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Technical Assistance and Educational Needs of State Mental Health Authority Medical Directors

Federal FY 2020

By

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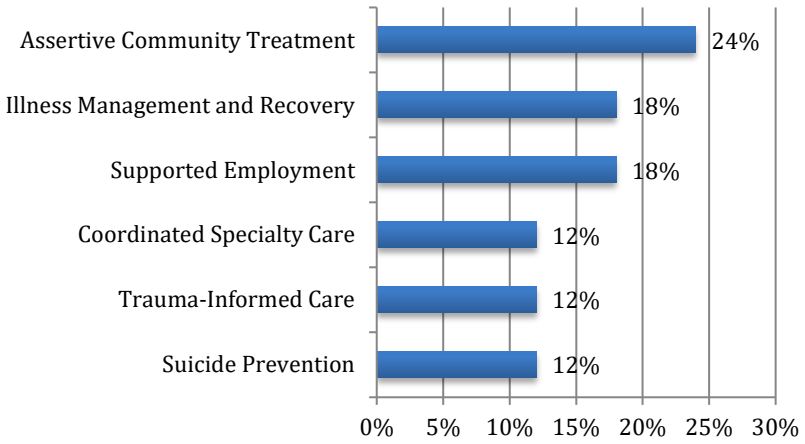
Introduction

During Federal FY 2020, researchers at NRI surveyed state mental health authority (SMHA) medical directors about their use of evidence-based practices (EBPs) and clinical practice guidelines (CPGs), and any related technical assistance needs they may have. Responses from 18 SMHAs were received. Highlights from this survey are included in this brief summary.

Availability of EBPs

Eighty-five percent of SMHA medical directors indicated that their states offer and/or support EBPs and/or CPGs for the treatment and recovery of adults with a serious mental illness (SMI). Of those, 65% require the use of specific EBPs or have developed policies that require the use of particular CPGs. The most frequently required EBPs by states that require certain services are Assertive Community Treatment, Illness Management and Recovery, Supported Employment (including Individual Placement and Supports), Coordinated Specialty Care programs, Trauma-Informed Care, and Suicide Prevention. See Figure 1. Other EBPs and CPGs required by SMHAs include Screening, Brief Intervention and Referral; Medication Assisted Therapy; Collaborative Care; Integrated Dual Diagnosis Treatment; Peer Support; Integrated Care; ASAM Criteria; Dialectical Behavioral Therapy; and Cognitive Behavioral Therapy. Fifty-nine percent of SMHAs monitor fidelity.

Figure 1: EBPs Provided and/or Supported by SMHAs



Seventy percent of SMHA Medical Directors feel that appropriate EBPs and CPGs exist to meet the needs of the unique populations served by their SMHAs. Those that feel EBPS and CPGs are lacking cited the following reasons: limited authority at the state level to require specific EBPs, a lack of state general revenue funds to support EBPs, difficulty serving clients in their homes (including the need to effectively assess for safety and violence risks), a need to better address social determinants of health, and challenges serving a heterogeneous population with SMI and multiple comorbidities.

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To help providers implement EBPs and CPGs, 82% of the SMHA Medical Directors indicate they provide training and TA to the sites. In addition, 47% incentivize or plan to incentivize providers through special funding mechanisms or increased reimbursement rates to adopt the use of EBPs and CPGs. These incentives are executed through contract language between the SMHA and the providers, or through the managed care organizations and providers. Other efforts include the development of a systems-integration council with associated workgroups to help standardize practice, the development of an annual business plan for the SMHA to expand the workforce capacity to deliver EBPs, developing protocols for medical staff that are aligned with the delivery of EBPs, and increasing attendance at industry meetings and opportunities for certification trainings in EBPs.

Barriers to Implementing EBPs

Eighty-nine percent of SMHA Medical Directors identified workforce issues as a barrier to implementing EBPs. SMHA Medical Directors indicated they have the most difficulty recruiting and retaining nurses (both RNs and LPNs), psychiatrists, and masters-level social workers. Recruiting and retaining talented staff is made more difficult by the state's inability to offer competitive salaries and benefits. Other challenges include the risk of aggression and violence in inpatient settings, rural challenges, an aging workforce, and the lack of university programs to train nurses and other medical staff to work with individuals with SMI. To encourage recruitment and retention of staff, SMHAs have implemented tuition reimbursement and loan forgiveness programs. SMHAs also use telepsychiatry, and flexible scheduling through four-day workweeks and incentives. SMHAs have also increased collaboration with institutions of higher education to train and recruit the behavioral health workforce.

Eighty percent of SMHA Medical Directors identified financing and sustainability as a barrier to the effective implementation of EBPs. Some examples of this challenge include EBPs not being prioritized by agencies, even when they are cost neutral; a lack of funds to monitor the fidelity and outcomes of EBPs; and non-expansion states not having funds to cover these programs. To overcome these financing and sustainability challenges, SMHAs are implementing pilot programs and providing online training to encourage the use of EBPs; advocating for funding with their legislatures, MCOs, and State Medicaid Agencies; and are restructuring payment systems to support financing and incentivizing the use of EBPs.

Psychiatric Advance Directives

Psychiatric Advance Directives (PADs) are legal documents that describe an individual's desired treatment should he or she be incapacitated or unable to express their desires for health care services. They specify an individual's desired service settings, stipulate which

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treatments they are willing to undergo, and designate a legal representative to make decisions on their behalf. Seventy-three percent of responding Medical Directors indicated that their states recognize PADs. Twenty-seven percent of SMHAs have developed or support the use of technology solutions to help clinicians and clients access PADs. North Carolina maintains a PAD database; New Jersey enables clinicians to access PADS 24-hours-per-day via phone and through an online portal; South Carolina stores PAD information in its electronic health records (all state-funded clinicians in the state use the same EHR); and Tennessee has developed a POST (Physicians Order for Scope of Treatment) process. SMHA Medical Directors indicated a need for better general education related to PADs, as well as specific technical assistance related to legal considerations and privacy issues.

One issue identified in this Needs Assessment is a discrepancy between the SMHAs and the providers recognizing that PADs are supported by the state. There were several cases where the SMHAs indicated that the state supported the use of PADs, but the providers were not aware that there was state support. This discrepancy can be overcome with improved communication and promotion from the SMHA to providers about the use and benefits of PADs.

Additional TA Needs Identified by SMHA Medical Directors

SMHA Medical Directors would most benefit from additional education related to co-morbid intellectual disabilities (80%), followed by services to forensic populations (53%), suicide prevention and treatment (53%), and the use of peer specialists (53%).

For Additional Information:

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