



EASTERN REGION PUBLIC MENTAL HEALTH PLANNING PROJECT

VISION

MAY 2006

Overview

The Eastern Region of Missouri¹ has a long-standing commitment to provide services to individuals and families affected by mental illness, with particular attention paid to those who are medically underserved. The 2003 publication of the St. Louis Regional Health Commission's recommendations for improving the mental health services safety net included "improving coordination between mental and physical health systems."

To this end, regional stakeholders representing state government, mental, physical, and substance abuse service providers, clients and their advocates have convened to improve the responsiveness of the public mental health safety net system. During this first phase of work, recommendations and an implementation plan will be developed to address triage processes, case management functions, and treatment options within the public system for acute adult mental health safety net services. The intent is that the implementation of the plan will commence in 2007. The scope of phase two, to begin in early 2007, will be determined by stakeholders as a continuation of phase one's work. Issues that may be addressed in phase two include, but are not limited to, integration of physical and mental health services, long term funding, prevention, and children's services.

During April 2006, the Regional Health Commission (RHC) conducted 21 visioning interviews on improving the responsiveness of the acute adult public mental health safety net system in the Eastern Region of Missouri. Participants in the interviews were recommended by the steering committee and community stakeholders. The purpose of these interviews was to:

- ∞ Collect viewpoints from various stakeholders as related to the scope of this project.
- ∞ Evaluate current strengths and unmet needs concerning triage processes, case management functions, and treatment options.
- ∞ Evaluate concerns and/or barriers to the development of a more responsive system.
- ∞ Identify best practices in other communities to explore in the creation of the Eastern Region's recommendations and implementation plan.

Vision for the Future

Interviewees envision creating a regional public health system that is focused on the client, providing the optimal level of mental and physical health services and support for clients and their families/support systems. To accomplish this, several themes were repeated throughout the interviews that can serve as guiding principles for improved service delivery.

Guiding Principles

Collaboration – An environment of collaboration will form the foundation for any improvement in service delivery. "Territorialism" and "silo" approaches to funding and decision making have increased competition, draining resources which might have provided the best outcomes for clients. Collaboration between the public and private sectors, physical and mental healthcare systems, and among the three divisions in the Missouri Department of Mental Health are macro level goals. However, two immediate priorities emerged: 1) increasing collaboration among service providers within Comprehensive Psychiatric Services in partnership with Alcohol and Drug Abuse, and 2) improving communication between providers, funders and clients.

¹ The Eastern Region is defined by the Missouri Department of Mental Health Administrative Agents' service delivery areas: St. Charles, Franklin, Jefferson, Lincoln, St. Louis and Warren Counties and St. Louis City.

Vision – To improve service delivery, the network of service providers will look beyond “how things have always been done” to engage in long term, innovative problem solving and strategic planning that is client focused. Examples of visionary approaches to care mentioned during interviews include:

- ∞ Integrating services, both in practice and in principle, so that there is an inherent understanding that using the term “physical health” assumes mental health needs. Therefore, primary care providers address both mental and physical health needs in everyday practice.
- ∞ Services are utilized efficiently using an integrated, holistic approach that is strength based and promotes resiliency. The health care delivery model must be evidence-based.
- ∞ The health care system prioritizes funding to support early intervention and services that prevent crises from occurring.

Client Centered – Improved service delivery will be client-centered so that individuals can achieve a productive and fulfilling life regardless of the level of health assumed attainable. Client-centeredness is viewed as the approach that should be “the guiding and unifying principle and practice across the public and private mental health/health system.” The system of care will focus on the client – from the first entry into the system to the referral process to service delivery. The focus will be on understanding a client’s unique needs and connecting that person to community resources to attain the very best quality of life possible.

Advocacy – Advocacy will continue to be a key role for service providers, clients and concerned others as well as for the identified advocacy organizations. Education and awareness are essential for overcoming the stigma of and the complacency about mental illness and substance abuse. Health service providers, legislators, policy makers, families with loved ones who live with mental illness, insurance and managed care companies, and the greater community were identified as target audiences.

Awareness – In order to improve the health care encounter, the quality of care and the overall responsiveness of the public mental health system, discriminatory, systemic, and structural barriers will be removed. Barriers which can impede provider, client, and the community’s understanding and awareness include the stigma associated with mental illness, racial, ethnic, economic, geographical (i.e. city and rural), and cognitive differences.

Accountability - Expected results, goals and outcomes will be clearly articulated and agreed upon in partnership between the client and the network of community providers that support the client and family on an ongoing basis. Data will be regularly collected and shared to address questions of whether outcomes have been met for the individual client, for the organization, and for the health care system as a whole. Technical assistance should be made available to providers to ensure that desired outcomes will be reached and a standard level of care will be administered throughout the health care system. On-going feedback and continuous quality improvement will be encouraged and expected at all levels of the system.

Proposed Criteria:

In order to achieve this vision, stakeholders have outlined criteria that future recommendations must address:

Streamlined Care Coordination and Delivery

- ∞ **Ease of Entry** – Individuals in need of immediate care can access services efficiently regardless of their point of entry or ability to pay. Stakeholders identified current barriers to entry that include the lack of capacity for community mental health centers to provide the triage function and the lack of immediate availability of services due to providers experiencing the strain of increasing demand for services using diminishing resources. Stakeholders were concerned that clients with co-occurring disorders, high acuity levels, and

those without insurance or Medicaid, experience the most difficulty entering into the current safety net system.

- ∞ **Streamlined Referral Processes** – A simplified referral process is responsive to the needs of clients; the revised process accounts for providers’ availability to accept referrals based on their mission, scope of services, and criteria for admission. Stakeholders viewed that current referral processes were inefficient and point to these processes as a component of the system where clients fall through the cracks of service delivery. Lack of a formalized communication structure, and the lack of awareness of referral sources by service providers and the community are viewed as major barriers.
- ∞ **Effective Case Management** – Case management is a critical component to ensure effective navigation and continuity of care in the healthcare system. However, in the current system, the delivery of case management functions varies by definition and extent from provider to provider. Breakdowns stem from the lack of “real follow-up and wrap-around services.” Client advocates described the need for providers to “aggressively engage people with severe mental illness...going to the people who won’t come to the [provider]” in order to build trust and relationships. The ACT model was mentioned consistently as an approach to consider.
- ∞ **Array of Treatment Options** – An array of treatment options and increased community based resources are available in order to prevent individuals from entering into crisis. “The current system creates crisis,” is the conclusion drawn by workgroup members after creating a map of the way clients currently move through the system. Stakeholders identified a need for a blend of long term care, acute care and a community component; however, the focus should be on providing care within the least restrictive setting possible for clients.

Recognizing the need for and appropriate usage of acute care beds in the region, interviewees were concerned about the perceived dependence on inpatient services and lack of referral sources for services. The future healthcare system should increase the array of treatment options by including lower acuity access points. Options most frequently mentioned are: outpatient services, medication services, day hospital/day programs, supported employment, supported housing, intensive crisis residential, and independent living services. Stakeholders also envision the inclusion of non-conventional treatment options, i.e. partnerships with churches, faith-based programs, nursing homes, and state and community agencies that provide access to affordable housing.

- ∞ **Managed Exit Point** – The system is moved from the current “disease based” model to a recovery based model. The “pressure for discharge planning vs. treatment” was viewed as a breakdown in the current system. A managed exit point where clients are able to integrate into the larger community – provided that ongoing case management is included – is critical.

Funding

- ∞ **Flexible Funding** – Funding follows the client through blended and flexible funding streams that will stretch dollars to garner the most benefit for clients. Current barriers stakeholders have experienced are: 1) limitations to funding for the state Department of Mental Health, 2) restrictions placed on how funding can be used by providers, and 3) frequent rejection of funding proposals that include integration of funding streams. This sentiment was echoed throughout individual and community meetings.
- ∞ **Cost Efficiency** – Fragmented systems are integrated to gain cost efficiencies. Collaboration reinforced by more effective communication, regional problem solving, pooling of resources, and instituting best practices will yield increased service provision without the need for additional funding.

- ∞ **Maximize Funding into the Eastern Region** – Given the scarcity of funding resources, federal and national funding streams in the region are maximized.

System Structure

- ∞ **Integration of Physical and Mental Health Services** – Where appropriate, linkages and coordination between communities and health providers such as private and state hospitals, Federally Qualified Health Centers and Community Mental Health Centers are explored.
- ∞ **Provision of Care in Optimal Setting** – Patients should be treated with the appropriate amount of care, at the right time, in the least restrictive clinical setting, so as to provide optimal care with the available resources.
- ∞ **On-going Regional Planning** – Regional planning is the foundation for continuing the collaboration begun by this initial project.

Project Expectations

The Eastern Region expects to create a regional multi-phased plan that establishes the regional vision, sets strategic direction, and includes concrete action steps with funding solutions to provide better outcomes for clients. This regional multi-phased plan should be informed by an assessment of the current safety net system. The current state assessment will include strengths, gaps and barriers in service delivery and funding disconnects. Key findings from the assessment will inform recommendations made based upon the proposed criteria as outlined in this document.

Stakeholders desire for this project to include a recommendation for a pilot project that will improve system responsiveness in the short term while creating a clearly defined vision for the region's healthcare delivery system within the next five years. Clients' perceptions of needs, barriers, and vision for the system are key to the completion of the plan.