

Rural Community Behavioral Health Systems

Building Sustainable Interdependent Networks
In Rural Communities

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Introductions Part One

- 40 years practicing in public sector
- Experience –
 - Director of MSH Woman’s and Men’s Admissions Forensic Units
 - Regional (Rural) State and Community Mental Health Center Medical Director
 - ACT Team Medical Director
 - Minnesota Quality Council Award Evaluator and Judge

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Introductions Part Two (The Quid Pro Quo of Rural Community Psychiatry)

- Past DHS Medical Director
- Vegetable and Chicken Farmer – Search “St. Mathias Farm”
 - We grow most of our own food
 - Partnering for Rural Food Hub Development – Sprout Minnesota Farmers Market
 - Sponsor Community Building Around Nutrition and The Esteem of self-sufficiency
 - All Populations with wide and deep neurodevelopmental diversity

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Getting Stuff Done

- Integrative Medical Psycho-Social Psychiatry
- Modelling Neurodevelopmental Diversity in all populations
 - Balancing and Unifying Model
 - Complements the Discipline of Categorical Diagnosis
- Recognizing Opportunities for Community Development within
- Systems of Care that Exist in rural Communities
 - A few hundred to 10,000

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Getting Rural

- Rural Practices Are Different
 - There is one of many services
 - A Few more of a few
 - The rest have not been available.....until.....
- Certified Community Behavioral Health
- The Team Model is Critical
 - The Community of Team – Sustaining Relationships
 - Creating Role and Mission
 - Branching Out to find adjacent systems that Impact outcomes and Efficiencies

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Federal Quid Pro Quo – Plain and Simple

- The federal quid pro quo is simple and direct:
- Provider organizations and their contracted partners implement 9 categorical services
- In exchange for an enhanced reimbursement rate based on measurable implementation criteria

It has been estimated that over the last decade the cost of health care administration has doubled from less than 10% of operational budgets to pushing up against 20%. Another way of estimating is the percent of interpersonal connection and effort based on community relationships between providers and consumers and the interdependent systems that support both.

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The Golden Nine

- 1. Crisis mental health Services
- 2. Screening, Assessment, and Diagnosis
- 3. Patient Centered Treatment Planning
- 4. Out-Patient MH and /SUD services
- 5. Primary Care Screening and Monitoring
- 6. Targeted Case Management
- 7. Psychiatric Rehabilitation Services
- 8. Peer Support, Counselling and Family Support Services
- 9. Services for Veterans

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Designed to Address Comprehensive Care

- 1. 24/7/365 crisis services = Mobile Crisis Outreach and 10 day crisis subacute crisis bed capacity
- 2. Immediate Screening and Risk Assessment
- 3. Easy Access to Care: wait time and financial impediment
- 4. Tailored Care for Active Duty Military and Veterans
- 5. Expanded Care Coordination
- 6. Commitment to Peers and Family

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Addressing Financial Barriers

- 1. Expanded access – Enhanced Workforce
- 2. Stronger Response to Addiction Crisis
- 3. Enhanced Patient out reach education and engagement
- 4. Care where people work live and play
- 5. Electronic exchange of health information for “care coordination purposes”

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Problems and Challenges of Implementation in a Rural Environment:

- 1. Transportation
- 2. Corrections care coordination and re-entry
- 3. Primary and specialty health care systems collaboration
- 4. Staff trained in evidence-based practices
- 5. Suicide prevention training
- 6. Establishing collaborative Medication Assisted Therapy For Substance Use Disorders
- 7. Tele-Health Implementation

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The Dark Side – The Art of Clinical Engagement

- \$\$\$ - Finance=Return on Investment=
- =Improved Outcomes=Process Improvement=
- =Identify Key Processes=Identify variation=
- =Distinguish common cause variation and special cause variation=
- =Process improvement for common cause variation=
- =Root Cause analysis for special cause variation resulting in critical incident=critical incident defined as negative outcome

Systemic devaluation of special cause variation that results in sustainable recognition of the factors that produce consistent personal and community engagement

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Artificial Intelligence

- Eliminate interpersonal action
- Measure, Measure, Measure
- Avoid the Humanity of Subjective Thinking
- Optimize Reimbursement
- Disclaimer: "The above treatment considerations and suggestions are based on consultations with the patient's care manager and a review of information available in the Mental Health Integrated Tracking System (MHITS). I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call with any questions about the care of this patient"

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“When You’re Finished Changing, You’re Finished”

Benjamin Franklin

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References

- NEJM Vol. 381 No.18 (October 31, 2019) “Medicine and the Mind – The Consequences of Psychiatry’s Identity Crisis”.
- NEJM Vol. 381 No 20 (November 14, 2019) “Last Song – Sharing Humanity while Maintaining Boundaries”.

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The Life Lives After

- Viva La Vida
- Thank you for your attention.

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