Welcome to the IPLAN Webinar

A Solution-Oriented Approach for Access to Rural Mental Health Care
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A Solution Oriented Approach for Rural Access to Mental Healthcare

Challenges and Opportunities

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Goals for this Webinar

I. Review the scope of rural demographics in Illinois and frame what we mean by rural. We’ll look at the impact of the Health Professional Shortage Area’s and Federally Qualified Health Clinic’s on the rural healthcare landscape.

II. Outline the challenges and barriers to Rural Mental Health Access.

III. Describe the Illinois state funded mental health system including how to access existing services.

IV. Present a conceptual design which can lead to solutions that work for overcoming service fragmentation in rural areas.

V. Present the successful story of behavioral healthcare access and integration in rural Stark County.
What do we mean by rural?

The following rural definitions come from four sources:

* Census Bureau’s list of Places
* Census Bureau’s list of Urban Areas
* Office of Management and Budget – (metropolitan areas)
* Economic Research Service (ERS) rural-urban commuting areas
Three rural definitions based on Census Places

Rural locations are those outside Census Places with a population...

...greater than or equal to 2,500
- Outside Census Places >= 2,500 people

...greater than or equal to 10,000
- Outside Census Places >= 10,000 people
- Census Places: 2,500 - 9,999

...greater than or equal to 50,000
- Outside Census Places >= 2,500 people
- Census Places: 2,500 - 9,999
- Census Places: 10,000 - 49,999

Urban locations under all three definitions:
- Census Places: >= 50,000 people
Illinois

Three rural definitions based on Census Urban Areas

Rural locations are those outside Census Urban Areas with a population...

...greater than or equal to 2,500
- Outside Census Urban Areas >= 2,500
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- Outside Census Urban Areas >= 2,500
- Census Urban Areas: 2,500 - 9,999
- Census Urban Areas: 10,000 - 49,999
- Census Urban Areas: >= 50,000

Urban locations under all three definitions:
- Census Urban Areas: >= 50,000
Illinois

Rural definition based on Office of Management and Budget (OMB) metro counties

- Rural: Nonmetro county
- Urban: OMB metro county
Illinois

Rural definition based on Economic Research Service Rural-Urban Commuting Areas (RUCA)

Legend:
- Rural: RUCA tracts with codes 1-10
- Urban: RUCA tracts with codes 1-3
Illinois

The USDA Business and Industry ineligible locations are Census Places greater than 50,000 people and their adjacent and contiguous Urbanized Areas.
Rural Population by the Numbers

Illinois total population (approx) - 13,000,000

5,161,000 people living in rural areas of 10,000 or less, or 39.7% of the entire state’s population

Percent of land area:

Population centers up to 2500 people live in 94.4% of the state’s land area.

Population centers up to 10,000 people live in 96% of the state’s land area.
Prevalence Data

• Prevalence rate of SMI ranges in studies from 3 - 6%
• Suicide rate in Illinois – 11.2 per 100,000 people (crude rate)_1
• Ranking among all states – 39th

• Studies have shown a higher rate of suicide in rural communities_2
• Especially among older men and Native American youth
Prevalence Data – continued

• Results of the *Epidemiologic Catchment Area (ECA) Study (1985)*, *and the National Co-morbidity Survey* indicate:
  
  • that approximately 24.1% of adults have a diagnosable DSM-III-R mental disorder (not including substance use disorders)

  • 5.4% have a serious mental illness
  • 2.7% have a severe and persistent mental illness
Prevalence of Substance Abuse

- Rates are comparable between rural and urban areas.

- Alcohol ranked as the third leading “actual cause of death” in the US, i.e., contributing to the diagnosed condition associated with death.

- Illicit use of drugs ranked as the ninth “actual cause of death” in the US, i.e., contributing to the diagnosed condition associated with death.

- Methamphetamine more common in rural areas.
Co-occurring Disorders

• In one study 40% of persons with mental illness in rural populations were using illegal substances.¹

• Co-Occurrence of substance abuse with……..
  
  • mood disorders (40%–42%)
  • anxiety disorders (24%–27%)
  • posttraumatic stress disorder (24%–27%)
  • severe mental illnesses (16%–21%)
  • antisocial personality disorder (18%–20%)
  • borderline personality disorder (17%–18%)⁵
What does this mean for Rural Service Access?

- 40% of Illinois residents live in rural areas.
- Fewer people live in larger geographic areas.
- Greater potential for isolation.
- Persons needing specialty care of all kinds have to travel greater distances to get those services.
- Behavioral healthcare gaps exist (in part) in rural areas due to greater distances and professional shortages.
What are the Implications?

• Primary Care Gaps exist in large areas of Illinois.
• Mental Health Professional gaps exist in large areas of Illinois.
   Also........
• Nearly 60% of all prescriptions for treatment of mental illness comes from primary care providers.
   That means........
• There are not enough professionals to go around to meet all of the ATOD and mental health awareness, early detection and intervention needs of the rural population for children, adults and older adults.
• The gaps in access and influence of primary care and behavioral health professionals contributes to the ignorance about mental illness and its stigmatization.
Challenges and Barriers to Mental Healthcare in Rural Communities

“The vast majority of all Americans living in underserved, rural, and remote areas also experience disparities in mental health services. Rural America makes up 90% of our Nation's landmass and is home to approximately 25% of the U.S. population. Despite these proportions, rural issues are often misunderstood, minimized, and not considered in forming national mental health policy. Too often, policies and practices developed for metropolitan areas are erroneously assumed to apply to rural areas.”

President’s New Freedom Commission on Mental Health, 2004
Challenges

- Accessibility
- Availability
- Acceptability
Barriers to Access

• Frequent turnover of staff
• Lack of trained staff
• Access to telehealth growing but still limited
• Challenges for training opportunities
• Psychiatry/Medication access
Barriers to Access

- Working poor
- Unavailability of insurance coverage
- Lack of financial incentives for providers
- Fragmented service system
- Insufficient communication between primary care and mental health resources
Barriers to Availability

• Shortage of specialists – esp. C&A psychiatry
• No public transportation in many rural counties
• Limited supports for care givers
• Limited or no respite services
Barriers to Availability

• Shortages for behavioral health professional of all kinds, psychiatrists, psychologists, social workers, substance abuse counselors.

• Absence of peer support specialists – person who can help based upon their own life experience.

• Not enough behavioral health/primary care partnerships.

• Law enforcement is often first responder to mental health emergencies.
Barriers to Acceptability

- Rural areas hindered by stigma associated with mental illness.
- Absence of sufficient prevention activities and public health messages regarding mental health.
- Resistance to meeting behavioral health needs of children in schools.
- Lack of integration of services and agencies within communities creates boundaries by not having a common language to work on problems together.
Barriers to Acceptability

• Cultural competence of service providers and governmental agencies are necessary to be effective in engaging rural communities about behavioral healthcare issues.

• Ethnic and cultural influences

• Sensitivity and awareness ‘to the ways of doing business’ in rural communities

• Understanding social and economic influences
Wait!

Barriers and Challenges can be overcome!
Resources do exist

There are at least 268 Federally Qualified Health Clinic (FQHCs) sites in Illinois
Illinois
268 health center sites
705,893 patients served

Notes: Not all health center locations appear on this map, and some dots may overlap due to scale. This map does not include non-federally funded health centers, and the number of patients above only includes those served by federally funded health centers.

Medically underserved are those individuals who live in areas designated by the federal government as Medically Underserved Areas/Populations (MUA/MUp). These individuals have inadequate access to traditional primary health care services and rely on safety net providers.

Sources: Site information based or Bureau of Primary Health Care, HRSA, HHS 2001 Uniform Data System. Underserved estimates based on NACHC 2000 REACH data which applies 2000-2002 Census population data and HRSA MUA designations.

©National Association of Community Health Centers, 2005. Prepared by the George Washington University, Department of Health Policy. For more information, email research@nachc.com or visit the state Primary Care Association at www.lpca.org.
There are over 295 Rural Health Clinics in Illinois based upon a current survey (August 2008)
There are 23 psychiatric units designated as Community Hospital Inpatient Psychiatric Service (CHIPS) programs spread across the five DHS service Regions.
There are 9 State Operated Hospitals which provide services to persons with mental illness.
Illinois Department of Human Services
Division of Mental Health
State Operated Facilities
Catchment Area Map by Hospital
There are 148 State funded mental health community providers.
Division of Mental Health

COUNTIES WITHOUT CERTIFIED SATELLITE OFFICE(S)

LEGEND
WHITE - No Satellite Office
ORANGE - Region 1
YELLOW - Region 2
BLUE - Region 3
PURPLE - Region 4
GREEN - Region 5
Citizen Interest - Stakeholders

- There are citizens in every county in Illinois concerned about meeting the behavioral health needs where they live.
- There are clergy and faith based organizations who wish to meet the needs of their congregations.
- There are law enforcement officers and the judiciary who want to solve the justice related issues in their municipalities.
- There are primary healthcare workers who want to meet the needs of their patients.
- There are principals, teachers, counselors and parents who want prevention and early intervention programs in their schools.
- There are ambulance drivers, hospital ERs and concerned families who want quick access to crisis intervention services.
What is the role of the state’s Division of Mental Health in meeting the needs of persons with mental illness?
DMH Vision

“The Expectation is Recovery!”

It is the vision of the DMH that all persons with mental illness recover, and are able to participate fully in life in the community.
DMH Mission Statement

“Through collaborative and interdependent relationships with system partners, it is the Mission of the DMH, the State Mental Health Authority, to assure the provision of a recovery oriented, evidence based, community focused, value dedicated and outcome validated mental health service system, in order to build the resilience and facilitate the recovery of persons with mental illness.”
Principals of Recovery

- Hope
- Self-Direction
- Individual and Person-Centered
- Empowerment
- Holistic

- Non-Linear
- Strength – based
- Peer support
- Respect
- Responsibility

Excerpts from the Goal of Services in a Transformed Mental Health System
Prepared by: Nanette Larson, Director of Consumer Recovery Support Services
## Diagnoses of Target Population – Adults with SMI

- Schizophrenia
- Schizophreniform Disorder
- Schizoaffective disorder
- Brief Psychotic Disorder
- Psychotic Disorder NOS
- Bipolar Disorders
- Cyclothymic Disorder
- Major Depression
- Obsessive-Compulsive Disorders
- Anorexia Nervosa
- Bulimia Nervosa
DMH funded community agencies (MHCs) provide an array of outpatient services:

<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assertive Community Treatment (ACT)</td>
</tr>
<tr>
<td>• Case Management</td>
</tr>
<tr>
<td>• Community Support (Team, Group, Individual)</td>
</tr>
<tr>
<td>• Crisis Intervention</td>
</tr>
<tr>
<td>• Psychosocial Rehabilitation</td>
</tr>
<tr>
<td>• Counseling/Therapy</td>
</tr>
<tr>
<td>• Psychiatric evaluation, medication administration &amp; monitoring</td>
</tr>
<tr>
<td>• Supported Residential</td>
</tr>
<tr>
<td>• Supervised Residential</td>
</tr>
<tr>
<td>• Permanent Supportive Housing</td>
</tr>
</tbody>
</table>
Expanding Growth of other Services

- Wellness Recovery Action Planning (WRAP)
- Peer Support Services
- Mental Health and Justice Initiatives
- Diversion activities
- Individual Placement and Support
- Rapid engagement in job search, job development and retention,
- Ongoing supports
How to locate a mental health center?

By computer:
www.illinois.gov/government/agency.cfm
Scroll to: Department of Human Services, then down to Office Locator
Type in: Mental Health; Look up by County. For Cook County type in Zip Code. The nearest MH Center will be listed.

• Via phone call:
  • 1 (800) 853-6154 (voice)
  • 1 (800) 447-6404 (TTY)
DMH Regional Offices

- Regional Directors represent the Division of Mental Health
- Monitor state contracts with community mental health agencies
- Help Coordinate Services with other Divisions.
- Work towards integrating services.

- Region 1 North – (773) 794-4139
- Region 1 Central – (708) 338-7200
- Region 1 South – (708) 614-4002
- Region 2 (collar counties) – (847) 742-1040 #2002
- Region 2 (northwest)- (815) 987-7910
- Regions 3 and 4 (central) – (217) 786-6866
- Region 5 (metro east southern) – (618) 474-3348
- Region 5 (southern) – (618) 833-8266
Illinois Mental Health Collaborative for Access and Choice

- Serves as a third party administrator for the Division of Mental Health
- Processes claims
- Conducts monitoring reviews
- Supports DMH Recovery Services
- Provides centralized clearing house for issues or complaints:
  1 (866) 359-7953 (voice)
  1 (866) 880-4459 (TTY)
DMH can help bring people to the table, but the table must be set by people in the community.

It all begins with the people who live in the community.
An effective Model for Integrating Services in Rural Communities

Access
Education
Advocacy

“There is no health without mental health”
Access

• Crisis Hotline
• Inpatient protocols
• Screening Assessment Support Service (SASS) for children and adolescents
• Community Support and Clinical treatment services in the consumer’s natural setting
• Substance abuse services and linkage case management
• Individual and family therapy interventions
• Coordination with schools for treatment svcs
Education

- Mental Health Awareness - Say it Out Loud Campaign
- Suicide Prevention Services
- Mental Health First Aid
- Question Persuade and Refer
- Real Men Real Depression
- Stories of Recovery
- National Alliance on Mental Illness (NAMI)
- Government Services, e.g. Medicaid Disability
Advocacy

- Community Advocates can encourage service coordination between providers
- Agencies, hospitals, public health departments
- Interagency strategic planning including local and regional perspectives
- Follow up and follow through on systems breakdowns
- Communication, communication, communication
- Development of Behavioral Health Task Force
- Community Networking
Interconnected Systems Model for Creating Healthier Rural Communities

Prevention

Promotion of Mental Wellness - Public Mental Health Messaging
  • Say it Out Loud Campaign
  • Suicide Prevention/Hotline
  • Relationship building between school, home and the community
  • Community Needs Assessment
    • NAMI Family to Family
    • Stories of Recovery
    • Stigma Reduction

Early Intervention

• Interventions as early after onset of an identified concern, including assessments, referral, and follow-up/follow through
  • Development of referral pathways to intervene in crisis
  • Early identification of high risk students
• Mental Health Consultation to schools, law enforcement and community organizations
  • Psycho-education and skill building groups
  • Question Persuade and Refer
• Depression screening – Public Health, Teen Screen

Treatment

• Assessment, diagnostic, and referral, services for serious mental health concerns
  • Community Support Services
  • Therapy and support services
  • Coordination with Primary Care – Doc Assist
    • Telepsychiatry
  • Treatment in Natural vs. Office settings
    • Inpatient Care

Adapted With permission of Lisa Betz, DMH Mental Health and Schools Coordinator
## Community/Government Matrix

### Community-Based
- Local Government
  - Concerned Citizens
  - Consumers
  - Local Police/County Sheriff
  - School Districts
  - Veterans’ Groups
  - Clergy
  - NAMI
  - Mental Health Provider
  - Hospitals/Primary Care
  - Social Service Agencies
  - State’s Attorney
  - County Boards

### State Government – Regional Agencies
- Public Health Department
- Division of Mental Health
- Div. of Alcohol & Sub. Abuse
- Legislative Representatives
- Judiciary
- Ill. Housing Dev. Auth. (IHDA)
- DCFS
- Probation/Parole
- Dept. on Aging
- DHS – DDD/DRS/HCD
- Other

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**County-Wide Behavioral Health Task Group**
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First Steps

• Convened a local group of interested people including the local State Representative

• Identified resources and perceived gaps in services
Limitations to Accessibility

1. Limited knowledge on how to access services
2. Lack of in-patient beds for persons in extreme crisis
3. Availability of services for low income population
4. Transportation
5. Understanding of what services are available
6. Services for school-age youth
First Steps

• Submitted letters to the Governor

• As additional resources and interested people were identified, invited to participate

• Engaged the media

• Met with State officials
Accessibility

• Denise King MA, LCPC, CADC, MISA II
• Behavioral Health Therapist
• In-home counseling (first 3 years)
• Group therapy
• Appointments at Federally Qualified Health Center
Frequent Diagnoses

• Depression
• Bipolar
• ADHD/disruptive behaviors
• Substance abuse
• Adjustment disorders
Education

• Teen Screen
• Question, Persuade, Refer (QPR)
• Yellow Ribbon
• Real Men, Real Depression
• Assist (New)
• Mental Health First Aid (New)
Community Outreach

- Senior Expo & Living Series
- Steps for Health
- Stories of Recovery
- Fire Side Folk Series
- mPower Concert
- MWAH!
School Programming

• Created prevention proposal
  – Marketing tool to promote prevention education
• Too Good For Drugs
• Town Hall Meeting on Underage Drinking
• mPower youth concert
• MWAH! (Performing Arts group)
Advocacy

- Crisis intervention
- Liaison between in-patient services and transition home
- Promotion of mental health services
- Local, regional and state collaborations
Advocacy

• National Alliance on Mental Illness (NAMI)
• Stark County Chapter
• Established 2006
• Monthly meetings
• Facilitated by Advocate
Providers

- Unaware of issues
- All over the place
- Task Force unified providers
Sustainability

- Federally Qualified Health Center
- Replication
Continuing Challenges

- Suicide
- Seniors
- Substance Abuse
Words of Wisdom

- Community involvement
- Strong local leader
“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, that is the only thing that ever has.”

-Margaret Mead
Access to Mental Rural Health Resources

New Freedom Commission on Mental Health
Achieving the Promise: Transforming Mental Health Care in America
DHHS Pub.No.SMA-03-3832 Rockville, MD: 2003
www.mentalhealthcommission.gov

New Freedom Commission on Mental Health
Subcommittee of Rural Issues: Background Paper

Mental Health: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/mentalhealth/home.html

Illinois Children’s Mental Health Partnership
Strategic Plan for Building a comprehensive Children’s Mental Health system in Illinois
FY08 Annual Report to the Governor
September 30, 2008
http://icmhp.org

Mental Health and Rural America: 1994-2005
U. S. Department of Health and Human Services
Health Resources and Services Administration
Office of Rural Health Policy
January 2005

Mental Health In Rural Illinois:
Recovery is the Goal
An Analysis of Mental Health Care in Rural Illinois by
The Mental Health Work Group of the Illinois Rural Health Assoc.
December 2005
http://www.ilruralhealth.a25hourdaysites.com/f/FINALREPORTMentalHealthpdf

See also for numerous resource links:
http://www.ilruralhealth.org/resource_center.html#irhapublications
National Association for Rural Mental Health
http://narmh.org/

United States Department of Agriculture
National Agricultural Library
Rural Information Center
www.ric.nal.usda.gov

United States Department of Agriculture
Economic Research Service Measuring Rural
www.ers.usda.gov/
See also:

Defining the “Rural” in America
http://www.ers.usda.gov/AmberWaves/June08/Features/RuralAmerica.htm

Rural America at a Glance
2008 Edition

APA Rural Psychology
www.apa.org/rural

Rural Health Research and Policy Centers
www.ruralhealthresearch.org

U. S. Department of Health and Human Services
Health Resources and Services Administration
Office of Rural Health Policy
www.ruralhealth.hrsa.gov

Frontier Mental Health Services Network
www.wche.edu/
http://www.wche.edu/mentalhealth/ResearchCenter/ResearchCenter.asp

Mental Healthcare in Rural Communities:
The Once and Future Role of Primary Care
John A. Gale, MS, and David L. Lambert, PhD

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http://muskie.usm.maine.edu/ihp/ruralhealth
Feedback

• We are listening! Your feedback is VERY important. Please complete the online evaluation survey.

• If you registered for a group, please ask them to complete the evaluation also.

• We will use this information to plan future sessions and continually improve.
Question and Answer Session

• Join us now for a LIVE Q & A Session
  – Dial 1(877) 411-9748
  – Enter the access code: 3467868#
  – Mute your phone (*6 to mute/un-mute).

• If you have a question that is not addressed on the call, please email Laurie Call at laurie.call@iphionline.org