

Region 4 South Consortium Mental Health Strengths and Needs Assessment

December 2022



Prepared by

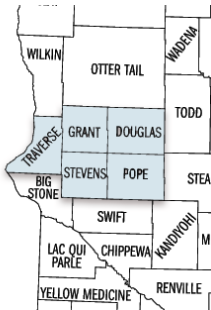
The **Improve** Group

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Introduction



The Region 4 South Adult Mental Health Consortium is comprised of five counties in west central Minnesota (Douglas, Pope, Traverse, Stevens, and Grant counties) whose mission is to help people avoid crisis and connect them with appropriate mental health and basic needs services. This assessment aims to support the work of the Consortium by identifying strengths, barriers, and gaps of the current mental health services system.

The assessment was conducted by the Improve Group (IG), an evaluation and consulting firm based in St. Paul, Minnesota.

Methodology and Data Collection

IG collected data from two sources in order to examine the capacity of existing systems to serve adults who use mental health services¹: (1) consumers who have utilized the mental health care system and (2) mental health care and basic needs providers. Region 4 South staff conducted all outreach for the assessment. IG collected information in three ways:

- Online or paper survey for consumers using mental health services
- Online survey for mental health care and basic needs providers
- Three online focus groups and two phone interviews with consumers using mental health services who identify as members of the following population sub-groups: individuals aged 60+, individuals with Substance Use Disorder, BIPOC individuals, and individuals who identify as LGBTQIA+.

The Improve Group analyzed survey data using Excel and analyzed focus group and interview data using Dedoose qualitative analysis software.

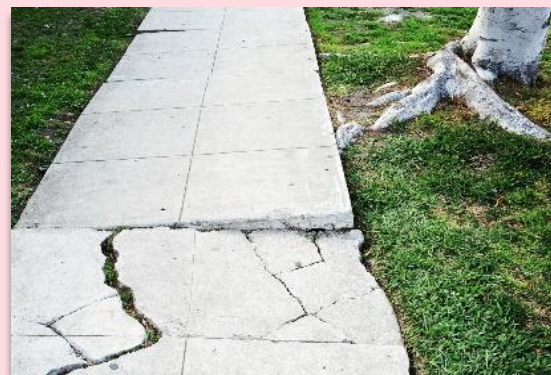
Limitations

- Data collection outreach was conducted with people currently using and providing mental health supports. Therefore, individuals who may have stopped using services or who have not started using services due to barriers were not included in the study.
- Consumer and provider surveys were offered exclusively in English, so individuals who do not read English or have ready access to an interpreter may not have been able to respond to the survey. Focus groups were offered in English or Spanish, but no participants requested Spanish.

¹ The scope of this study included services for adults but not for children or youth.

Barriers to accessing mental health services

Both providers and consumers identified several substantial barriers to accessing mental health supports: stigma, a shortage of available providers, and consumers being underinsured.

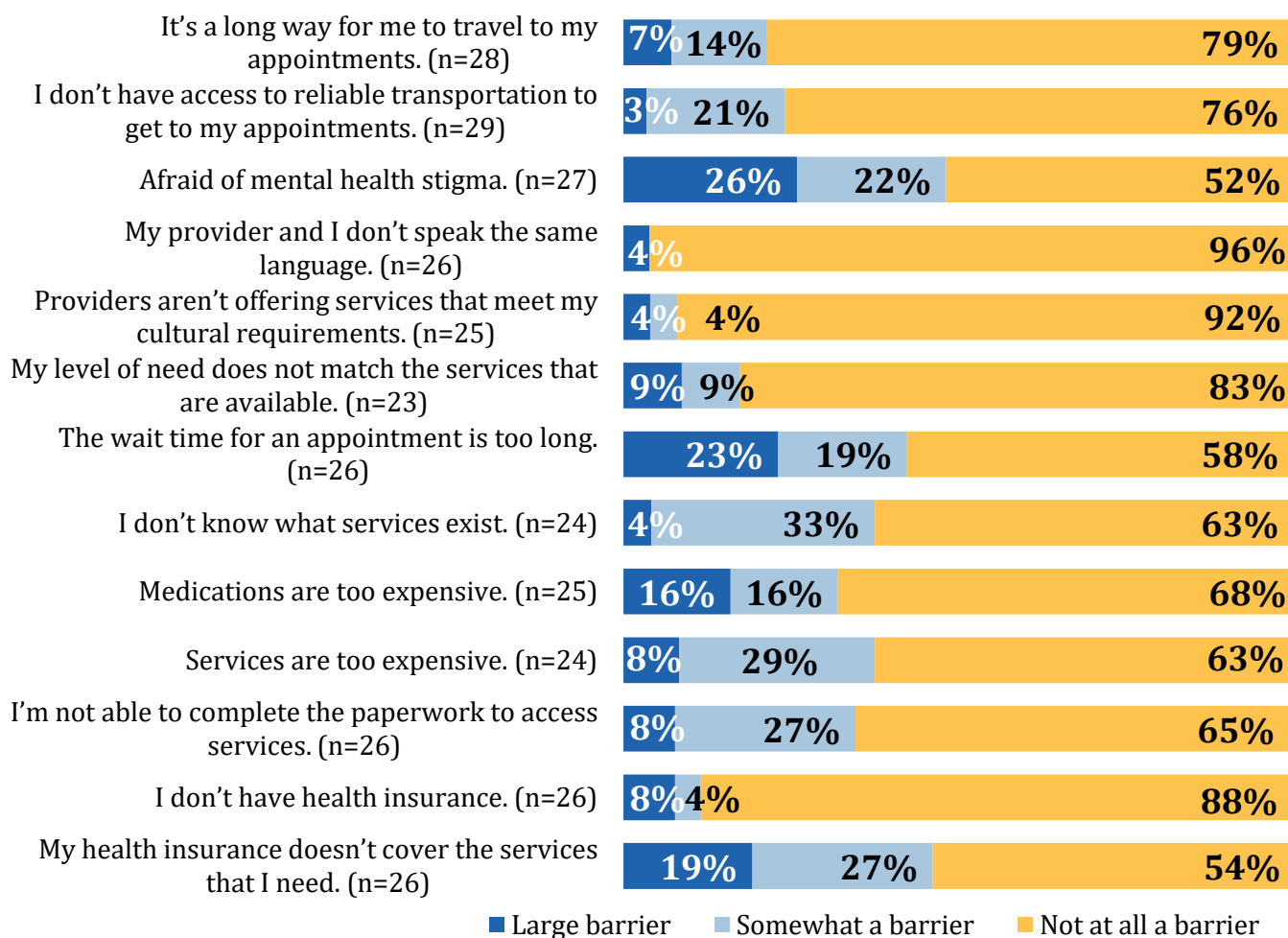


Mental healthcare consumers and providers were asked to rate a series of potential barriers to accessing mental health services as either a large barrier, somewhat a barrier, or not at all a barrier.

Service barriers described by consumers

Nearly all surveyed consumers reported that they have publicly funded health insurance, which may help to reduce some barriers such as cost of services due to the coverage levels provided by publicly funded insurance. Additionally, consumers receiving services through the Region 4 South Consortium may receive supports in areas like transportation, further reducing some barriers for these consumers.

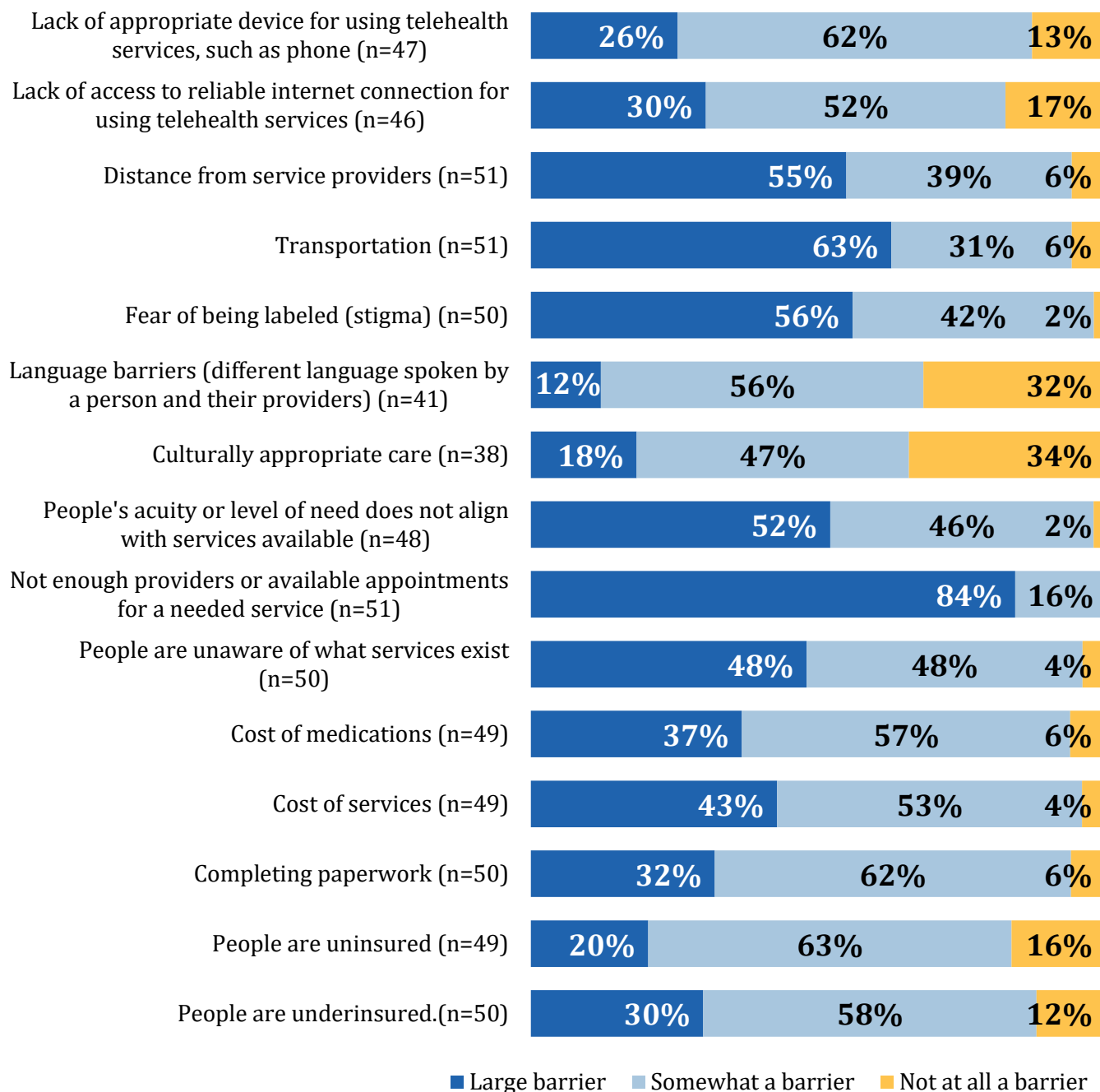
Stigma, appointment availability, and insurance coverage were the largest barriers for consumers



Service barriers described by providers

A substantially higher percentage of providers reported potential barriers as either large or somewhat a barrier when compared to consumers' responses. Providers may serve individuals not receiving the additional supports provided by Region 4 South, and individuals with all forms of insurance, some of which may not reduce barriers, such as cost, to the same extent as publicly funded insurance.

Stigma, misaligned acuity, cost, and awareness of services were the largest barriers reported by providers



Strengths of the mental health system

Consumers expressed that the strongest services have empathetic, knowledgeable, and supportive providers. Providers expressed that the strongest services include a wide network of available providers, close collaboration across a consumer's provider team, and considerate providers.



Consumers who rated service "very helpful"

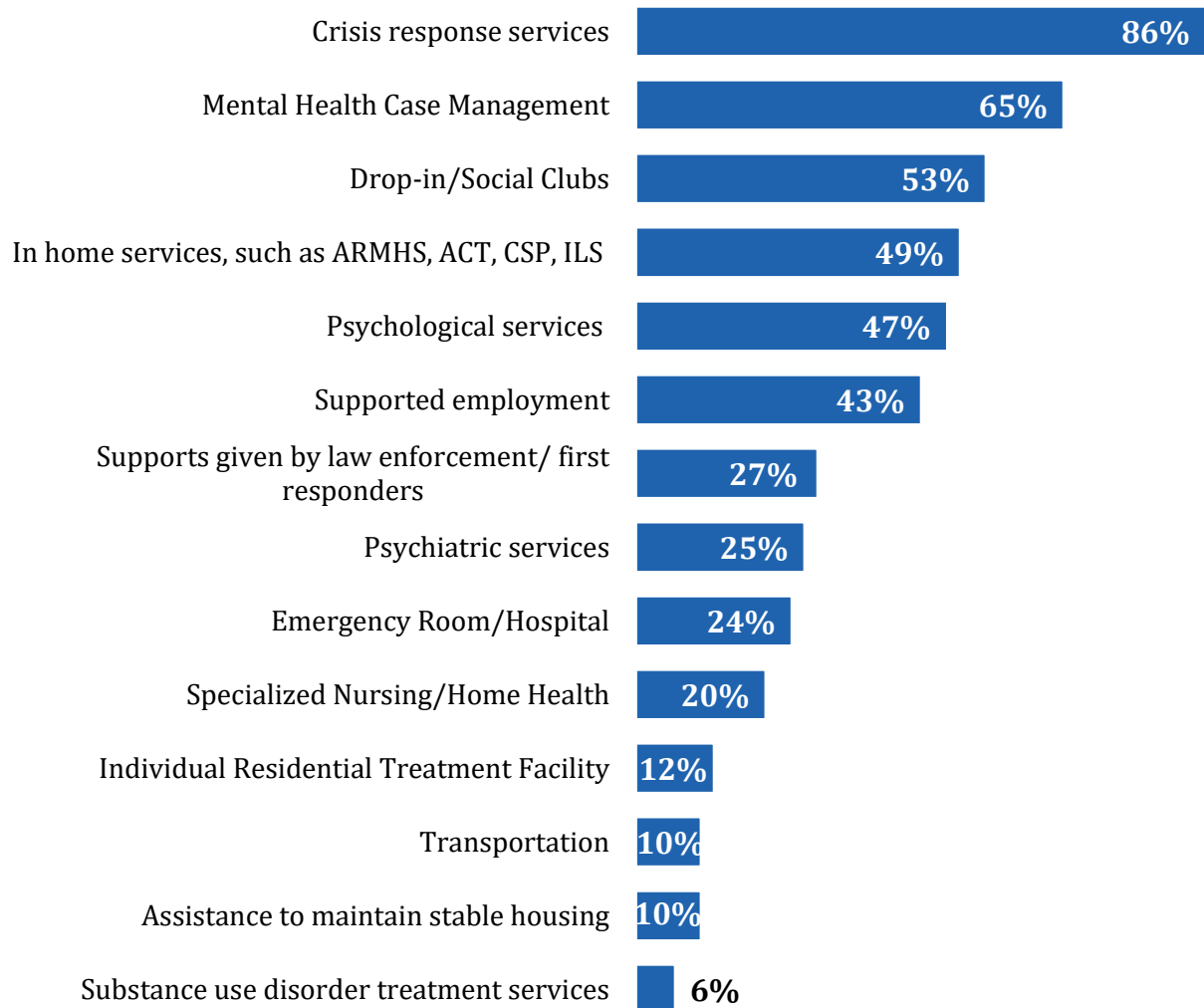
In home services, such as ARMHS, ACT, CSP (n=21)	86%
IRTS (n=7)	86%
Psychological services (n=27)	85%
Specialized Nursing/Home Health (n=12)	83%
Mental Health Case Management (n=25)	80%
Supported employment (n=9)	78%
Drop-in/Social Clubs (n=20)	75%
Assistance to maintain stable housing (n=20)	75%
Crisis response services (n=18)	72%
Psychiatric services (n=28)	71%
Referrals (n=26)	69%
Transportation (n=21)	67%
Law enforcement / first responder services (n=11)	55%
Emergency Room/Hospital (n=18)	50%
Substance use disorder treatment services (n=8)	50%

Participants expressed that services were more helpful in meeting their mental health needs when providers were empathetic, caring, and knowledgeable.

- ◆ **Respect:** Consumers felt most respected when their providers **listened intently** to their situation, **clearly explained complex topics**, and had **empathy through lived experiences**.
- ◆ **Substance Use Disorder (SUD) treatment services:** Participants noted support from **AA/NA groups** and **Peer Recovery Specialists**. Many expressed the importance of providers who **accept and empathize with their SUD**:

"That's a big thing with my diagnosis, just having someone there for me... [I] want to do better for myself because I have that team that wants me to succeed." – Focus group participant

Percentage of providers that rated service as one of the five strongest services (n=51)



Providers listed the following items as characteristics of the strongest services:

- ◆ **Telehealth services:** Fewer transportation and waiting time barriers, wider network of providers
- ◆ **Larger network of available providers:** Reduces waitlists and allows consumers to make appointments within a few weeks
- ◆ **Socialization (e.g., drop-in centers):** Provides the opportunity to converse or “get out and about” when consumers would otherwise be isolated
- ◆ **Considerate care:** Providers who take the time to consider consumers’ needs and desires, and provide care when other services are unavailable
- ◆ **Community partnerships (e.g., Region 4 South services and the ER):** Help consumers to receive well-rounded care and increase collaboration between providers

Referrals and Collaboration

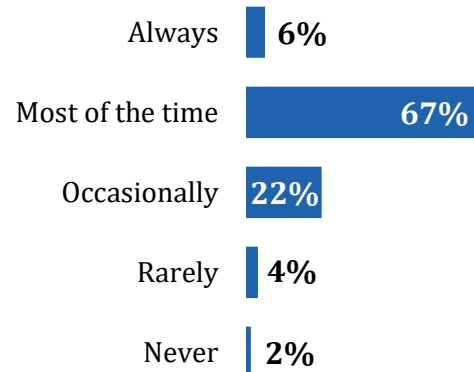
Providers were asked a series of questions about the referral process and collaboration, or the ongoing communication between providers for a consumer's care. Providers reported that a consistent referral process and ongoing collaboration results in more well-rounded care for consumers.



Providers made the following recommendations to improve the referral process:

- ◆ **Increase provider availability and timeliness:** More available providers eliminate wait lists/times
- ◆ **Create a more streamlined referral process:** An up-to-date, accessible list of providers across specialties and a referral checklist
- ◆ **Create an inclusive network of providers:** Eliminates referrals that are unsuccessful due to incompatible insurance, criminal history, SUD, etc.
- ◆ **Give providers access to patient and referee information:** Access to patient records and provider information, such as available funding

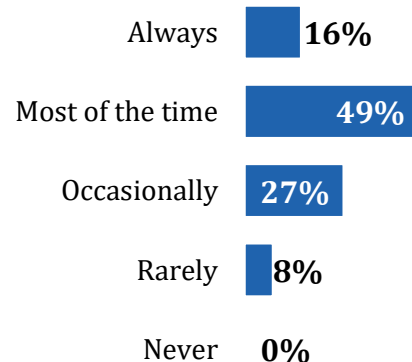
Frequency of provider finding a referee (n=51)



Providers described benefits of ongoing collaboration:

- ◆ **Well-rounded care:** Encourages providers to share resources, support goals efficiently, and split duties
- ◆ **Increased communication:** Reduces miscommunication and the likelihood of the consumer re-explaining their circumstances
- ◆ **Makes referrals easier:** Providers are aware of other providers' services and can educate or refer consumers without adding a referee search to the provider's workload

Frequency of collaboration between providers (n=51)

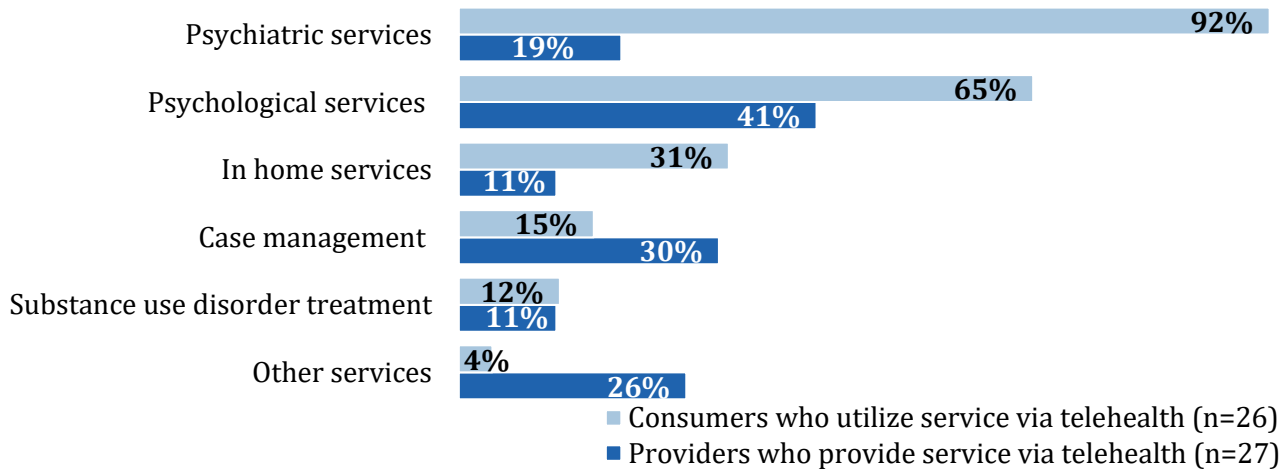


Telehealth

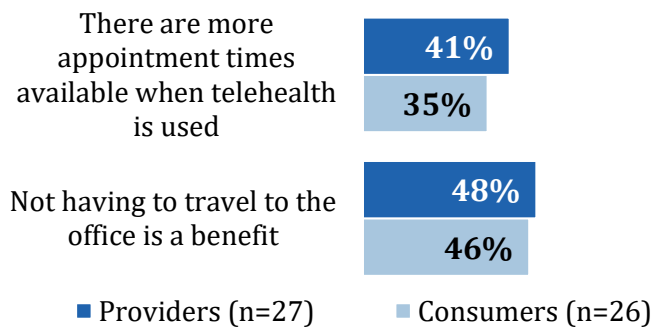
Over three-quarters of consumers and over half of providers surveyed use telehealth to receive or provide services. Respondents noted that while telehealth helps consumers attend appointments more consistently and may help with anxiety management, drawbacks include technology challenges and missing the human element of being in-person.



Percentage of respondents who utilize/provide service via telehealth

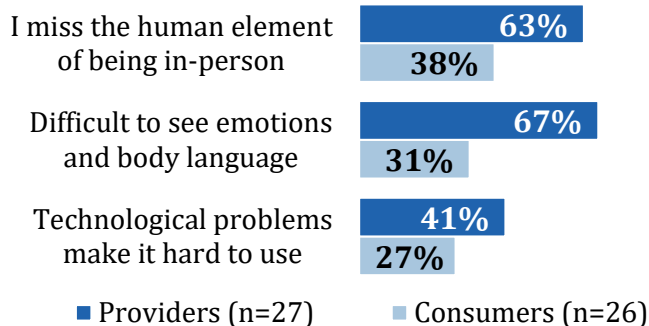


Benefits of telehealth



- ◆ **Consistent attendance:** Telehealth reduces the number of no-shows or cancellations
- ◆ **Anxiety management:** Telehealth can help consumers feel more at ease and consistent with their providers, which can help reduce overall anxiety

Drawbacks of telehealth



- ◆ **Poor internet connection²:** 23% of consumers and 19% of providers reported that poor internet connection makes telehealth services difficult to use most or all of the time
- ◆ **Difficulty assessing consumer conditions:** It's more difficult to assess hygiene, care of home, etc. when using telehealth

² "Poor internet connection" refers to a survey question which asked how often poor internet connection makes telehealth difficult to use. The Drawbacks of Telehealth chart references a different survey question which asked if problems with their phone, tablet, computer, internet connection, etc. are a drawback to using telehealth.

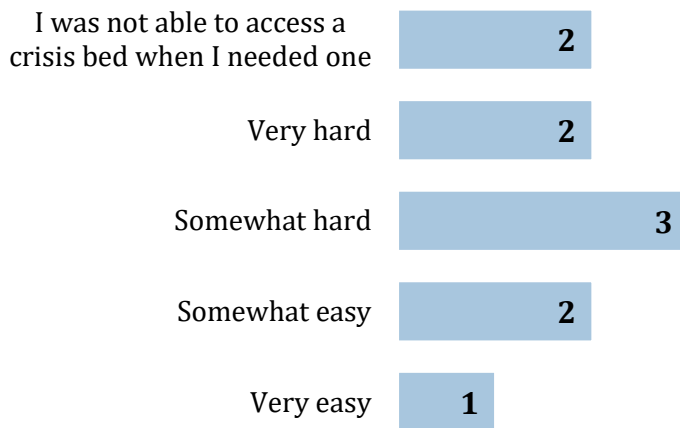
Crisis bed needs

There are currently no crisis beds in the 5-county area. Only four of thirty-four providers reported that their patients are able to access a crisis bed every time they need one. This unmet need often results in worsening symptoms and a need for a higher level of care later.



Consumer crisis bed experiences

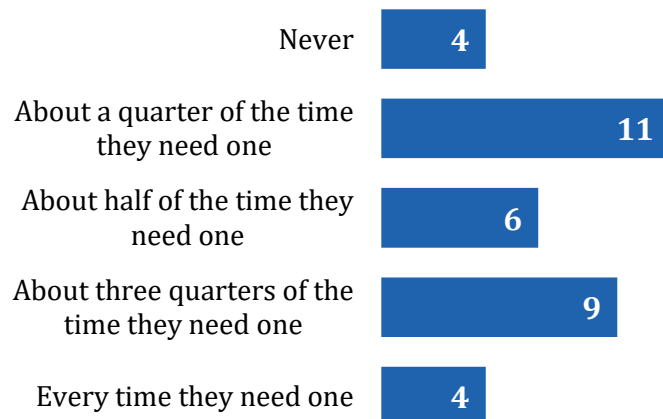
Consumers' report of how difficult it was to access a crisis bed when needed (n=10)



- ◆ **Wait time:** Individuals often have to wait either in the ER or at home for a bed to open.
- ◆ **Increased stability:** Crisis beds help consumers become more stable and learn new skills for managing their mental health.
- ◆ **Culturally appropriate care:** One consumer noted that while they had a positive experience overall, there was one instance when they did not receive culturally appropriate care.

Results of the crisis bed need going unmet

Providers' report of how often their patients were able to access a crisis bed in the last 12 months (n=34)



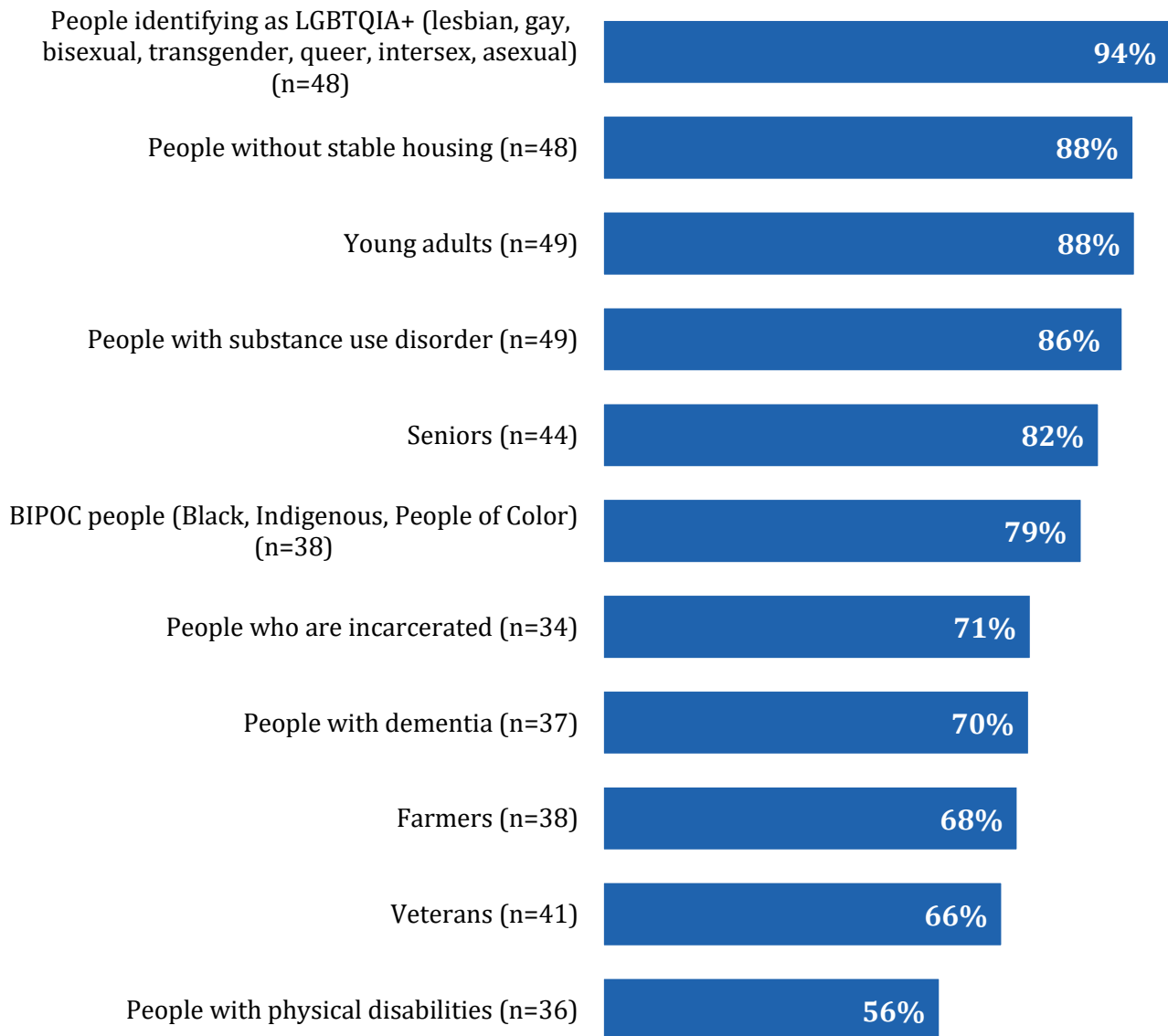
- ◆ **Worsening symptoms:** Increased feelings of hopelessness, isolation, etc., as well as a lack of faith in the healthcare system
- ◆ **Risk of harm:** Increased risk of substance abuse, other forms of self-harm, violence towards others, and suicide
- ◆ **Higher level of care needed:** Consumers may end up needing a higher level of care later and may end up hospitalized.

Five-year trends in mental health service needs

Providers were given a list of population sub-groups and asked whether the group's demand for mental health services would increase, decrease, or stay the same in the next five years. Over half of providers reported that there would be an increased need in every single population sub-group.



Provider projections for five-year increases in demand for mental health services



Recommendations

The following recommendations work towards fulfilling needs identified by survey, interview, and focus group participants. The recommendations take into account the assumption that Region4S counties each face financial constraints and workforce shortages.



Introduce crisis beds to the five-county area.

Both providers and consumers identified a need for more crisis bed availability. This would help support the community's mental health needs and decrease the risk of worsening mental health symptoms among consumers.



Work towards reducing stigma within both the medical and wider community.

Reducing stigma among providers: Opportunities may include training for providers to appropriately manage mental health needs, especially for providers who do not primarily deliver mental health care (e.g., ER medical providers, first responders). Training to appropriately care for individuals in certain population subgroups, such as individuals with a dual diagnosis, is also advised.

Reducing stigma within the wider community: Opportunities may include broadly distributed educational materials.



Provide education and guidance to consumers about what services exist and how to access them.

Opportunities may include training materials or encouragement for providers to educate consumers about services in their area. A more streamlined referral process may help educate consumers on available services. Several providers reported that the referral process could be improved if they were given an up-to-date and accessible list of providers across specialties, as well as guidelines or a referral checklist.

Demographics

This study utilized a consumer survey, provider survey, and population sub-group interviews and focus groups.



Consumer focus groups and interviews, n=16

Demographic characteristic	Number
County³	
Douglas	13
Pope	2
Stevens	1
Traverse	1
Grant	0
Population sub-groups	
Substance Use Disorder (SUD) focus group	4
LGBTQIA+ focus group	5
Age 60+ focus group	5
BIPOC interviews	2

Consumer survey, n=30

Demographic characteristic	Number	Percent
County		
Douglas	14	47%
Stevens	7	23%
Grant	3	10%
Traverse	3	10%
Pope	3	10%
Age		
65 years and older	1	3%
50-64	11	37%
30-49	15	50%
23-29	2	7%
18-22	1	3%
Population sub-groups		
Farmers	3	11%

³ Note that one participant receives services in two counties.

Demographic characteristic	Number	Percent
People with a disability (other than mental health disabilities)	11	41%
LGBTQIA+ people (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual)	4	15%
People with substance use disorder (SUD)	7	26%
People with dementia	1	4%
Veterans	1	4%
Race/Ethnicity		
Asian or Asian American	1	3%
Black or African American	2	6%
Latino, Latina, Latinx, or Hispanic	1	3%
Middle Eastern or North African	0	0%
Native American or Alaska Native	2	6%
Pacific Islander	0	0%
Sub-Saharan African	0	0%
White	26	81%
Other	0	0%
Gender		
Male	10	33%
Female	20	67%
Non-binary	0	0%
Prefer not to answer	0	0%
Other	0	0%
Insurance type		
I don't have any health insurance.	1	4%
I have MA (Medical Assistance or PrimeWest), MinnesotaCare, or Medicare)	26	90%
I have private health insurance (such as Blue Plus)	2	7%
I have health insurance but don't know what kind	0	0%
I don't know if I have health insurance or not	0	0%

Provider survey, n=51

Demographic characteristic	Number	Percent
County⁴		
Douglas	35	28%
Pope	26	21%
Stevens	24	19%
Traverse	21	17%
Grant	20	16%

⁴ Note that some participants provide(d) service(s) in multiple counties

Demographic characteristic	Number	Percent
Area of service		
Psychological services (counseling/therapy)	14	21%
Psychiatric services (prescribe medication/medication management)	3	5%
Case management	21	31%
In home services, such as ARMHS, ACT, Crisis Team, CSP, ILS	14	21%
Primary care, nursing, and/or hospital care	3	4%
Law enforcement or other first responders	1	1%
Other	11	16%
Race/Ethnicity		
Asian or Asian American	0	0%
Black or African American	0	0%
Latino, Latina, Latinx, or Hispanic	1	2%
Middle Eastern or North African	0	0%
Native American or Alaska Native	1	2%
Pacific Islander	0	0%
Sub-Saharan African	0	0%
White	50	96%
Other	0	0%
Gender		
Male	6	12%
Female	44	88%
Non-binary	0	0%
Prefer not to answer	0	0%
Other	0	0%
LGBTQIA+ Identification		
Yes, I identify as LGBTQIA+	1	2%
No, I don't identify as LGBTQIA+	48	96%
Prefer not to answer	1	2%