can we connect these individuals with the care they need before a crisis situation develops?
6. Drop-in treatment – behavioral health services that can be accessed when needed – no appointment necessary. Referral to appropriate caregiver for future care.

HIGH IMPACT/LOW PROBABILITY

7. *Eliminate/reduce organizational payment barriers that prevent access to treatment* – insurance and managed care health plans typically restrict mental health care to a certain number of visits and certain providers regardless of a patient’s individual needs.
8. *Treatment Courts: Drug/Operating While Intoxicated (OWI)* – provides treatment as an alternative to incarceration for people convicted of drug or OWI violations. Typically consists of a minimum year-long program during which time those undergoing treatment must remain sober, attend hearings and participate in support groups. La Crosse’s OWI Court reports that 86% of people successfully completing this program have not had a repeat OWI offense.
9. *Facilitate the hand-off from jail or hospital emergency department (ED) to community provider* – develop process to assure that people who have received mental health treatment and medications while in jail or the ED continue to receive them and are connected with follow-up care upon release or discharge to the community.
10. *Use data to improve care* – collect and utilize data to provide population based care that identifies and targets the “dosage” of interventions to patient groups at the appropriate time. For example, evidence shows that veterans are at the highest risk for suicide when they first ask for help and/or medications are changed. More frequent office visits at these times can address these risks in a planned, cost-effective manner.
11. *Expand capacity through greater use of independent providers (therapists in private practice; community-based agencies, etc.)* – change reimbursement and referral practices that limit the ability of qualified independent providers to provide mental health care for certain populations (i.e., those insured through BadgerCare, HMOs, etc.) In conjunction with State of Wisconsin leadership, develop a demonstration project to provide a baseline impact. Must demonstrate that costs can be reduced and quality improved.
12. *Provide financial incentives with insurance coverage that pays for known/emerging best-practice treatment.* Employers who are self-insured are in the position to influence insurance products for their employees that are designed in this manner. This strategy requires a strong “business case” for best practices and service/health/treatment providers able to deliver care in this manner. Work with a small group of employers who are self-insured to present the case and provide data on the return on investment. Encourage employers to utilize their employee assistance programs to care for a broader group of patients.
13. *Eliminate/reduce stigma that prevents access to treatment* – the stigma associated with “having mental health problems” prevents many people from seeking treatment that could help them. Providing access to behavioral health care at the doctor’s office is an effective strategy for addressing this issue

but more needs to be done to change public perceptions around. Community wide campaign developed and funded by a coalition of committed and interested organizations and individuals including governmental leaders, employers, health care providers, insurance providers

LOW IMPACT/LOW PROBABILITY

14. *Increase professional development for innovative and evidence-based work* – create opportunities for mental health practitioners to update their knowledge and skills about research-based practices such as trauma-informed care. Professional development should also be provided to primary care physicians and their staff to learn how to identify issues and to work with mental health providers in their respective primary care practices.
15. *Expand or increase flexibility in times that treatment services or referral services are available* – expand office hours or offer alternatives to the “9 to 5” office visit.

United Way's Focus on Trauma

Hypothesis and Goal

Stress and psychological trauma are a part of life, experienced by everyone to varying degrees, for various reasons, and with various outcomes across the life span. Significant traumatic experiences and the resulting psychological fallout are often at the root of problematic behavioral and mental health issues in children, youth and adults. While we can't keep "trauma" from happening, we can 1) attempt to prevent it, 2) promote a healthy response to it when it does occur (healthy survivorship), and 3) ensure that community resources are delivering trauma-informed and evidence-based services to those seeking help.

Research shows that the effects of trauma experienced in childhood can be reflected in unhealthy physical and emotional behaviors in adults if a healthy recovery from the event(s) has not occurred. This is of particular concern for adults who are parenting children. Unresolved trauma can impair their ability to parent effectively and create appropriate, healthy emotional relationships with others. It also means that all too frequently, the parents' own emotional issues/baggage must be addressed in the context of helping their child(ren) cope with behavioral and mental health concerns of their own. In this respect, then, "It all goes back to the family."

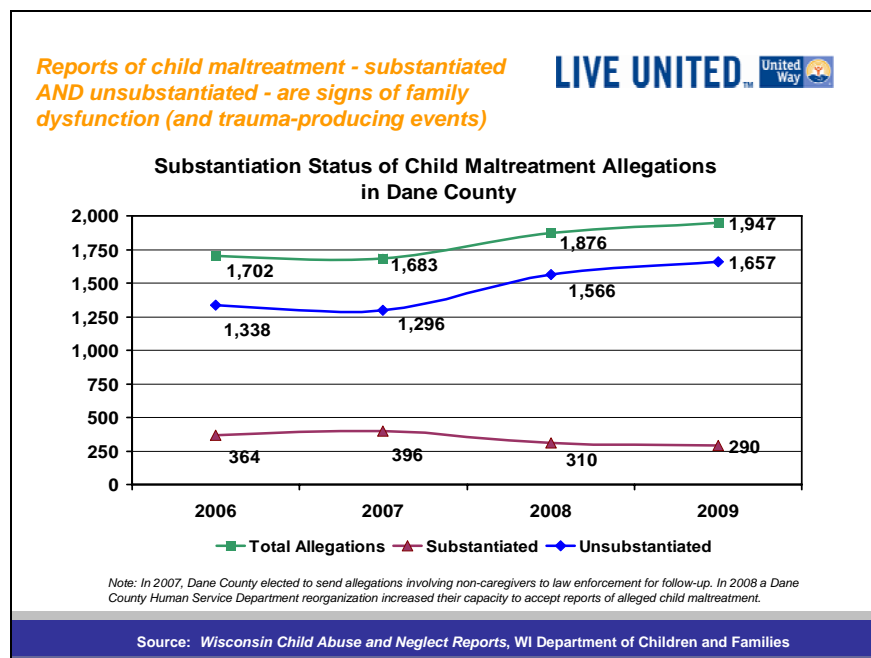
United Way of Dane County will focus on addressing the psychological impact of trauma on children, youth, and their families. We believe that doing so will help to minimize "bad outcomes" that children carry into adulthood (significant behavioral/mental health problems; criminal activity, substance use, etc.) and break the cycle of child abuse and neglect.

Goal: BY THE EARLY IDENTIFICATION AND TREATMENT OF (STRESSORS AND) PSYCHOLOGICAL TRAUMA IN FAMILIES, WE WILL REDUCE THE INCIDENCES OF CHILD MALTREATMENT (ABUSE AND NEGLECT) IN DANE COUNTY TO 20% BY 2016 (REDUCING THE RATE OF SUBSTANTIATED CASES TO 10%).

Target population:

Families whose children have been identified in school setting needing treatment for trauma.

Measurement: Substantiated cases of child maltreatment (abuse and neglect) in Dane County.



Strategies:

- A. **Early identification of exposure to and effects of trauma:** CBITS, increasing system responsiveness to trauma survivors
- B. **Link trauma to treatment:** integration of behavioral health with primary care treatment
- C. **Implement research based, trauma specific and outcome-based treatment services:** training of human service providers, health providers, law enforcement, employers in best practices for trauma survivors (Note: This is a community-level strategy that is beyond the scope of United Way's influence.)

VII. Resources and Timeline

Strategy	Tactics	Resources/Approach	Timeline
Early identification of exposure to and effects of trauma	Screen all 6 th graders in Dane County for trauma; provide CBITS intervention when appropriate	<ul style="list-style-type: none"> ▪ \$116,000 supports CBITS in 4 school districts ▪ At-scale expansion throughout Dane County school districts 	2011 ???
	Add FACE-Kids Parent's Component –Help parents understand how to prevent behavioral/mental health issues in children/youth from elevating to crises, trauma-producing events through use of evidence-based interventions	<ul style="list-style-type: none"> ▪ \$205,000 for FACE-Kids programs in K-12 schools across the County 	2011
	Expand community-wide screening for trauma in adults	<ul style="list-style-type: none"> ▪ Determine feasibility of use of common screening question or tool across providers, or self screener available on a website 	2012
	Assure that early responders use trauma informed approaches/practices	<ul style="list-style-type: none"> ▪ Law enforcement and justice systems 	2013
	Create trauma-informed (health and) human services system	<ul style="list-style-type: none"> ▪ Train key service systems (children & youth, health, shelter, community safety services) on trauma informed care 	2014
Connect trauma survivors with early, appropriate treatment	Trauma-informed United Way 211 has a comprehensive listing of resources for trauma recover (& inventory of trauma-informed services in Dane County?)	<ul style="list-style-type: none"> ▪ 2-1-1 database can easily retrieve this information ▪ Staff and volunteers trained in trauma-informed care 	2012??
	Develop easy-to-access tool/means to connect trauma survivors with the help they need at the right time, right place, and when they need it.	<ul style="list-style-type: none"> ▪ Trauma Assessment checklists or similar tool on UWDC website: <ul style="list-style-type: none"> -- Parents to use for kids -- For adults 	2011
	Implement researched, trauma specific and outcome-based treatment services	<ul style="list-style-type: none"> ▪ Target 2011 adult behavioral health dollars to trauma through Request for Proposal process 	<ul style="list-style-type: none"> ▪ June 2011