

**To: Directors of the Regions A and B State Offices of Rural Health**

**Fr: John Gale and David Lambert, Maine Rural Health Research Center**

**Re: NOSORH Collaborative Mental Health Project**

## **Conducting the Rural Mental Health Assessment**

### **Introduction**

We developed this assessment process to assist State Offices of Rural Health (SORHs) to:

- Understand their behavioral health systems and the extent to which these systems are addressing the needs of rural areas;
- Identify rural specific behavioral health planning and/or policy initiatives that may be in place;
- Explore opportunities for SORHs to partner with key behavioral health stakeholders to elevate the visibility of rural behavioral health policy issues; and
- Identify opportunities for SORHs to engage in collaborative initiatives to improve the delivery of rural behavioral health services.

In conducting the assessment, representatives from participating SORHs will engage in a multi-stage process to review their state's behavioral health policy and financing environment. This process will include a review of existing documents (such as their state's mental health and Medicaid plans), a review of available state behavioral health data, and interviews with key mental health and substance abuse policymakers and stakeholders. The goals of this project are to stimulate the development of ongoing relationships between SORH officials and mental health and substance abuse policymakers and stakeholders and to identify opportunities for SORHs to engage in collaborative activities to address rural behavioral health problems in their states.

The final product for each participating state will be a profile of their rural behavioral health environment. This profile will be developed over several months and will incorporate the results of the document and data review and the stakeholder interviews. This profile will be summarized in a six to nine page "briefing paper" that describes how their state's mental health services are organized, financed, and delivered; the ways in which the organization, financing, and delivery of services impacts access to care in rural areas; and opportunities to improve access to and acceptability of behavioral health services for rural residents.

States wishing to conduct a MH health assessment should contact one of the project consultants, John Gale or David Lambert from the Maine Rural Health Research Center. One of the consultants will provide technical assistance and advice to individual SORHs to help them identify relevant state level reports, plans, and data; select appropriate state-level policymakers and stakeholders to be interviewed as part of the assessment process; interpret the information and data collected; and develop their rural behavioral health profiles.

## Suggested Time Frame

The process can be completed according to the SORH's schedule and time constraints. Typically, it can be completed in five to six months. The designated consultant will conduct an initial phone call with each SORH to review the assessment process, identify potential resource documents and data, develop a preliminary list of key stakeholders, and answer any questions. Each SORH should identify a lead staff person who will be responsible for coordinating phone calls with the consultants.

This initial phone call should be scheduled at the beginning of the assessment process. Subsequent phone calls will be scheduled as necessary. We appreciate the difficulty of scheduling stakeholder interviews and the multiple demands on the time of SORH staff and will be flexible in terms of scheduling calls. The following is a suggested timeline for conducting the assessment process:

First Month	Initial phone call with designated consultant, identification and review of resource documents, plans, and data; development of list of key policymakers and stakeholders; and initial contacts with key policymakers and stakeholders to schedule telephone interviews.
Second and Third Months	Conduct policymaker and stakeholder interviews. (We suggest 6 to 10 interviews based on the issues in each state.) Prepare written summaries of interviews. Analyze interview notes, key documents, and available data.
Third and Fourth Months	Prepare initial draft of state briefing paper for review with consultants. Share with key policymakers for review and comment, revise as necessary.
Fifth and Six Months	Finalize briefing paper. Identify next steps.

## Resource Materials

In anticipation of conducting this assessment, we suggest that each SORH identify, collect, and review relevant state documents. These documents should include the following:

- ***Closing the Gap on Access and Integration***: Most states sent representatives to regional meetings of the Primary and Behavioral Health Care Summit sponsored by SAMHSA in 2004-2005. Participating states were required to complete a report. We will help SORHs to obtain this report.
- ***State Profiles of Mental Health and Substance Abuse Services in Medicaid***: Profiles for each state have been prepared by SAMHSA and are available at the following website: [http://mentalhealth.samhsa.gov/Publications/allpubs/State\\_Med/](http://mentalhealth.samhsa.gov/Publications/allpubs/State_Med/). These profiles describe the Medicaid and SCHIP programs in each state and the types of behavioral health

services covered. Most of these profiles were created in 2003 so it will be necessary to determine if any changes have taken place.

- **State Resource Guides:** Resources guides for each state are available from SAMHSA are available at the following website: [http://mentalhealth.samhsa.gov/publications/Publications\\_browse.asp?ID=185&Topic=State%2FTerritory+Resources](http://mentalhealth.samhsa.gov/publications/Publications_browse.asp?ID=185&Topic=State%2FTerritory+Resources). These resource guides identify key state agencies and personnel, CMS contacts, and advocacy organizations.
- **State Behavioral Health Plan:** Each state typically has a state behavioral health plan. Frequently, these documents are available on line. If not, they can be obtained from the appropriate state agency.
- **State Medicaid Plan:** Each state should have a state Medicaid plan. As with the behavioral health plan, they documents should be available online or directly from the state Medicaid program.
- **NAMI Grading the States: A Report on America's Health Care System for Serious Mental Illness:** This report was prepared by NAMI for each of the 50 states and is available at the following website: [http://www.nami.org/gtsTemplate.cfm?Section=Grading\\_the\\_States&Istid=676](http://www.nami.org/gtsTemplate.cfm?Section=Grading_the_States&Istid=676).

The documents will provide a good introduction to the activities in each state and will form the foundation of the briefing paper. We will also work with individual states to identify and review any other relevant documents.

The following websites are a source of contact information for state policymakers and stakeholders:

- **National Association of State Mental Health Program Directors:** <http://www.nasmhpd.org/>
- **National Association of State Alcohol and Drug Abuse Directors:** [http://www.nasadad.org/index.php?doc\\_id=6](http://www.nasadad.org/index.php?doc_id=6)
- **National Alliance on Mental Illness:** <http://www.nami.org/>
- **Mental Health America:** <http://www.nmha.org/> or <http://www.nmha.org/go/searchMHA>

## Assessment Tools

To assist SORHs in conducting the assessment, we have developed an environmental assessment tool (See Appendix A) and a set of interview protocols (See Appendix B) to support the different types of policymaker and stakeholder interviews that will be conducted as part of this process. The environmental assessment tool provides a framework to guide the information collection process. The interview protocols are generic questions that can be customized to meet the

individual needs of each state. The Consultants will work with each of their assigned states to use these tools during their assessment process.

### **Outline of State Rural Behavioral Health Profile**

The following is a suggested outline of the briefing paper/rural behavioral health profile. This will serve to guide the assessment process and provide an example of the final product. The end result will be a document that can be shared with policymakers, stakeholders, funding sources, media representatives, and others interested in rural behavioral health issues.

1. Behavioral Health System in State (two to three pages)
  - a. Description of state system
    - i. Description of the state Mental Health and/or substance abuse agencies (e.g., the structure, organization, reporting relationships, state mental health and substance abuse planning processes, etc.)
    - ii. Description of funding sources for mental health and substance abuse services (e.g., description of Medicaid system, state block grants and other funding sources, behavioral managed care environment, major commercial payers, etc.)
  - b. Description of behavioral health infrastructure/service delivery systems
    - i. Description of major treatment delivery systems (e.g., number and locations of state hospitals and other inpatient services, number and distribution of specialty behavioral health providers/community mental health agencies; number and location of Federally Qualified Health Centers; distribution of key providers types such as psychiatrists and psychologists; etc.)
    - ii. Description of training programs (e.g., medical schools, social work schools, psychology schools, etc.)
2. Behavioral health system in rural areas (two to three pages)
  - a. Description of rural areas of state
    - i. Size, location of rural areas, population density, travel distances, etc.
    - ii. Economic issues, demography, ethnic and cultural diversity, population trends, etc.
  - b. Rural behavioral health infrastructure/delivery systems

- i. Description of challenges and issues facing rural areas (e.g., workforce issues, availability of and distances to specialty behavioral health services, role of primary care services in the delivery of behavioral health services, etc.
    - ii. Description of rural specific behavioral health and planning initiatives, if any
  - c. Challenges to serving vulnerable populations in rural areas (e.g., children, older persons, immigrants, cultural groups, persons with disabling (high severity) behavioral health conditions
  - d. Identification and description of major rural behavioral health stakeholders in state
3. Discussion of rural behavioral health issues and opportunities to enhance access to services for rural residents. (two to three pages)
  - a. Describe top 3 to 5 problems/challenges impacting the delivery of behavioral health services to rural residents
  - b. Identify potential rural stakeholders that might be interested in working collaboratively to address one of more of these problems/challenges
  - c. Identify the role that the SORH might play in working on these issues/challenges
  - d. Prioritize each of these issues in terms of the timeframes to address these issues and the desired outcomes, funding and resources needed, and the likelihood for a successful intervention

## **Getting Started**

We do not envision this to be a rigid process that must be followed to the letter. Rather, it is designed to meet the needs of each state and can be tailored to collect the information needed to support the assessment process. We are available to work with SORHs as they work through the assessment of their state's rural behavioral health environment.

# **Appendix A**

## **Rural Behavioral Health Environmental Assessment Tool**

### **Introduction**

This Assessment Tool is designed to be part of a process to assist State Offices of Rural Health (SORHs) in conducting a review of their state’s behavioral health policy and financing environment. In particular, this assessment process will help states to understand their behavioral health systems and the extent to which they are addressing the needs of rural areas, identify any rural specific behavioral health planning and/or policy initiatives that may be in place, explore opportunities for SORHs to partner with key behavioral health stakeholders to elevate the visibility of rural behavioral health policy issues, and identify opportunities for SORHs to engage in collaborative initiatives to improve the delivery of rural behavioral health services.

### **Using the Tool**

This state level assessment tool is organized around major payer/policy groupings. Each grouping has a series of major policy areas, with detail regarding choices for implementation. It is likely that a variety of data sources will be needed to complete this tool including interviews with key state government and external stakeholders, Medicaid documents, etc. The responses to some of these questions may not always be clear. Please make note of your questions and document where it is hard to choose or there is disagreement—these are areas that will require more clarification.

To score the tool, for each major policy area (the dark shaded rows):

- For each item place a check in the Yes or No box.
- Some items ask you to choose among 1, 2, and/or 3—depending on your state, you may choose 1, answer the items underneath it with Yes or No, then skip 2 and 3. In other states, more than one of the items may be appropriate, so answer all that are applicable.
- Some items have a subsequent question that is answered only if the main question is answered yes. Otherwise, leave it blank.
- If you are not directed to choose, complete every item.

### **Glossary of Acronyms**

BH	Behavioral Healthcare (both MH and SA)
MH	Mental Health
SA	Substance Abuse
SED	Severe Emotional Disturbances or Disorders
SPMI	Severe and Persistent Mental Illness

*Under each major area/shaded row, complete items by placing a check for either Yes or No*

<b>I. State Behavioral Health Program</b>		
<b>A. The structure for administration and distribution of state BH funds</b>		
1. State distributes funds directly to providers		
2. State distributes funds through regional/county organizations to providers or programs operated by regional/county organizations		
<b>B. The principle use of state general fund BH resources</b>		
1. Funds are principally applied as Medicaid match and integrated into administration of Medicaid		
2. BH non-Medicaid funds are available for the delivery of services to non-Medicaid populations		
<b>C. Intergovernmental coordination</b>		
1. MH and SA programs/agencies are combined		
2. MH and SA programs/agencies are separate		
<b>D. Rural representation within the State BH system</b>		
1. The state has a designated individual responsible for rural BH issues		
2. The state has implemented formal initiatives to address rural BH issues		
<b>II. State Medicaid/Behavioral Health Program</b>		
<b>A. How are Medicaid services reimbursed and managed?</b>		
<i>1. Medicaid BH services are reimbursed via fee for service billings submitted by providers to the state Medicaid Agency? (If no, go to Q. 2.)</i>		

a. Eligible vendors providers include public sector BH providers		
b. Eligible vendors include private BH practitioners		
c. Eligible vendors include primary care providers such as Community Health Centers and private physicians		
<b>2. Medicaid BH services are reimbursed via a managed care arrangement. The funding and management of BH services are carved-out (risk contract or Administrative Services Only contract) from the funding and management of general health services? (If no, go to Q. 3.)</b>		
a. MH only?		
b. SA only?		
c. Both MH and SA?		
1) If yes, same carve out vendor?		
d. State level carve-out vendor? (If no, proceed with Q. 2e.)		
1) If yes, Managed Behavioral Health Organization/centralized authorization process?		
e. Regional/county level carve-out vendors?		
1) If yes, consistent authorization processes across regions?		
2) If yes, consistent provider payment methods across regions?		
f. Networks are mainly public sector BH providers		
g. Networks include private BH practitioners		
h. Networks include primary care providers such as Community Health Centers and private physicians		
<b>3. Medicaid services are reimbursed via a managed care arrangement. Medicaid BH services are managed and reimbursed (carved in) under the state's Medicaid physical health managed care program?</b>		

a. MH only		
b. SA only		
c. Both MH and SA		
d. Mainly specialized Medicaid plans, rather than a mix of commercial and specialized plans		
e. Most plans have hired Managed Behavioral Health Organizations and have re-carved BH out		
f. Networks are mainly private BH practitioners		
g. Networks include public sector BH providers		
h. Networks include primary care providers such as Community Health Centers and private physicians		
<b>B. The design of the Medicaid BH program</b>		
1. State has adopted the Rehabilitation model with an array of covered services, rather than the Clinic model		
2. The State Medicaid Health Plan contain access standards for the delivery of BH services in rural areas		
<b>III. Other Healthcare Initiatives</b>		
<b>A. The State Children’s Health Insurance Program (SCHIP) structure</b>		
1. The SCHIP program is operated as an extension of the Medicaid plan		
2. The SCHIP benefit package includes BH services		
<b>B. Other state/county initiatives to provide insurance coverage for those not insured by Medicaid, SCHIP, or private insurance [Choose 1 or 2, complete 3]</b>		
1. Medicaid is used to cover expanded eligibility for low income individuals, not otherwise Medicaid eligible, including low income single adults		

2. A separately administered plan is offered to low income individuals		
3. If yes to either, the benefit package includes BH services		
<b>C. State/local funding to support personal healthcare/primary care safety net services</b>		
1. Health departments receive state/local funds to provide primary care safety net services for low income individuals not otherwise covered by Medicaid, SCHIP, or private insurance		
2. Community Health Centers receive state/local funds to provide primary care safety net services for low income individuals not otherwise covered by Medicaid, SCHIP, or private insurance		
<b>D. State level association of BH provider organizations</b>		
1. There is a state level association of BH provider organizations (If yes, answer questions below.)		
a. The association has a focus on rural BH issues		
b. The association collaborates with other organizations interested in rural health and behavioral health issues?		
<b>E. State level association of Community Health Centers/Primary Care Association</b>		
1. There is a state level association of Community Health Centers/Primary Care Association (If yes, answer questions below.)		
a. The association collaborates with the BH providers association		
<b>F. The status of parity legislation</b>		
1. Parity legislation has been passed and implemented (If yes, answer questions below.)		
a. Includes all age groups		
b. Includes substance abuse		
<b>IV. Rural Health Initiatives</b>		

<b>A. State rural health planning</b>		
1. Does your state have a rural health plan? (If yes, answer questions below.)		
a. Does it address rural behavioral health issues?		
b. Has it been updated within the past two years?		
c. Is there state financial support for implementing the rural health plan?		
<b>B. State BH planning (Complete all)</b>		
1. Does your state have a BH health plan? (If yes, answer questions below.)		
a. Does it address rural behavioral health issues?		
b. Has it been updated within the past two years?		
c. Is there state financial support for implementing the BH plan?		
<b>C. State rural BH initiatives (Complete all)</b>		
1. Has the state implement BH initiatives specifically targeting rural issues? (If yes, answer questions below?)		
a. Workforce issues?		
b. Access issues?		
c. Tele-mental health issues?		
d. Delivery system issues?		
e. Other issues? (Identify)		

**E. State level rural health association**

1. There is a state level rural health association (If yes, answer questions below.)		
a. The association focuses on rural BH issues		
b. The association collaborates with the BH providers association		
c. The association focuses on BH/primary care integration issues		

**Appendix B**  
**Rural Behavioral Health Policymaker and Stakeholder Interview Protocols**

**Protocol 1 - Director (or Deputy Director) State Mental Health Office/Agency**

**Protocol 2 – Director (or Deputy Director), State Substance Abuse Office/Agency**

**Protocol 3 - Director (or Deputy Director) – State Medicaid Agency**

**Protocol 4 - Director of State Behavioral Health Association**

**Protocol 5 - Director of State Primary Care Association**

**Protocol 6 - National Association for the Mentally Ill (NAMI) and other Advocacy  
Stakeholder Organizations**

## **Protocol 1 - Director (or Deputy Director) State Mental Health Office/Agency**

1. How is the mental health system in our state organized? Please describe the key agencies, and their role within state government, provider organizations, and advocacy/consumer organizations. Are mental health and substance abuse services coordinated by the same or different agencies?
2. Funding of mental health services by our state
  - a. How does Medicaid pay for mental health services (e.g., fee for services, contractual payments, grants, etc.)?
  - b. Does Medicaid use a behavioral managed care program to manage the delivery of mental health services? If yes, please describe how the behavioral managed care program has been implemented. Probes:
    - i. Is the program implemented through one managed behavioral health organization (MBHO) for the entire state or does it use multiple MBHOs covering specific counties/regions of the state? Please identify the MBHOs.
    - ii. Which populations are covered by the managed care program (e.g. TANF eligible populations or individuals considered disabled due to their mental illness)?
    - iii. How are standards of performance and provider participation for the MBHOs set (e.g., one set of standards for the whole state or standards specific to each region)?
    - iv. Are primary care providers/safety net providers eligible to join the provider panels?
  - c. How are state block grant funds used?
  - d. Are there other sources of state funding for mental health services?
3. Can you identify the major behavioral managed care organizations (in both the public and private sectors in the state)?
4. Is there a staff person within your agency with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
5. What are the major challenges/issues to providing mental health and substance abuse services in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?

- b. Are some rural areas more difficult to serve than others?
6. Does the state's mental health plan specifically address the challenges of serving rural areas?
  7. Has the state undertaken initiatives to study and/or address issues related to the delivery of services in rural areas?
  8. Are there other persons whom you would recommend I speak with about improving the delivery of mental health and substance abuse care in the rural areas of our state?

## **Protocol 2 - Director (or Deputy Director), State Substance Abuse Office/Agency**

1. How is the substance abuse system in our state organized? Please describe the key agencies, and their role within state government, provider organizations, and advocacy/consumer organizations. How are mental health and substance abuse services coordinated?
2. Funding of substance abuse services by our state
  - a. How does Medicaid pay for substance abuse services (e.g., fee for services, contractual payments, grants, etc.)?
  - b. Does Medicaid use a behavioral managed care program to manage the delivery of substance abuse services? If yes, please describe how the behavioral managed care program has been implemented. Probes:
    - i. Is the program implemented through one managed behavioral health organization (MBHO) for the entire state or does it use multiple MBHOs covering specific counties/regions of the state? Please identify the MBHOs.
    - ii. Which populations are covered by the managed care program?
    - iii. How are standards of performance and provider participation for the MBHOs set (e.g., one set of standards for the whole state or standards specific to each region)?
    - iv. Are primary care providers/safety net providers eligible to join the provider panels?
  - c. How are state block grant funds used?
  - d. Are there other sources of state funding for substance abuse services?
3. Can you identify the major behavioral managed care organizations (in both the public and private sectors in the state)?
4. Is there a staff person within your agency with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
5. What are the major challenges/issues to providing substance abuse services in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?
  - b. Are some rural areas more difficult to serve than others?
6. What are the major substance abuse issues (e.g., types of substances) in rural areas?

7. Does the state's mental health plan specifically address the challenges of providing substance abuse services in rural areas?
8. Has the state undertaken initiatives to study and/or address issues related to the delivery of services in rural areas?
9. Are there other persons whom you would recommend I speak with about improving the delivery of substance abuse care in the rural areas of our state?

### **Protocol 3 - Director (or Deputy Director) – State Medicaid Agency**

1. How does Medicaid pay for mental health services (e.g., fee for services, contractual payments, grants, etc.)?
2. How does Medicaid pay for substance abuse services (e.g., fee for services, contractual payments, grants, etc.)?
3. Does Medicaid use a behavioral managed care program to manage the delivery of mental health services and/or substance abuse services (e.g., one program for both services or separate programs for each)? If yes, please describe how the behavioral managed care program has been implemented. Probes:
  - a. Is the program implemented through one managed behavioral health organization (MBHO) for the entire state or does it use multiple MBHOs covering specific counties/regions of the state? Please identify the MBHOs.
  - b. Which populations are covered by the managed care program (e.g. TANF eligible populations or individuals considered disabled due to their mental illness)?
  - c. How are standards of performance and provider participation for the MBHOs set (e.g., one set of standards for the whole state or standards specific to each region)?
  - d. Are primary care providers/safety net providers eligible to join the provider panels? How are providers paid?
4. What are the major challenges to providing needed mental health and substance abuse services in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?
  - b. Are some rural areas more difficult to serve than others?
5. Is there a staff person within your agency with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
6. Are there initiatives under the Medicaid program to study or address issues related to the delivery of services in rural areas?
7. Are there other persons whom you would recommend I speak with about improving the delivery of mental health care and substance abuse care in the rural areas of our state?

#### **Protocol 4 - Director of State Behavioral Health Association**

1. How is the mental health system in our state organized? Please describe the key agencies, and their role, within state government, provider groups, and advocacy/consumer organizations.
2. What are the major funding and reimbursement issues related to the delivery of services?
3. How is managed care, if applicable, affecting the delivery of mental health and substance abuse services in our state?
4. What are the major challenges to providing needed mental health services in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?
  - b. Are some rural areas more difficult to serve than others?
5. Is there a staff person within your organization with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
6. Has your organization undertaken initiatives to study and/or address issues related to the delivery of services in rural areas?
7. Are you aware of any specific initiatives in the state targeting the challenges of delivering mental health and substance abuse services in rural areas?
8. Are there other persons whom you would recommend I speak with about improving the delivery of mental health and substance abuse care in the rural areas of our state?

## **Protocol 5 - Director of State Primary Care Association**

1. What is the role of primary care in delivering behavioral health services in our state?
  - a. Are there specific arrangements or contracts between state agencies and primary care organizations and providers to deliver mental health and substance abuse services?
  - b. Does the role of primary care in delivering primary care vary between urban and rural areas?
2. What are the major issues and barriers to providing mental health and substances abuse services in primary care settings? Do they vary across urban and rural areas? Probes:
  - a. Are the issues workforce related? Reimbursement related? Licensure related? Other? Please describe?
3. What are the major challenges to providing needed mental health services in primary care settings in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?
  - b. Are some rural areas more difficult to serve than others?
4. What should/can be done to improve access to and quality of mental health care in the rural areas of our state?
5. Is there a staff person within your organization with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
6. Have there been formal efforts by your organization to study and/or address issues related to the delivery of services in rural areas?
7. Are there other persons whom you would recommend I speak with about improving the delivery of mental health care in the rural areas of our state?

**Protocol 6 - National Association for the Mentally Ill (NAMI) and other Advocacy Stakeholder Organizations**

1. What are the major challenges to providing mental health and substance abuse services in the rural areas of our state?
  - a. Do these challenges vary for different groups (e.g., children, adults, older persons)?
  - b. Are some rural areas more difficult to serve than others?
2. Is there a staff person within your organization with responsibility for or a specific interest in rural issues? If yes, who is that individual and what is his or her role?
3. Are you aware of specific initiatives to plan for or address the issues related to the delivery of mental health and substance abuse treatment services in rural areas?
4. Are there other persons whom you would recommend I speak with about improving the delivery of mental health care in the rural areas of our state?