SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

2019-22 Behavioral Health Surveys

Results for Consumers and Providers

Behavioral health consumers and providers in the South Heartland area participated in two separate surveys, whose purpose was to determine the needs, gaps, and barriers related to behavioral health services and workforce development.

Report prepared by

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Executive Summary

The South Heartland District Health Department conducted behavioral health surveys for consumers and providers in October and November of 2019. A total of **139 consumers** and/or family members responded to the Behavioral Health Consumer Survey and a total of **135 "providers"** responded to the Behavioral Health Provider Survey.

The consumers and/or their family members who participated in the survey were primary "high users" of behavioral health services, meaning that they are strongly in need of behavioral health services and are likely long-term consumers of such services.

For the purpose of this latter survey, "providers" included primary care providers, behavioral health providers, and school staff (primarily school counselors). Following is a summary of some of the key findings of the surveys.

CONSUMER-SPECIFIC FINDINGS

Most consumers have experienced barriers when trying to access behavioral health services. Cost and insurance issues are the most commonly reported barriers to accessing services.

- Just 26% of consumers reported that they have not experienced any barriers when trying to access behavioral health services. The remaining 74% indicated that they have experienced at least one barrier.
- The top five barriers (with the percentage reporting each barrier) to behavioral health services are cost (43%), out-of-pocket costs from high deductible insurance or co-pays (31%), insurance won't cover the cost of services (28%), stigma (27%), and I have difficulty asking for help (26%).

Consumers and providers are in strong agreement about the barriers to accessing behavioral health services.

- The top four barriers to behavioral health services experienced by consumers were the same as those perceived by providers (albeit in a slightly different order). Again, these barriers are cost, out-of-pocket costs from high deductible insurance or co-pays, insurance won't cover the cost of services, and stigma.

Consumers see a need for greater public awareness around behavioral health services and mental health issues.

- Just 36% of consumers agreed or strongly agreed that services for behavioral health are well advertised in their community.
- Consumers were asked about how to improve behavioral health services in their community. The top two responses (with the percentage selecting each) were increased awareness of services (48%) and increased public education about mental health issues (40%).

Consumers see medical providers as providing help for people with behavioral health issues, yet relatively few report that their medical provider communicates with their behavioral health provider.

- Three-fourths (76%) of consumers agreed or strongly agreed that medical providers in their community provide help for people with behavioral health issues. Yet, just 36% reported that their medical provider communicates with their behavioral health provider (17% responded "no" and 46% were "unsure").

Consumers appear to have some more positive perceptions of the behavioral health system in their area as compared to providers.

- 76% of consumers agreed or strongly agreed that medical providers in their community provide help for people with behavioral health issues (compared to 69% for providers).
- 36% of consumers agreed or strongly agreed that behavioral health services are well advertised in their community (compared to 24% for providers).
- 37% of consumers agreed or strongly agreed that someone who needs help with behavioral health services can get help right away without having to wait (compared to 14% for providers).

PROVIDER-SPECIFIC FINDINGS

Use of evidence-based screening and assessment tools is fairly common among primary care providers and behavioral health providers, with a variety of different tools being used by different professionals.

- 31% of primary care providers and 19% of behavioral health providers reported that they do not use evidence-based screening and assessment tools. The rest (69% of primary care providers and 81% of behavioral health providers) reported using at least one evidence-based screening and assessment tool.
- A wide variety of screening and assessment tools were reported as being in use with notable variety across the different profession groups (primary care, behavioral health, and school staff).

Participation in evidence-based trainings related to mental health and/or substance misuse is low among primary care providers and interest in such trainings is also relatively low.

- Just one-third (34%) of primary care providers reported participating in any training related to mental health and/or substance misuse. Over half (53.3%) indicated that they are not currently interested in such trainings.

Participation in evidence-based trainings related to mental health and/or substance misuse is high among behavioral health providers and school staff and interest in such trainings is also relatively high.

- Just 5% of behavioral health providers and 29% of school staff reported that they have not in any training related to mental health and/or substance misuse. The rest (95% of behavioral

health providers and 71% of school staff) indicated at least one training in which they had participated.

- 78% of behavioral health providers and 81% of school staff indicated that they are interested in one or more evidence-based trainings on mental health and/or substance misuse.

Providers perceive fairly high gaps in a behavioral health services, with specialized-types of services being the most difficult to access in the community.

- Providers were asked to rate 13 services in terms of the gaps the perceived for those services. Across all 13 services, the average "gap" rating (i.e., the percentage of providers who perceive a moderate or significant gap in services) was 74%, indicating that providers perceive that some or many individuals who need each service are unable to obtain it.
- The services with the highest perceived gaps are specialized treatment services (such as post-traumatic stress disorder and other special issues), psychological testing, and behavioral health services for children under the age of 18. Each of these three services had a "gap" rating (i.e., the percentage of providers who perceive a moderate or significant gap in services) of over 80%.

Most providers appear to favor the idea of integrating primary care and behavioral health.

- 77% of all providers agreed or strongly agreed that more people would use a behavioral health provider if one were located in a health clinic or doctor's office (among primary care providers, the rate of agreement with this statement was 89%).
- 83% of providers agreed or strongly agreed that if a behavioral health provider were located in every health clinic, that would reduce the stigma or embarrassment people might feel about seeing someone.

Introduction and Methodology

The South Heartland District Health Department formed the Rural Health Network in 2019 for the purpose establishing a collaborative of behavioral healthcare, medical, and community partners working to increase access to behavioral health and improve local behavioral healthcare services in Adams, Clay, Nuckolls, and Webster Counties in Nebraska.

One of the first tasks of the Rural Health Network was to conduct two surveys – one of behavioral health consumers (and their family members) and the other of primary care providers, behavioral health providers, and school staff (primary school counselors). These two surveys were designed to assess the needs, gaps, and barriers related to behavioral health services and workforce development. Both surveys were conducted in October – November 2019.

The provider survey was distributed by partners in the Rural Health Network to as many professionals as possible in the four-county area. Respondents completed the survey both online and on paper. **A total of 135 providers completed a survey**.

The consumer survey was also distributed by partners in the Rural Health Network to as many agencies providing behavioral health services as possible. **A total of 139 consumers and family members of consumers completed the survey**. Nearly all completed a paper version of the survey. An online version was also available. The consumers and/or their family members who participated in the survey were primary "high users" of behavioral health services, meaning that they are strongly in need of behavioral health services and are likely long-term consumers of such services.

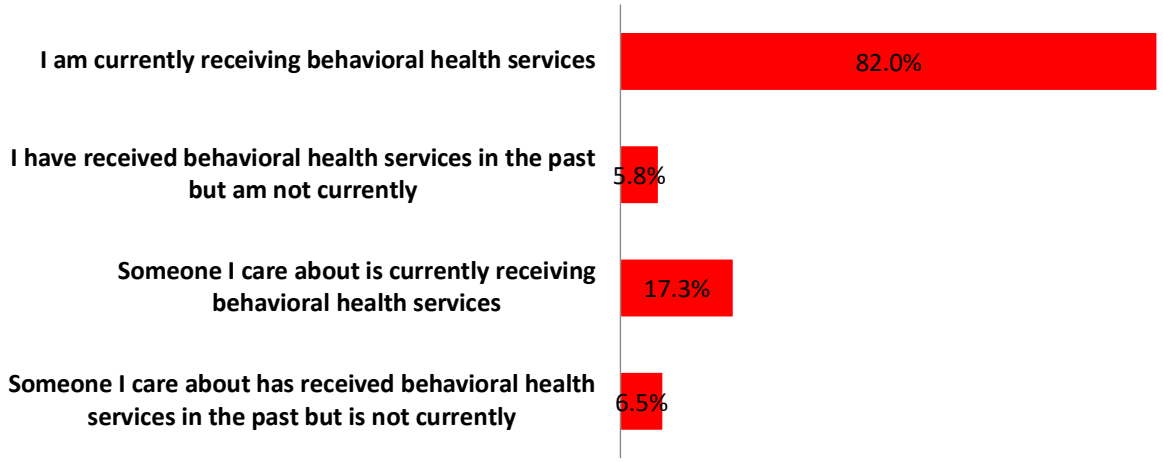
The survey results for providers and consumers are presented separately here as each group participated in different surveys. However, there were some "crossover" survey items that were included on both surveys. Results from both providers and consumers on these crossover items are presented in the consumer section of the survey results below.

2019 Behavioral Health Survey Results for Consumers

Demographics

The vast majority (87.8%) of respondents to the consumer survey were current or former consumers of behavioral health services (and the vast majority of these were current consumers). A considerable number of consumers also reported that someone they care about is currently receiving behavioral health services or has in the past (Figure 1).

Figure 1. Experience with behavioral health services (multiple responses possible) (n=139)



Most (72.9%) respondents to the consumer survey live close to the behavioral health services they (or their loved one) receives.

Figure 2. How far do you have to travel to receive behavioral health services? (n=133)

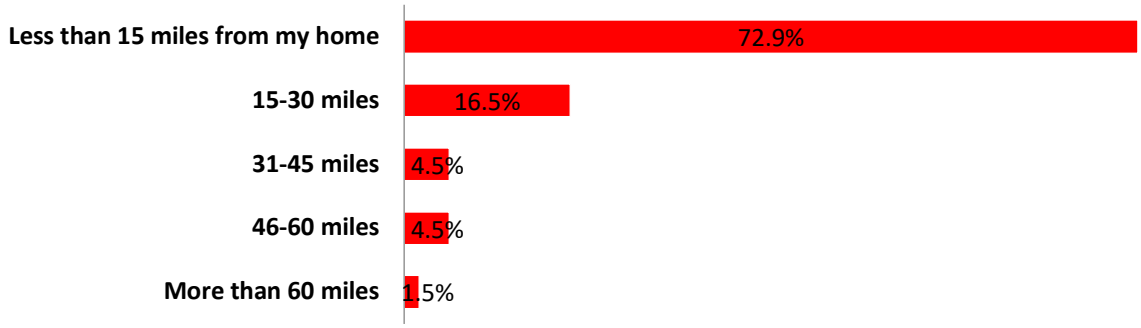


Figure 3 presents the demographics of respondents to the consumer survey.

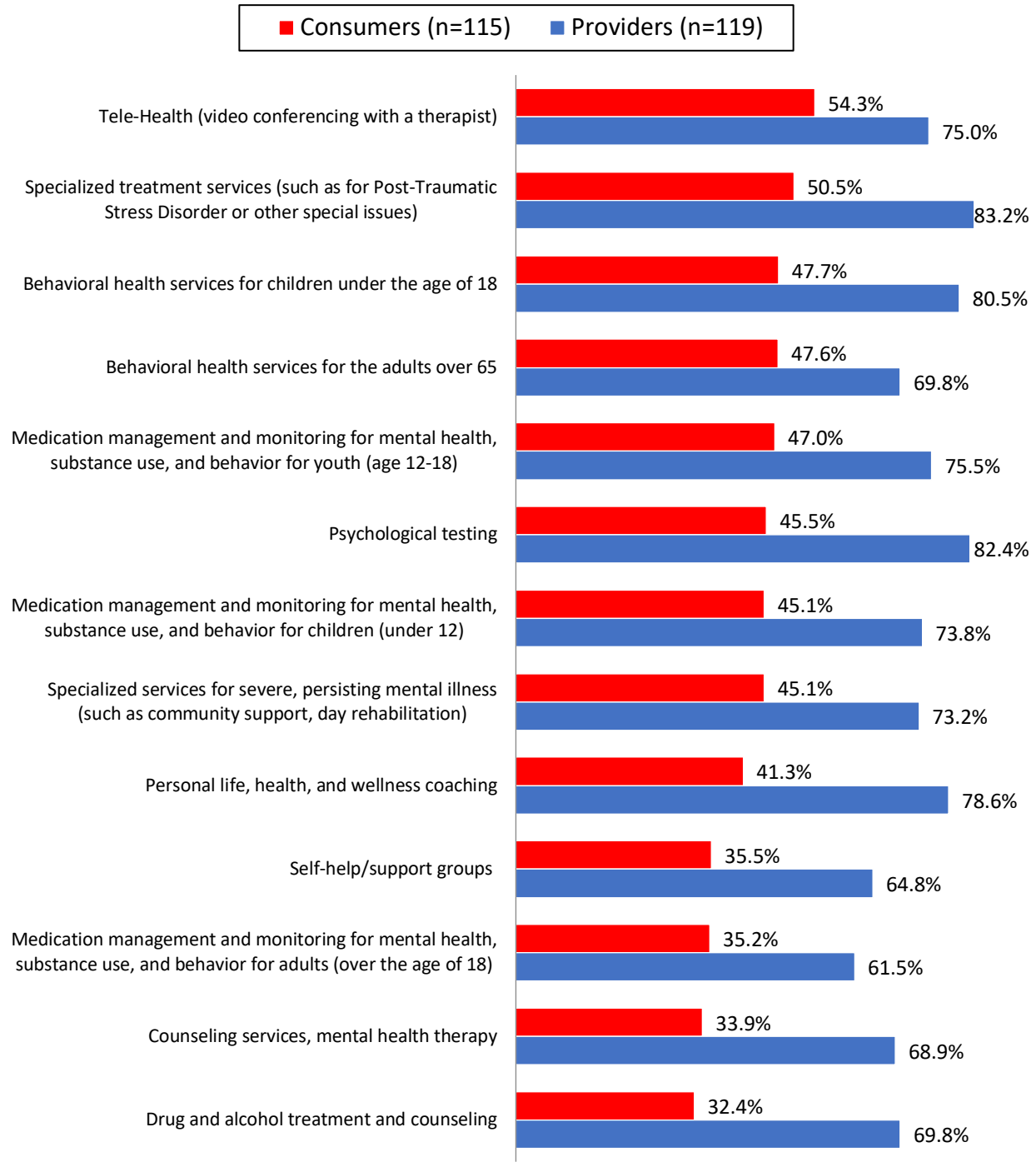
Figure 3	Respondents – basic demographics	
County (n=137)	**Adams**	81.8%
	Clay	5.8%
	Nuckolls	1.5%
	Webster	3.7%
	Other (Hall, Phelps, York, Kearney, Fillmore, and Lancaster)	7.3%
Gender (n=137)	**Male**	35.0%
	Female	62.8%
	Another gender	2.2%
Age (n=137)	**Under 19**	2.9%
	19-25	19.0%
	26-35	37.2%
	36-45	13.9%
	46-55	9.5%
	56-65	13.1%
	Over 65	4.4%
Health insurance (n=137)	**No health insurance**	36.5%
	Insurance through an employer	19.7%
	Insurance purchased privately	6.6%
	Medicaid	29.9%
	Medicare	5.8%
	Health-sharing	0.0%
	Other (VA, tribal insurance)	1.5%
Have children under 19 (n=136)		41.2%

Gaps and Barriers in Behavioral Health Services

Respondents to both the consumer and provider survey were asked to rate their perception of "gaps" in behavioral health services. Figure 4 on the next page presents the percentage perceiving a moderate gap ("some who need the service are unable to get it") or significant gap ("many who need the service are unable to get it"). Providers also responded to the same survey item, and so providers and consumers are compared side-by-side.

Perhaps surprisingly, consumers tend to perceive much lower rates of gaps in behavioral health services compared to providers. Among consumers, the services with the highest perceived gaps are tele-health, specialized treatment services, and behavioral health services for children under the age of 18. Providers also tended to perceive fairly high gaps in these three services.

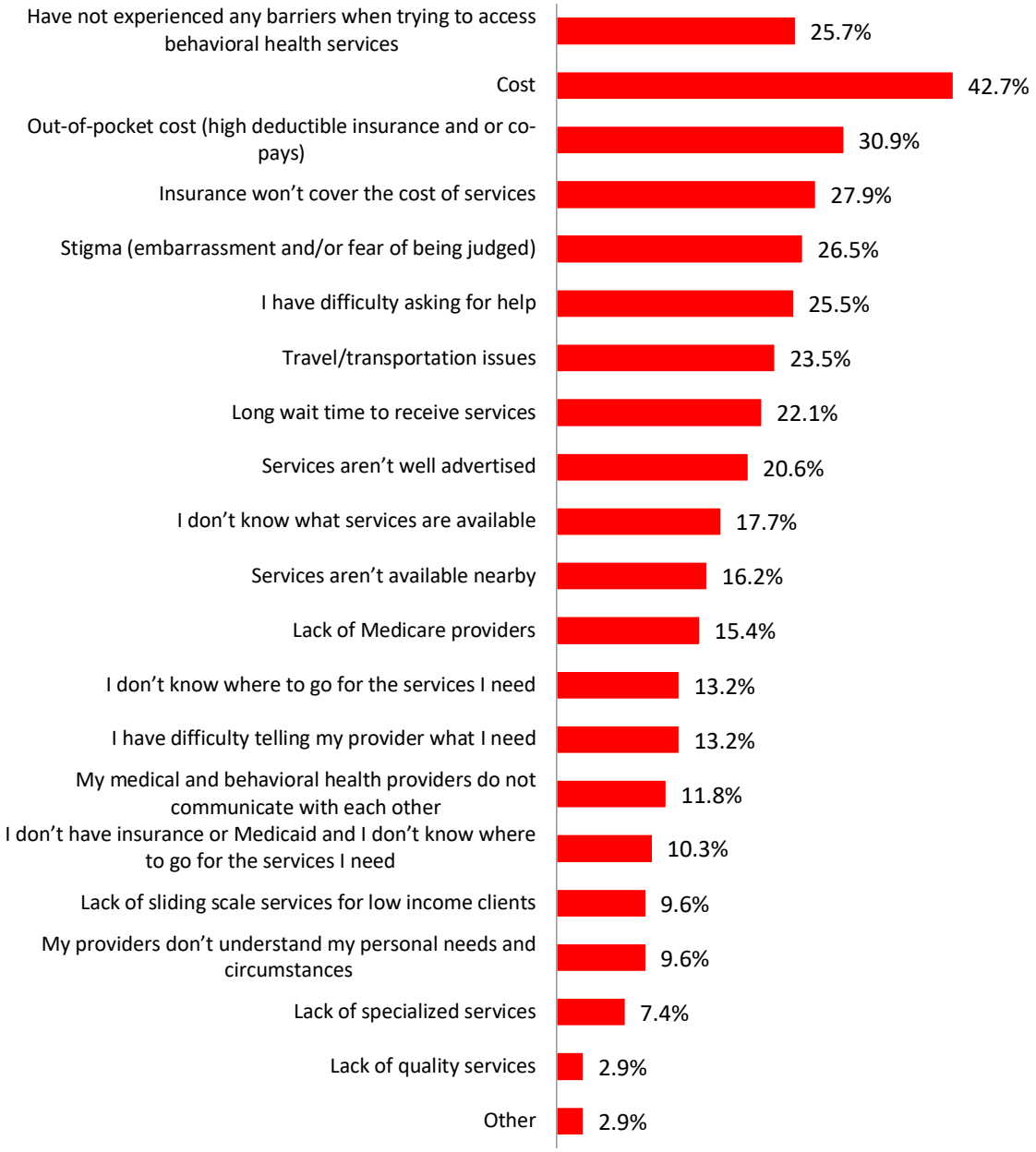
Figure 4. Percentage perceiving a moderate or significant gap* in behavioral health services



*Response options: no gap (all who need this service are able to get it), slight gap (most who need this service are able to get it), moderate gap (some who need this service are unable to get it), significant or large gap (many who need this service are unable to get it), unknown. Those responding "unknown" are excluded from the analysis.
Note: the number of respondents varies by item. The largest number of respondents for a single item is reported.

Consumers (and/or family members) were asked about their experience of barriers when trying to access behavioral health services. Just one-in-four (25.7%) respondents to the consumer survey reported that they have not experienced any barriers when trying to access behavioral health services. The remainder indicated at least one barrier. Cost and insurance issues predominate at the most experienced barriers with cost, out-of-pocket costs, and insurance not covering the cost of services standing as the top three barriers among respondents (Figure 5).

Figure 5. Have you (or someone you care about) ever experienced any of these barriers when trying to access behavioral health services? (multiple responses) (n=136)



Other responses include: have to schedule far in advance, homeless, emergency protective custody, Cigna

Providers were also asked about their perception of barriers facing consumers trying to obtain behavioral health services. There was remarkable agreement between the experience of consumers and the perception of providers in terms of barriers to behavioral health services. The top four barriers were the same between the two groups, albeit in a slightly different order (Figure 6).

Figure 6	**Comparison of top 5 barriers to accessing behavioral health services as experienced by consumers and perceived by providers**
Top 5 barriers experienced by consumers	**Top five barriers perceived by providers**
1. Cost	1. Cost
2. Out-of-pocket cost (high deductible insurance)	2. Insurance won't cover the cost of services
3. Insurance won't cover the cost of services	3. Out-of-pocket cost (high deductible insurance)
4. Stigma (embarrassment and/or fear of being judged)	4. Stigma (embarrassment and/or fear of being judged)
5. I have difficulty asking for help	5. Travel/transportation issues and Long wait time to receive services (tie)

Perceptions of the Behavioral Health System

Both consumers and providers were asked about their perceptions of the behavioral health system on a number of five-point Likert scale items. The percentage or consumers and responders agreeing or strongly agreeing is presented in Figure 7 on the next page.

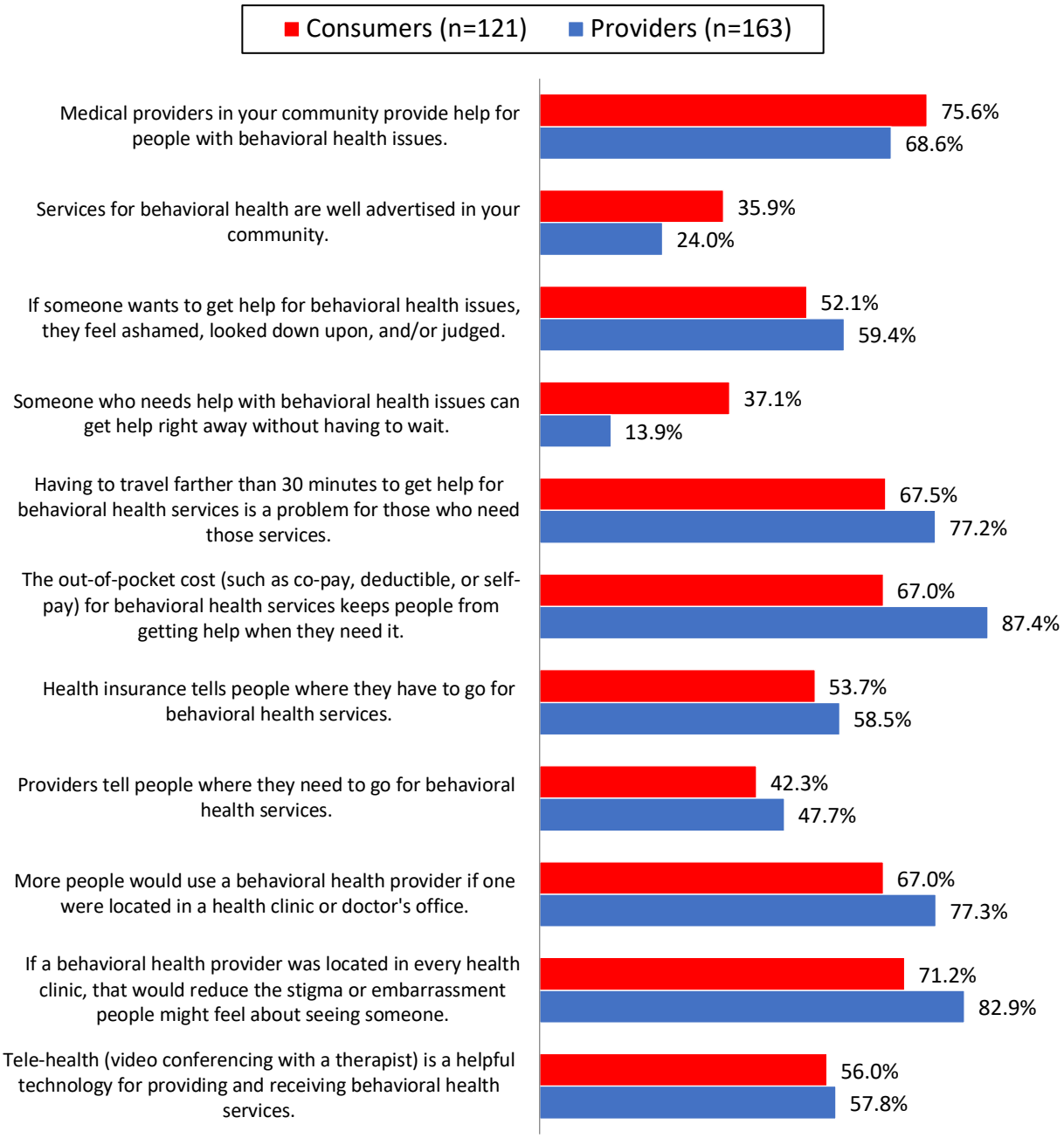
As seen previously with "gaps" in behavioral health services, consumers were generally more positive than providers in their perceptions of the behavioral health system. For example,

- 75.6% of consumers agreed or strongly agreed that medical providers in their community provide help for people with behavioral health issues (compared to 68.6% for providers).
- 35.9% of consumers agreed or strongly agreed that behavioral health services are well advertised in their community (compared to 24.0% for providers).
- 37.1% of consumers agreed or strongly agreed that someone who needs help with behavioral health services can get help right away without having to wait (compared to 13.9% for providers).

However, providers were more optimistic than consumers regarding the placement of behavioral health services within a health clinic or doctor's office:

- 67.0% of consumers agreed or strongly agreed that more people would use a behavioral health provider if one were located in a health clinic or doctor's office (compared to 77.3% for providers).
- 71.2% of consumers agreed or strongly agreed that if a behavioral health provider was located in every health clinic, that would reduce the stigma or embarrassment people might feel about seeing someone (compared to 82.9% for providers).

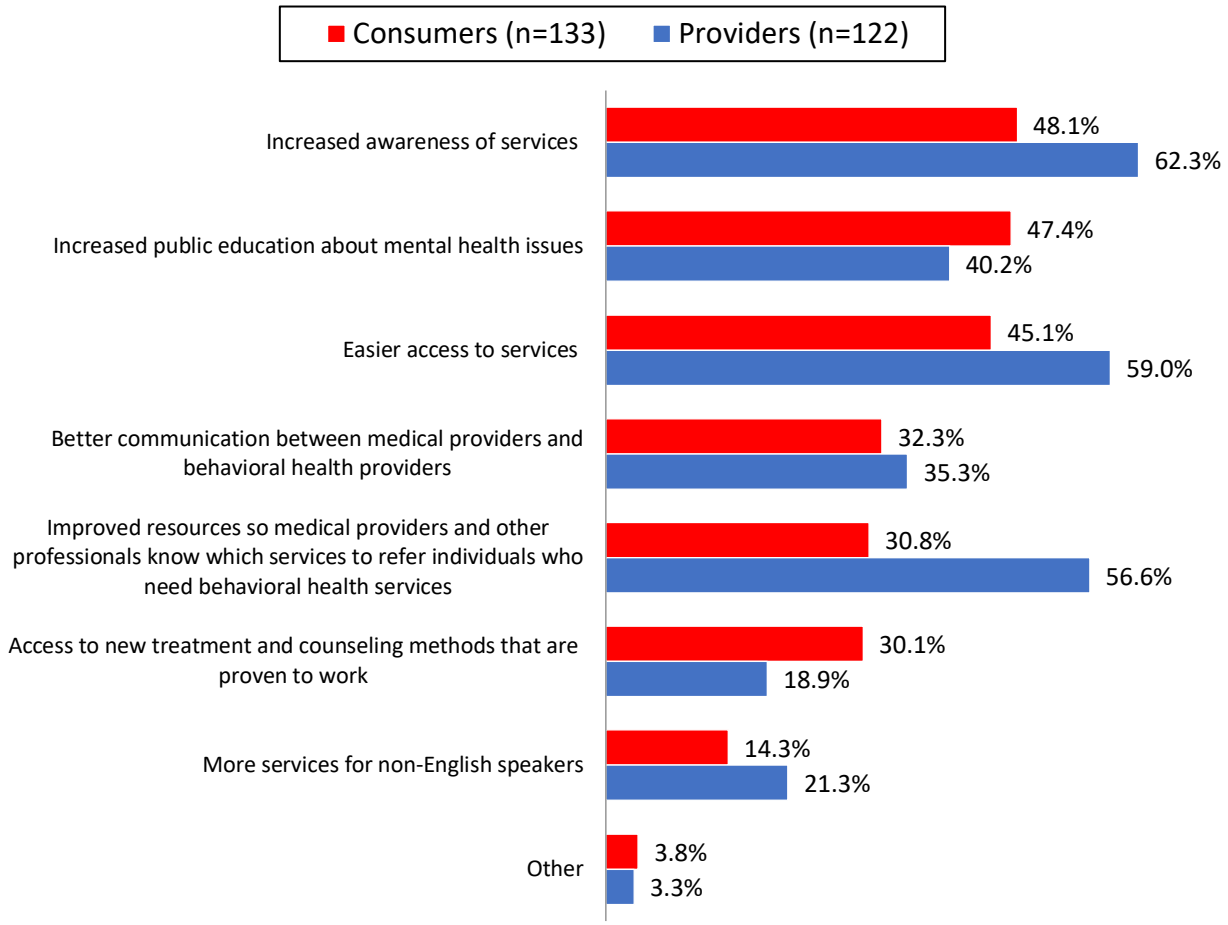
Figure 7. Perceptions of the behavioral health system – percentage agreeing or strongly agreeing with the following statements*



*Response options for all survey items in this table: strongly disagree, disagree, neutral, agree, strongly agree, don't know. Those responding "don't know" are excluded from the analysis.
Note: the number of respondents varies by item. The largest number of respondents for a single item is reported.

Among consumers (and their family members), the top three ways to improve behavioral health services were increasing awareness, increasing public education, and making access to services easier. Providers tended to have notable agreement with consumers about the best way to improve behavioral health services. Increasing awareness and making access to services easier were the top two choices for providers as ways to improve behavioral health services in the community (Figure 8).

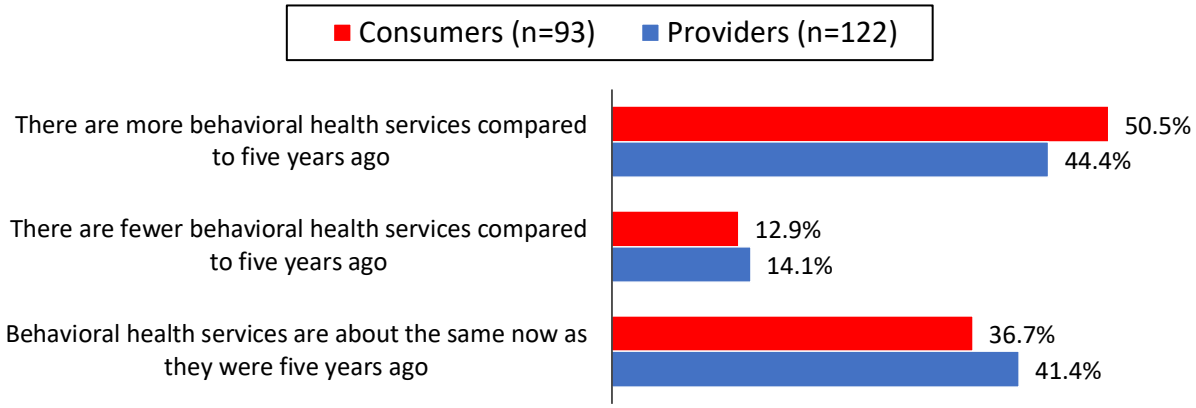
Figure 8. In what ways could the behavioral health services in your community be improved? *Select your top three.*



Other responses from consumers include: providers with more available hours, add services where I live, Medicare coverage, "You do fine"

Half (50.5%) of consumers and just under half (44.4%) of providers perceive that there are more behavioral health services in their local area compared to five years ago. Relatively few consumers and providers perceived that there are fewer services now compared to five years ago (Figure 9).

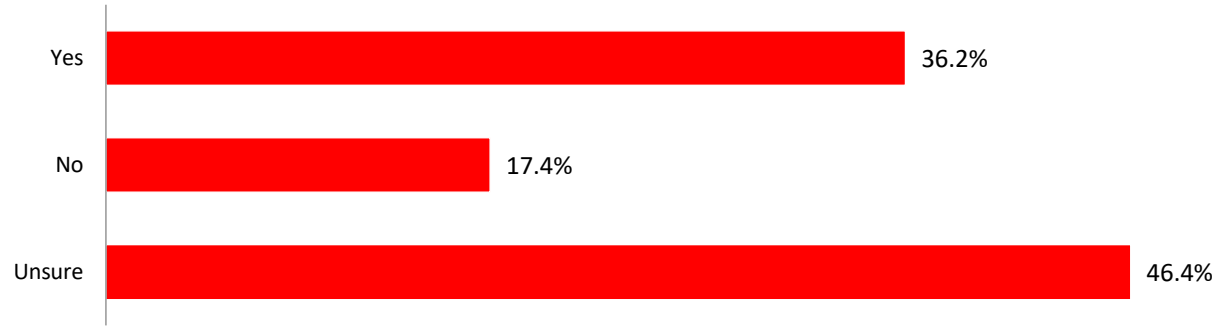
Figure 9. Compared to five years ago, do you think there are more, fewer, or about the same number of behavioral health services in your local area?



Additional Survey Items – Communication and Satisfaction

Just over one-third (36.2%) of consumers reported that their medical provider communicates with their behavioral health provider. A plurality (46.4%) were unsure (Figure 10).

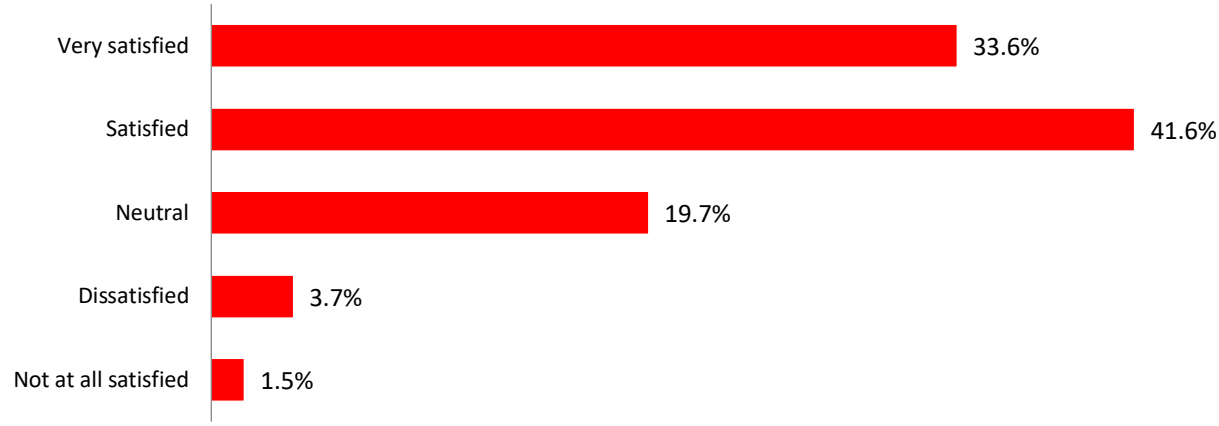
Figure 10. Does your medical provider (doctor, nurse practitioner, etc.) communicate with your behavioral health provider? (n=138)



Note: those who were only family members of those receiving behavioral health services were asked to answer this question from the perspective of their family member.

Most (75.2%) of consumers were satisfied or very satisfied with the behavioral health services they most recently received or are currently receiving (Figure 11).

Figure 11. How satisfied are you with the behavioral health services you most recently or currently received? (n=137)



Note: those who were only family members of those receiving behavioral health services were asked to answer this question from the perspective of their family member.

2019 Behavioral Health Survey Results for Providers

Demographics

There was a total of 135 respondents to the provider survey in 2019. Provider respondents are classified under three groups: primary care providers, behavioral health providers, and school staff (Figure 12). In addition to these participants, three additional providers provided input on some questions in 2022 (see Figure 16 for updates from the 2019 report that include these responses).

Figure 12	**Providers by type**	
	Total number of providers:	***135***
Primary care providers	***Primary care providers total***	***37*** *(27.4% of all providers)*
	Physician (MD, DO)	8
	Physician assistant	5
	Nurse Practitioner	6
	Nurse (LPN or RN)	16
	Other primary care professionals (occupational/physical therapist)	2
Behavioral health providers	***Behavioral health providers total***	***65*** *(48.1% of all providers)*
	Psychiatrist	1
	Psychiatric nurse practitioner	3
	Psychologist	7
	Mental health practitioner (PLMPH, LMPH, LIMHP, LSCW)	27
	Substance abuse counselor (PLADC, LADC) only (no other license)	6
	Social worker or community support worker	10
	Other behavioral health professionals (rehabilitation specialist, peer support, youth and family specialist, mental health worker, case worker, support staff)	11
School staff	***School staff total***	***33*** *(24.4% of all providers)*
	School psychologist or therapist	4
	School counselor	22
	Other school professionals (speech language pathologist, special education, educator, superintendent)	7

Note: some respondents selected more than one option. These respondents were only counted at the highest level of licensure. For example, the most common type of multiple selection was mental health practitioner and substance abuse counselor. These respondents were only counted as mental health practitioners for the purposes of the above table.

Additional demographics for providers are displayed in Figures 13 through 15.

Figure 13. Type of practice (n=119)

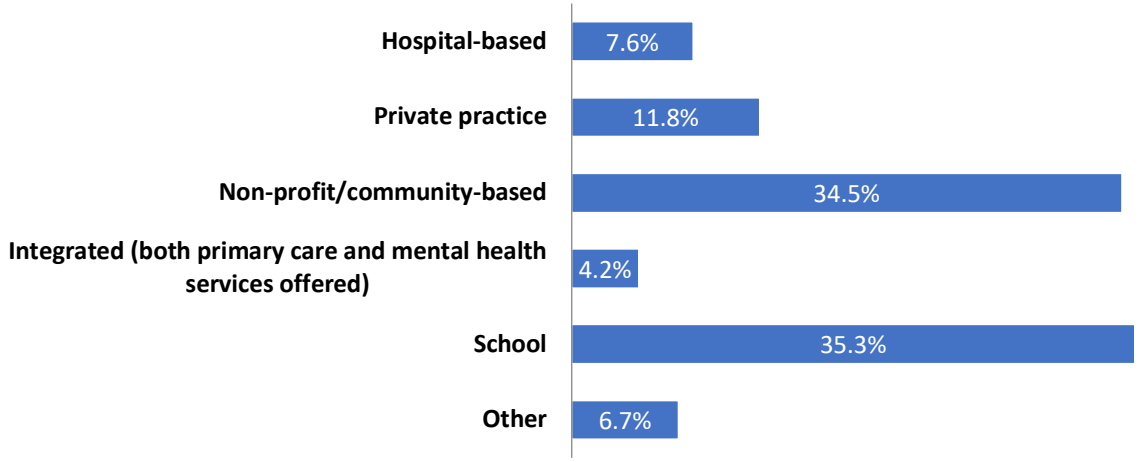


Figure 14. Size of practice (n=97)

Figure 15	Location of practice and counties served				
	Adams	**Clay**	**Nuckolls**	**Webster**	**Other**
Location of practice (n=117)	73.5%	6.0%	5.1%	7.7%	7.7%
Counties served by practice (n=110)	81.8%	51.8%	50.9%	46.4%	29.1%*

Other responses include: Statewide, many counties in Nebraska, York, Kearney, Phelps, Hamilton, Buffalo, Thayer, Republic, Merrick Jewell (KS), other Kansas counties

Evidence-Based Screening and Assessment Tools

Providers in both 2019 and 2022 were asked about their current use of evidence-based screening and assessment tools. The most commonly used tools for each provider group are highlighted in Figure 16 below. Note that there was a large number of "other" screening and assessment tools reported as being used by behavioral health providers and school staff (see next page).

Figure 16	**Current use of evidence-based screening and assessment tools**			
	Primary Care (n=36)	**BH Providers (n=66)**	**School Staff (n=31)**	***All Providers (n=133)***
I don't currently use any evidence-based screening and assessment tools	30.6%	18.2%	48.4%	***28.5%***
Addiction Severity Index (ASI)	0.0%	27.3%	0.0%	***13.5%***
Adverse Childhood Experiences (ACEs)	2.8%	37.9%	12.9%	***22.5%***
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)	5.6%	3.0%	6.5%	***4.6%***
Alcohol Use Disorders Identification Test (AUDIT)	11.1%	25.7%	0.0%	***15.8%***
Ask the Question (Have they served in the military?)	5.6%	34.9%	0.0%	***18.8%***
Center for Epidemiologic Studies Depression Scale (CES-D)	2.8%	4.6%	0.0%	***3.0%***
Center for Epidemiological Studies Depression Scale for Children (CES-DC)	0.0%	3.0%	0.0%	***1.5%***
Columbia-Suicide Severity Rating Scale (C-SSRS)	2.8%	16.7%	0.0%	***9.0%***
Diabetes Distress Scale (DDS)	0.0%	3.0%	0.0%	***1.5%***
Drug Abuse Screening Test (DAST)	2.8%	25.7%	0.0%	***13.5%***
Drug Testing	36.1%	21.3%	6.5%	***21.8%***
Edinburgh Postnatal Depression Scale (EPDS or Edinburgh)	19.4%	7.6%	0.0%	***9.1%***
Fagerstrom Test of Nicotine Dependence	2.8%	0.0%	0.0%	***0.8%***
Gallup Hope and Engagement	0.0%	1.5%	16.1%	***4.5%***
Generalized Anxiety Disorder - 7 Item (GAD-7)	25.0%	21.3%	3.2%	***18.0%***
Michigan Alcohol Screening Test (MAST)	0.0%	25.8%	0.0%	***12.8%***
Mood Disorder Questionnaire (MDQ)	19.4%	13.6%	0.0%	***12.0%***
Patient Health Questionnaire-2 (PHQ-2)	36.1%	12.1%	0.0%	***15.8%***
Patient Health Questionnaire-9 (PHQ-9)	50.0%	31.9%	0.0%	***29.3%***
PTSD Checklist for DSM 5 (PCL-5)	0.0%	16.7%	0.0%	***8.2%***
Screen for Child Anxiety Related Disorders (SCARED)	8.3%	3.1%	6.5%	***5.3%***
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	0.0%	12.1%	0.0%	***6.0%***
Sixpence-Child Care Partnership (CCP)	0.0%	0.0%	0.0%	***0.0%***
Social, Academic, and Emotional Risk Screener (SAEBRS)	0.0%	0.0%	9.7%	***2.2%***
Strengths and Difficulties Questionnaire (SDQ)	0.0%	9.1%	6.5%	***6.1%***
Teaching Pyramid Observation Tool (TPOT)	0.0%	0.0%	0.0%	***0.0%***
Whole Child Assessment - Version 2 (WCA)	0.0%	0.0%	0.0%	***0.0%***
Other tools*	8.3%	42.5%	45.2%	***33.9%***

***Other tools include (frequently mentioned highlighted):** Behavior Assessment Scale for Children (BASC-3), Substance Abuse Subtle Screening Inventory (SASSI), Daily Living Activities (DLA-20), ASAM, Behavior Intervention Monitoring Assessment System (BIMASS), Carroll-Davidson GAD Screen Sprint, PTSD HANDS Depression Screening, Sensory Profile 2, SAD PERSON scale, ADS07, Cognistat, Montreal Cognitive Assessment (MoCA), Geriatric Depression Scale, Allen Cognitive Level Screen, MMSE, Clock Drawing Eval., Mini-Cog exam, Cornell Scale for Depression in Dementia, Adult Self-Report Scale for ADHD, RAADS-14 Screen, BEDS-7, FAST, GAD-7, Vanderbilt Assessment, FBA Profiler, Student Risk Screening Scale (SRSS), CONNERS 3, Children's Depression Inventory, Adaptive Behavior Assessment Scales (ABAS), Behavior Rating Inventory of Executive Function, SAEBERS, Edumetrisis, AIMS, Diabetes Risk Test, Screening Instrument for Infectious Disease, TOP, Women's complex trauma screening, suicide assessment/screening, gambling screen, PAI, bio/psycho/social, family needs assessment, ACUTE-2007, STABLE-2007, STATIC-99R, SOTIPS, Beck Depression Inventory, AUS, Trauma Screen, BSI, Kutchner Adolescent Depression Scale, PHQ-A (adolescent), Zung Self-Rating Anxiety scale, ECBI, BRISK (violence), Ohio Risk, sex offender treatment

Providers were also asked about their interest in receiving training in evidence-based screening and assessment tools. Again, the most commonly selected tools for each provider group are highlighted in Figure 17 below.

Figure 17	**Interested in receiving training on evidence-based screening and assessment tools**			
	Primary Care (n=32)	**BH Providers (n=50)**	**School Staff (n=32)**	***All Providers (n=114)***
Not currently interested in such training	50.0%	30.0%	18.8%	***32.5%***
Addiction Severity Index (ASI)	6.3%	6.0%	0.0%	***4.4%***
Adverse Childhood Experiences (ACEs)	25.0%	22.0%	25.0%	***23.7%***
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)	21.9%	12.0%	40.6%	***22.8%***
Alcohol Use Disorders Identification Test (AUDIT)	15.6%	6.0%	3.1%	***7.9%***
Ask the Question (Have they served in the military?)	0.0%	2.0%	0.0%	***0.9%***
Center for Epidemiologic Studies Depression Scale (CES-D)	12.5%	10.0%	12.5%	***11.4%***
Center for Epidemiological Studies Depression Scale for Children (CES-DC)	9.4%	10.0%	25.0%	***14.0%***
Columbia-Suicide Severity Rating Scale (C-SSRS)	12.5%	18.0%	28.1%	***19.3%***
Diabetes Distress Scale (DDS)	6.3%	14.0%	0.0%	***7.9%***
Drug Abuse Screening Test (DAST)	12.5%	10.0%	6.3%	***9.7%***
Drug Testing	9.4%	8.0%	3.1%	***7.0%***
Edinburgh Postnatal Depression Scale (EPDS or Edinburgh)	6.3%	4.0%	3.1%	***4.4%***
Fagerstrom Test of Nicotine Dependence	3.1%	4.0%	0.0%	***2.6%***
Gallup Hope and Engagement	0.0%	22.0%	18.8%	***14.9%***
Generalized Anxiety Disorder - 7 Item (GAD-7)	15.6%	14.0%	25.0%	***17.5%***
Michigan Alcohol Screening Test (MAST)	6.3%	6.0%	0.0%	***4.4%***
Mood Disorder Questionnaire (MDQ)	18.8%	24.0%	21.9%	***21.9%***
Patient Health Questionnaire-2 (PHQ-2)	6.3%	6.0%	6.3%	***6.1%***
Patient Health Questionnaire-9 (PHQ-9)	12.5%	8.0%	3.1%	***7.9%***
PTSD Checklist for DSM 5 (PCL-5)	6.3%	20.0%	21.9%	***16.7%***
Screen for Child Anxiety Related Disorders (SCARED)	25.0%	16.0%	43.8%	***26.3%***
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	6.3%	6.0%	21.9%	***10.5%***
Sixpence-Child Care Partnership (CCP)	3.1%	4.0%	6.3%	***4.4%***
Social, Academic, and Emotional Risk Screener (SAEBRS)	12.5%	16.0%	43.8%	***22.8%***
Strengths and Difficulties Questionnaire (SDQ)	9.4%	40.0%	18.8%	***25.4%***
Teaching Pyramid Observation Tool (TPOT)	3.1%	12.0%	15.6%	***10.5%***
Whole Child Assessment - Version 2 (WCA)	12.5%	14.0%	31.3%	***18.4%***
Other tools	0.0%	8.0%	6.3%	***5.3%***

Other responses include: not sure where to start in a school setting, mental health screening, any that would be helpful or recommended by agency, PROFESSOR

Evidence-Based Trainings

Providers were also asked about the evidence-based trainings they have received related to mental health and/or substance misuse. Two-thirds (65.6%) of primary care providers have not had any training. The most frequently selected trainings are highlighted in Figure 18 below.

Figure 18	**Received training in evidence-based trainings related to mental health and/or substance misuse**			
	Primary Care (n=32)	**BH Providers (n=61)**	**School Staff (n=31)**	***All Providers (n=124)***
I have not received any evidence-based trainings related to mental health and/or substance misuse	65.6%	4.9%	29.0%	***26.6%***
40 Developmental Assets	0.0%	3.3%	32.3%	***9.7%***
Adverse Childhood Experiences (ACEs)	6.3%	54.1%	29.0%	***35.5%***
CHOICES (program to prevent alcohol-exposed pregnancies)	0.0%	1.6%	3.2%	***1.6%***
Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)	3.1%	6.6%	0.0%	***4.0%***
Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP)	3.1%	13.1%	3.2%	***8.1%***
Collaborative Assessment and Management of Suicidality (CAMS)	0.0%	13.1%	0.0%	***6.5%***
Counseling on Access to Lethal Means (CALM)	0.0%	1.6%	0.0%	***0.8%***
Dialectical Behavioral Therapy- DBT	0.0%	44.3%	16.1%	***25.8%***
EMPOWER (Engaging Mothers for Positive Outcomes with Early Referrals)	0.0%	0.0%	0.0%	***0.0%***
Eye Movement, Desensitization Reprocessing (EMDR)	0.0%	13.1%	3.2%	***7.3%***
The Hello It's Me Project	0.0%	0.0%	0.0%	***0.0%***
Matrix Model-Substance Use Treatment	0.0%	11.5%	0.0%	***5.7%***
Medication-Assisted Treatment (MAT)	0.0%	11.5%	0.0%	***5.7%***
Mental Health First Aid (MHFA)	12.5%	42.6%	45.2%	***35.5%***
Mental Health Provider Diabetes Education Certification	0.0%	0.0%	0.0%	***0.0%***
Motivational Interviewing	15.6%	62.3%	12.9%	***37.9%***
Parent- Child Interaction Therapy (PCIT)	0.0%	13.1%	3.2%	***7.3%***
Question-Persuade-Refer (QPR) Suicide Prevention	0.0%	14.8%	9.7%	***9.7%***
Seeking Safety	0.0%	23.0%	6.5%	***12.9%***
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	3.1%	16.4%	0.0%	***8.9%***
Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)	0.0%	18.0%	6.5%	***10.5%***
Trauma Informed Care	3.1%	65.6%	35.5%	***41.9%***
Trauma Informed Primary Care Initiative (TIPCI)	0.0%	1.6%	3.2%	***1.6%***
Trauma Sensitive Yoga	0.0%	4.9%	0.0%	***2.6%***
VA Tai Chi	0.0%	0.0%	0.0%	***0.0%***
Other trainings	6.7%	11.5%	9.7%	***8.1%***

Other trainings include: ASAM, BIMAS2, college education, acceptance and commitment therapy, PAIR test, Good Lives Model, WRAP

Providers were also asked about their interest in receiving training related to mental health and/or substance misuse. Over half (53.3%) of primary care providers reported not being interested in such training. Again, most commonly selected trainings are highlighted in Figure 19 below.

Figure 19	**Interested in receiving training in evidence-based trainings related to mental health and/or substance misuse**			
	Primary Care (n=30)	**BH Providers (n=51)**	**School Staff (n=31)**	***All Providers (n=112)***
Not currently interested in such training	53.3%	21.6%	19.4%	***29.5%***
40 Developmental Assets	3.3%	7.8%	12.9%	***8.0%***
Adverse Childhood Experiences (ACEs)	16.7%	13.7%	25.8%	***17.9%***
CHOICES (program to prevent alcohol-exposed pregnancies)	0.0%	3.9%	6.5%	***3.6%***
Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)	3.3%	31.4%	6.5%	***17.0%***
Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP)	10.0%	33.3%	29.0%	***25.9%***
Collaborative Assessment and Management of Suicidality (CAMS)	6.7%	11.8%	9.7%	***9.8%***
Counseling on Access to Lethal Means (CALM)	0.0%	9.8%	9.7%	***7.1%***
Dialectical Behavioral Therapy- DBT	0.0%	21.6%	9.7%	***12.5%***
EMPOWER (Engaging Mothers for Positive Outcomes with Early Referrals)	0.0%	7.8%	6.5%	***5.4%***
Eye Movement, Desensitization Reprocessing (EMDR)	10.0%	27.5%	9.7%	***17.9%***
The Hello It's Me Project	6.7%	7.8%	9.7%	***8.0%***
Matrix Model-Substance Use Treatment	0.0%	5.9%	0.0%	***2.7%***
Medication-Assisted Treatment (MAT)	3.3%	5.9%	0.0%	***3.6%***
Mental Health First Aid (MHFA)	16.7%	17.7%	9.7%	***15.2%***
Mental Health Provider Diabetes Education Certification	0.0%	13.7%	0.0%	***6.3%***
Motivational Interviewing	13.3%	11.8%	19.4%	***14.3%***
Parent- Child Interaction Therapy (PCIT)	3.3%	3.9%	22.6%	***8.9%***
Question-Persuade-Refer (QPR) Suicide Prevention	6.7%	21.6%	16.1%	***16.1%***
Seeking Safety	3.3%	17.7%	12.9%	***12.5%***
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	10.0%	9.8%	19.4%	***12.5%***
Trauma Focused-Cognitive Behavioral Therapy (TF-CBT)	3.3%	29.4%	25.8%	***21.4%***
Trauma Informed Care	10.0%	9.8%	22.6%	***13.4%***
Trauma Informed Primary Care Initiative (TIPCI)	3.3%	7.8%	9.7%	***7.1%***
Trauma Sensitive Yoga	3.3%	19.6%	16.1%	***14.3%***
VA Tai Chi	3.3%	9.8%	6.5%	***7.1%***
Other trainings	6.7%	5.9%	6.5%	***6.3%***

Other trainings include: Play therapy, DBT in schools, any available

Perceived Gaps and Barriers in Behavioral Health Services

The top three perceived gaps in behavioral health services among all providers were specialized treatment services, psychological testing, and behavioral health services for children under the age of 18. Services with over 80% of respondents within each group reporting a moderate or significant gap are highlighted in Figure 20 below.

Figure 20	**Percentage perceiving a moderate or significant gap* in behavioral health services**			
	Primary Care (n=32)	**BH Providers (n=59)**	**School Staff (n=30)**	***All Providers (n=119)***
Specialized treatment services (such as for Post-Traumatic Stress Disorder or other special issues)	82.1%	79.7%	92.3%	***83.2%***
Psychological testing	82.8%	86.3%	75.0%	***82.4%***
Behavioral health services for children under the age of 18	83.3%	73.6%	90.0%	***80.5%***
Personal life, health, and wellness coaching	75.9%	81.3%	76.9%	***78.6%***
Medication management and monitoring for mental health, substance use, and behavior **for youth** (age 12-18)	80.0%	70.8%	79.2%	***75.5%***
Tele-Health (video conferencing with a therapist)	68.0%	75.0%	84.2%	***75.0%***
Medication management and monitoring for mental health, substance use, and behavior **for children** (under 12)	80.0%	70.6%	73.1%	***73.8%***
Specialized services for severe, persisting mental illness (such as community support, day rehabilitation)	75.9%	65.5%	85.7%	***73.2%***
Drug and alcohol treatment and counseling	75.0%	62.1%	79.3%	***69.8%***
Behavioral health services for the adults over 65	62.5%	75.5%	61.5%	***69.8%***
Counseling services, mental health therapy	75.0%	61.4%	76.7%	***68.9%***
Self-help/support groups	70.4%	54.6%	80.8%	***64.8%***
Medication management and monitoring for mental health, substance use, and behavior **for adults** (over the age of 18)	70.4%	55.8%	64.7%	***61.5%***

*Response options: no gap (all who need this service are able to get it), slight gap (most who need this service are able to get it), moderate gap (some who need this service are unable to get it), significant or large gap (many who need this service are unable to get it), unknown. Those responding "unknown" are excluded from the analysis.
Note: the number of respondents varies by item. The largest number of respondents for a single item is reported.

From the perspective of providers, the top barriers facing individuals in accessing behavioral health services are cost, insurance not covering the cost of services, and out-of-pocket cost. Barriers reported by 25% or more of providers within each group are highlighted in Figure 21 below.

Figure 21	**From your perspective, what are the top *three* barriers that individuals face in accessing behavioral health services?**			
	Primary Care (n=35)	**BH Providers (n=59)**	**School Staff (n=30)**	***All Providers (n=124)***
Cost	60.0%	54.2%	66.7%	***58.9%***
Insurance won't cover the cost of services	54.3%	52.5%	33.3%	***48.4%***
Out-of-pocket cost (high deductible insurance)	37.1%	40.7%	10.0%	***32.3%***
Stigma (embarrassment and/or fear of being judged)	14.3%	25.4%	36.7%	***25.0%***
Travel/transportation issues	14.3%	28.8%	23.3%	***23.4%***
Long wait time to receive services	37.1%	15.3%	23.3%	***23.4%***
Consumers don't know where to go for the services they need	8.6%	23.7%	23.3%	***19.4%***
Services aren't available nearby	20.0%	20.3%	16.7%	***19.4%***
Consumers don't know what services are available	8.6%	15.3%	30.0%	***16.9%***
Lack of Medicare providers	5.7%	15.3%	10.0%	***11.3%***
Providers don't know where to send consumers that are uninsured or on Medicaid	17.1%	10.2%	3.3%	***10.5%***
Lack of sliding scale services for low income clients	2.9%	6.8%	13.3%	***7.3%***
Lack of specialized services	5.7%	5.1%	10.0%	***6.5%***
Consumers have difficulty asking for help	2.9%	11.9%	0.0%	***6.5%***
Other	0.0%	11.9%	0.0%	***5.7%***
Services aren't well advertised	5.7%	5.1%	0.0%	***4.0%***
Consumers have difficulty telling providers what they need	2.9%	5.1%	3.3%	***4.0%***
Lack of quality services	2.9%	3.4%	0.0%	***2.4%***
Medical and behavioral health providers do not communicate with each other	0.0%	5.1%	0.0%	***2.4%***
Providers don't understand the personal needs and circumstances of consumers	0.0%	0.0%	0.0%	***0.0%***

Other responses include: clients don't want to change, consumers don't want people "in their business", Medicaid coverage lacking, limited availability for evening hours, MCOs deny services and push for discharge and lower levels of care, mental health is not a priority for consumers

Perceptions of the Behavioral Health System

Provider perspectives on a realm of aspects of the behavioral health system are presented below in Figure 22. Generally, providers perceive that services are not well advertised, most people have to wait for services, and out-of-pocket costs are keeping people from getting the services they need. A considerable majority of providers also see an advantage of locating behavioral health services within a primary care setting.

Figure 22	**Perceptions of the behavioral health system – percentage agreeing or strongly agreeing with the following statements***			
	Primary Care (n=35)	**BH Providers (n=59)**	**School Staff (n=30)**	***All Providers (n=163)***
Medical providers in your community provide help for people with behavioral health issues.	75.8%	75.9%	46.7%	***68.6%***
Services for behavioral health are well advertised in your community.	9.1%	36.2%	16.7%	***24.0%***
If someone wants to get help for behavioral health issues, they feel ashamed, looked down upon, and/or judged.	64.7%	55.9%	60.0%	***59.4%***
Someone who needs help with behavioral health issues can get help right away without having to wait.	8.8%	20.7%	6.7%	***13.9%***
Having to travel farther than 30 minutes to get help for behavioral health services is a problem for those who need those services.	71.4%	77.5%	83.3%	***77.2%***
The out-of-pocket cost (such as co-pay, deductible, or self-pay) for behavioral health services keeps people from getting help when they need it.	91.2%	83.6%	90.0%	***87.4%***
Health insurance tells people where they have to go for behavioral health services.	51.7%	60.0%	63.6%	***58.5%***
Providers tell people where they need to go for behavioral health services.	32.3%	54.7%	52.2%	***47.7%***
More people would use a behavioral health provider if one were located in a health clinic or doctor's office.	88.6%	73.2%	71.4%	***77.3%***
If a behavioral health provider was located in every health clinic, that would reduce the stigma or embarrassment people might feel about seeing someone.	77.1%	84.8%	86.2%	***82.9%***
Tele-health (video conferencing with a therapist) is a helpful technology for providing and receiving behavioral health services.	54.6%	59.7%	57.7%	***57.8%***

*Response options for all survey items in this table: strongly disagree, disagree, neutral, agree, strongly agree, don't know. Those responding "don't know" are excluded from the analysis.
Note: the number of respondents varies by item. The largest number of respondents for a single item is reported.

From the perspective of providers, the top three improvements to the behavioral health system are increasing awareness of services, easing access to services, and improving resources so providers know which services to refer individuals who need behavioral health services. The top three selections were consistent across all three provider groups (Figure 23).

Figure 23	**In what ways could the behavioral health services in your community be improved? *Select your top three.***			
	Primary Care (n=35)	**BH Providers (n=57)**	**School Staff (n=30)**	***All Providers (n=122)***
Increased awareness of services	74.3%	50.9%	70.0%	***62.3%***
Easier access to services	77.1%	47.4%	60.0%	***59.0%***
Improved resources so medical providers and other professionals know which services to refer individuals who need behavioral health services	62.8%	56.1%	50.0%	***56.6%***
Increased public education about mental health issues	28.6%	47.4%	40.0%	***40.2%***
Better communication between medical providers and behavioral health providers	25.7%	43.9%	30.0%	***35.3%***
More services for non-English speakers	28.6%	19.3%	16.7%	***21.3%***
Access to new treatment and counseling methods that are proven to work	14.3%	12.3%	36.7%	***18.9%***
Other	0.0%	5.3%	3.3%	***3.3%***

Other responses include: telehealth for rural areas, easier authorization for Medicaid, transportation for non-Medicaid clients

Most providers perceive that there are more or about the same number of behavioral health services in their local are now as compared to five years ago (Figure 24).

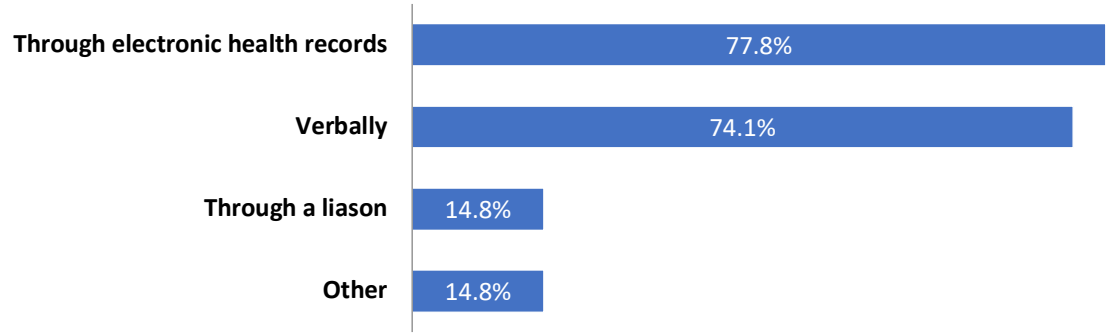
Figure 24	**Compared to five years ago, do you think there are more, fewer, or about the same number of behavioral health services in your local area?**			
	Primary Care (n=30)	**BH Providers (n=46)**	**School Staff (n=23)**	***All Providers (n=124)***
There are **more** behavioral health services compared to five years ago	53.3%	28.3%	65.2%	***44.4%***
There are **fewer** behavioral health services compared to five years ago	6.7%	21.7%	8.7%	***14.1%***
Behavioral health services are **about the same** now as they were five years ago	40.0%	50.0%	26.1%	***41.4%***

Note: those responding "uncertain" are excluded from the analysis.

Communication

A total of 27 primary care providers reported having patients who receive behavioral health services. Of these 27 primary care providers, most reported communication with behavioral health providers through electronic health records and verbally (Figure 25).

Figure 25. How do you communicate with behavioral health providers? (among primary care providers who have patients who receive behavioral health services) (multiple responses possible) (n=27)



Other responses include: written correspondence, signed waivers, fax, parent contact

Open-Ended Comments

Figures 26 and 27 present open-ended comments from providers.

Figure 26	What do you perceive to be the future demands of the behavioral health system in your local area?

- An increase in the diagnosis of depression for all age ranges and an increase of complex diagnosis for children under the age of 18yr old.
- Finding coverage for medications for those without insurance. Finding medical and dental services for clients with Medicaid. Improving public transportation for clients to get to the services they need on time. Increased tele-health to remote areas.
- High
- I believe the demands are going to get much greater in our area.
- increase. Many have it, but if we increase awareness without a plan to increase opportunities to treat we make it worse
- Increased
- Increased demand.
- Increased need in the coming years - social media is having a great impact.
- Increased needs of behavioral health with broken homes, increased PTSD, increased day-to-day stressors.
- increasing
- Increasing
- Increasing needs
- Increasing steadily
- Long term support services and more easily accessible mental health services and sliding scale availability.
- Medical providers
- Not enough mental health care providers to get the job done.
- ODD, ADD on the rise along with Bipolar diagnosis in the pediatric population. Depression increasing in adolescents presenting increased problems in the schools.
- Public education about mental health- helping folks understand what it is and what resources are available in our communities to help. Mental Health First Aid being taught more.
- The amount of mental health issues diagnosed verses the availablity of help for these issues.
- There is a growing need for behavioral health and medication management in young children <12 y/o. With retirement of local providers, we do not have options for this service. It is outside of the scope of general pediatrician.
- We need more emergency resources. Often, if we have a suicide referral, they are unable to get a bed on the behavioral unit at our local hospital, and sometimes unable to get a bed at the hospital at all. In these situations, we have to call and arrange transportation to facilities that are sometimes more than an hour away. These same patients have to wait weeks before being able to be seen by a provider to address emergent problems and begin treatment.
- Will continue to grow...with so many broken and dysfunctional families, the stress of expanding social media and lack of privacy, global and national stress, substance abuse growing in rural areas.

Figure 27	Please provide any additional comments you with to make about the strengths and/or weaknesses of the behavioral health system in your community.

- Actual money on improving it.
- Education to general population on how to help someone and what to do and how to go about helping someone to seek the care they need.
- GPs and other health care providers want to help but aren't specialized and don't always ask the right questions to know to refer on to MH specialist.
- I feel as though we have wonderful inpatient services and drug/alcohol treatment programs, but I feel as though there should be more day programs or programs that help people re-enter the "real" world post treatment and offer support services that are far-reaching or more long-term support services.
- More medical behavioral health provider those that can actually prescribe medications. Inpatient treatment options since no places will accept behavioral health patients. Inpatient drug and alcohol treatment
- need more options
- Need more school-based mental health counselors.
- poor coverage and access
- The wait time to get a provider varies and it is difficult to ensure there are no gaps in continued care.
- There are many therapists. Would be nice to have a summary of what each specializes in, their rates, what insurance they take etc. I so wish we had more pediatric options for treatment diagnosis and management as well as therapy
- Waiting lists for care, both emergent and new patient, and resources for emergencies need to be addressed.
- We have 4 pediatric behavioral health providers to work with but need at least double the number because the current mental health problems in children.
- Would also like to see better continuity of care from provider to outside resources to counselors to the school system.