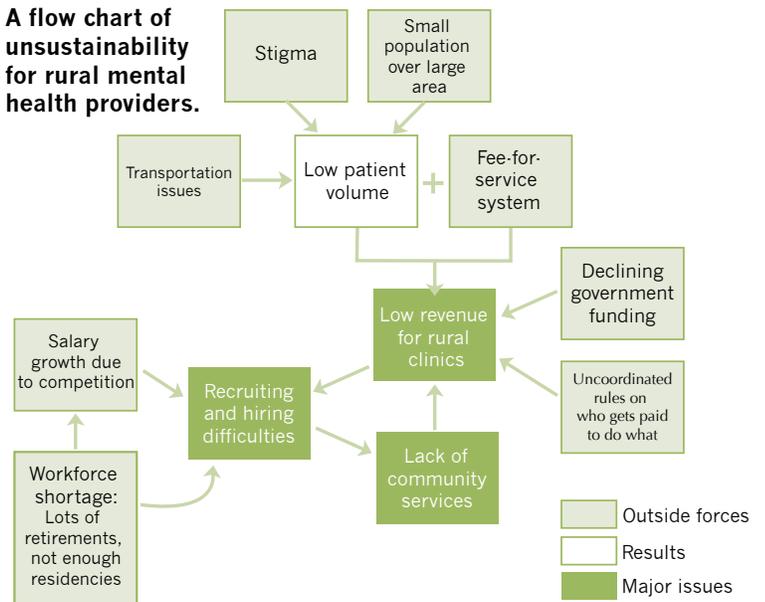


Rural Reality: Mental health services.

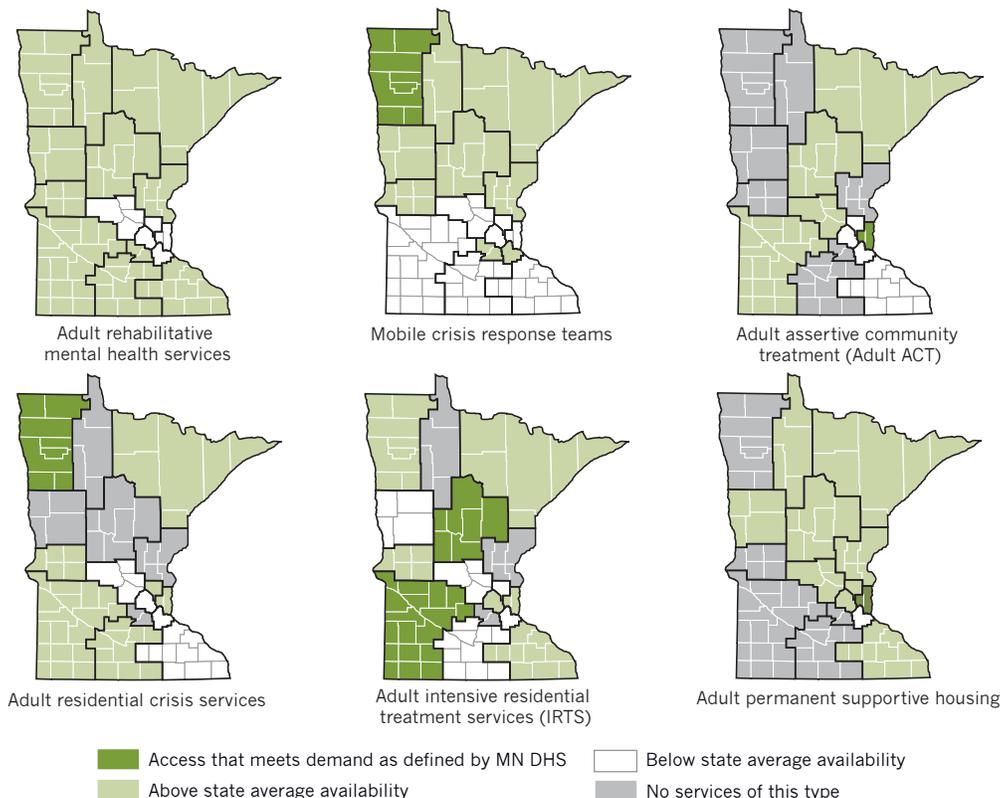
An unsustainable model

An effective community mental health system should be able to offer a full array of services in its region. In rural areas, though, sparse populations, stigma, long distances and resulting transportation difficulties all contribute to fewer people seeking treatment. Fewer patients means fewer services provided and therefore fewer reimbursements from insurance and Medicaid, adding up to less revenue for the provider overall. Low revenue leads to difficulty recruiting and retaining staff as salaries grow due to increased demand on a shrinking workforce.

A flow chart of unsustainability for rural mental health providers.



A 2015 report by the Minnesota Department of Human Services shows the spottiness of community-based mental health services. At that time, no one region met DHS's measurement of demand for every service, and almost all of them were lacking in at least one critical service.

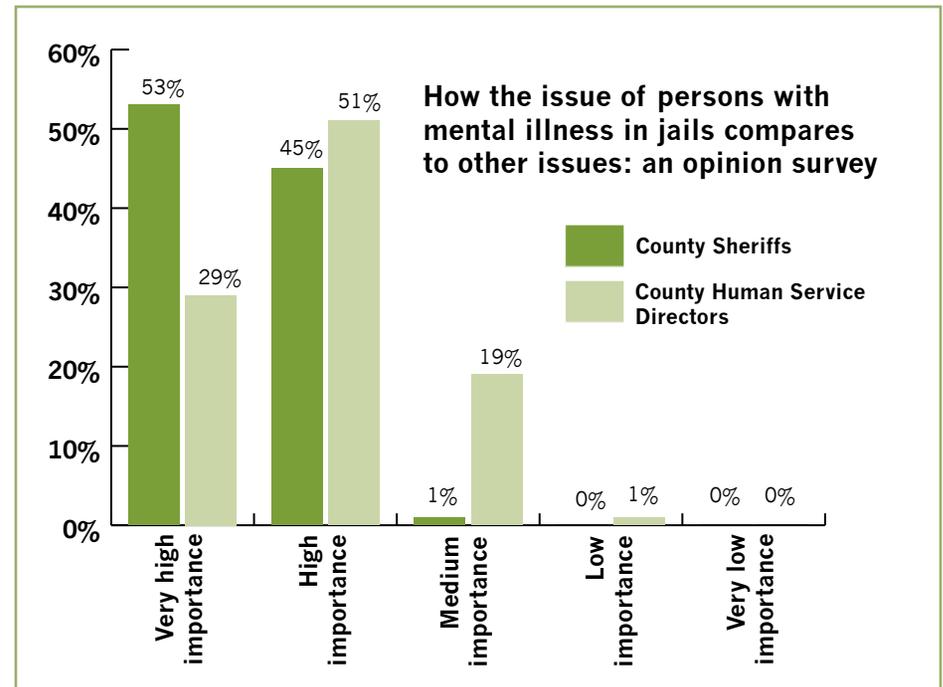


Data source: MN Department of Human Services, 2015

Rural Reality: Mental health services.

Recommendations

- **The big picture** view is necessary to understand how potential solutions may impact both rural and urban areas.
- **Workforce is a top priority.** Workforce is the biggest problem, particularly the lack of psychiatrists and psychiatric nurses. Addressing it is crucial, especially in rural areas.
- **Dedicate funds.** The funds counties pay for medically unnecessary days at AMRTC because of a lack of community services go into the general fund. Perhaps these funds should go toward improving community services.
- **Build trust I.** The mental health system involves many separate groups with different levels of knowledge, interest and trust that are only beginning to talk to each other. Be cautious of assuming everyone is in the same place.
- **Build trust II.** While it was difficult to track officially, there was a perceptible level of friction between law enforcement and the mental health community, brought on by conflicting interests and regulations. These two groups will continue to be thrown together. Let's make their jobs easier by helping them work together.
- **Diversity.** Immigrants and refugees are a growing part of Greater Minnesota's population. Long-term planning should include addressing their mental health issues, too, especially since many of them went through traumatic experiences to get here.



Source: Office of the Legislative Auditor, "Mental Health Services in County Jails," 2016.

Law enforcement has few options when dealing with a person in crisis: jail or hospital. In a 2015 survey, 98% of Minnesota sheriffs said the issue of persons with mental illness in county jails was of high or very high importance. Officers are spending an increasing amount of time and funding transporting people, sometimes for hours, across the state or out of state to a qualified facility with an open psychiatric bed. In 2014, the state had 1,249 available beds. Of the state's 79 critical access hospitals, only six had any psychiatric beds, for a total of 60.