



Continuing Education Webinar

***Maximizing Mental Health Care Delivery:  
Understanding Care Levels and Strengthening Referral  
Processes for Improved Client Outcomes***

**Presented By: Mariel Dunn, LMHC**  
**Facility: La Amistad Behavioral Health**

***Date: December 17, 2024***



***Speaker from  
Universal Health  
Services, Inc.:***



**Mariel Dunn, LMHC**

*Director of Clinical Services*

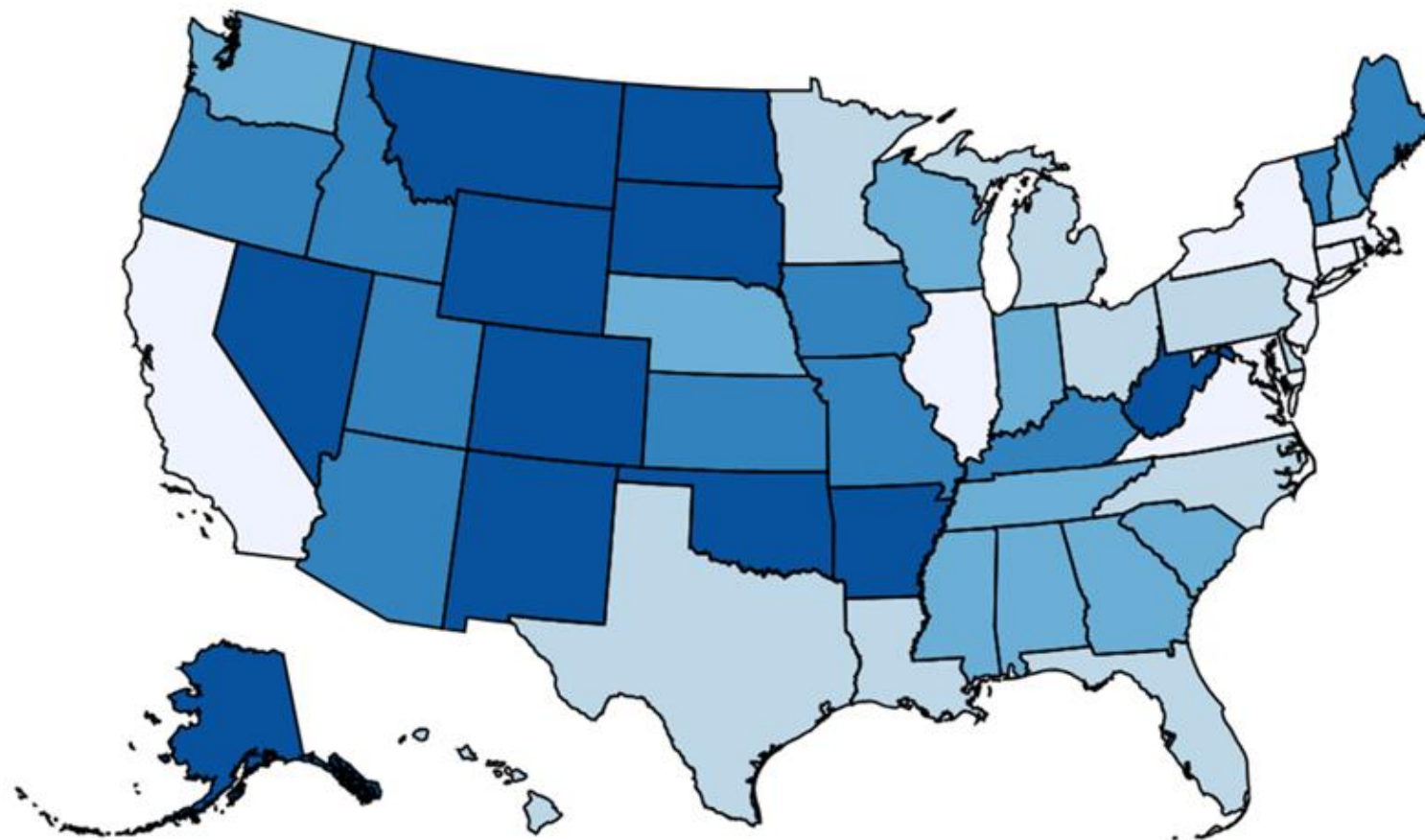
*La Amistad Behavioral Health Services  
Florida*



**Objectives:**

- Understand the characteristics and criteria for different levels of mental healthcare.
- Identify appropriate situations for referring clients to acute, PHP, IOP and residential treatment
- Develop strategies for referral/provider collaboration
- Enhance client treatment outcomes through utilization of alternative levels of care

## [Suicide rates by State- CDC- 2021](#)



0 - 13.18    13.18 - 15.06    15.06 - 17.48    17.48 - 20.61    20.61+

Values are age-adjusted, suicide death rate per 100,000

## PANDEMIC

1. Global scope, spanning multiple countries or continents.
2. Affects a significant proportion of the global population.
3. Involves sustained person-to-person transmission.
4. Requires long-term interventions and measures for containment.
5. Can last for several years or decades.
6. Draws significant media coverage and public awareness.
7. Requires international collaboration and coordination.
8. Often necessitates widespread vaccinations.
9. Impacts various sectors, including healthcare, economy, and travel.
10. Creates a need for emergency response and preparedness at a global scale.



## EPIDEMIC

1. Confined to a specific region or community.
2. Affects a relatively smaller number of people within the area.
3. Involves rapid spread within the localized area.
4. Managed at a regional or local level.
5. Typically resolves within a few weeks or months.
6. Receives comparatively less media attention than a pandemic.
7. Requires containment measures like isolation and contact tracing.
8. Treatments focus on the affected region or community.
9. Can have significant impacts on local healthcare systems and resources.
10. Demands public health interventions for surveillance and control.

## Statistics

- One in five U.S. adults live with a mental illness (59.3 million in 2022; 23.1% of the U.S. adult population).
- As of 2021, Suicide was the eleventh leading cause of death overall in the United States, claiming the lives of over 48,100 people.
- Suicide was the second leading cause of death among individuals between the ages of 10-14 and 25-34 , the third leading cause of death among individuals between the ages of 15-24, and the fifth leading cause of death among individuals between the ages of 35 and 44.
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.

## Statistics: Access to Care- NAMI

The average delay between onset of mental illness symptoms and treatment is **11 years**.

- Among U.S adults in nonmetropolitan areas, 2020:
  - **48%** with a mental illness received treatment.
  - **62%** with a serious mental illness received treatment.
- Compared to suburban and urban residents, rural Americans:
  - Must travel **2x** as far to their nearest hospital.
  - Are **2x** as likely to lack broadband internet, limiting access to telehealth.

**25+ Million** rural Americans live in a Mental Health Professional Shortage Area, where there are too few providers to meet demand.



## Mental Health Provider Availability

IN THE U.S., THERE ARE **340 INDIVIDUALS FOR EVERY ONE** MENTAL HEALTH PROVIDER.

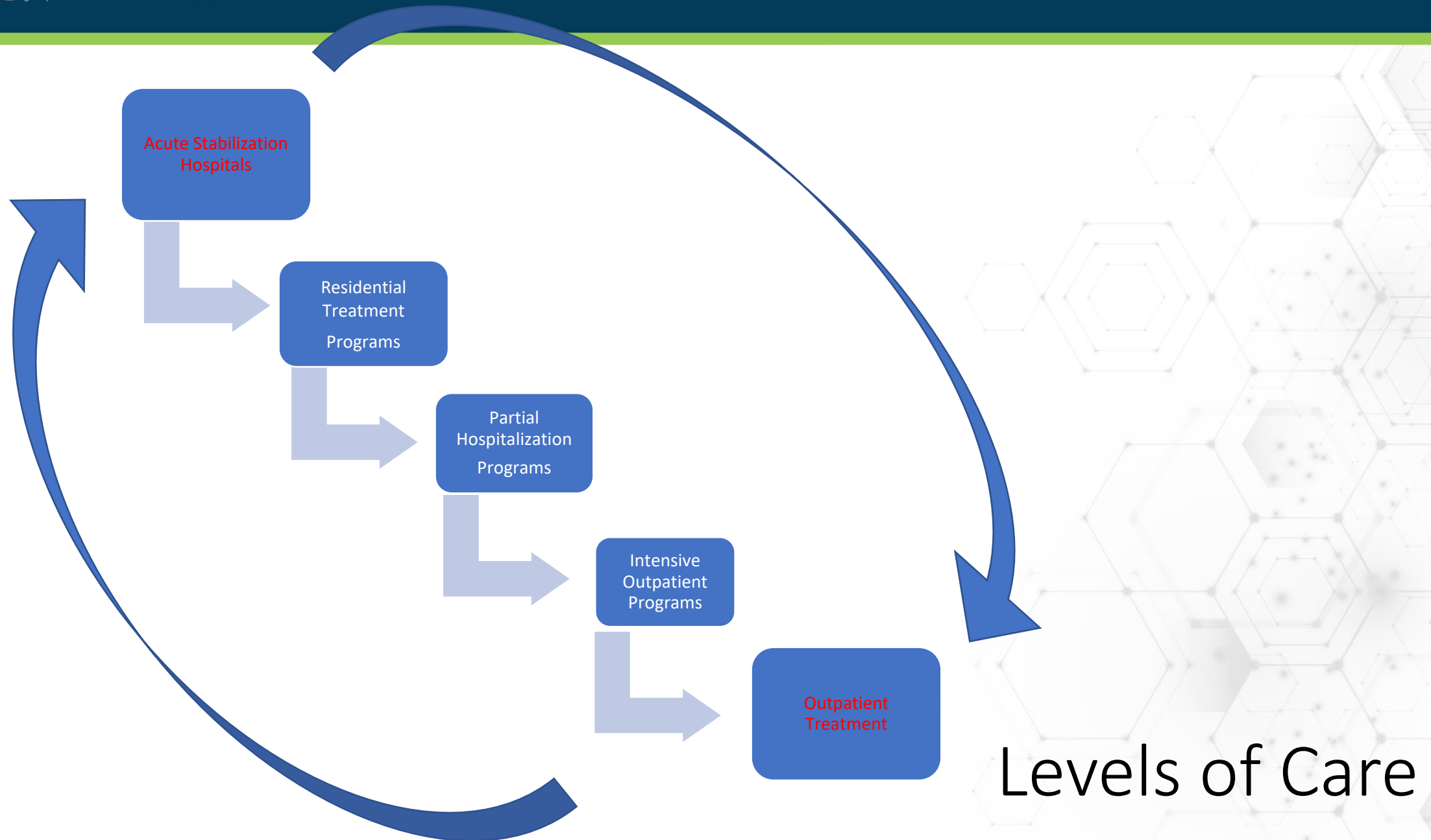
- As of **March 2024**, over **122 million people** lived in a mental health workforce shortage area.
- Out of those, **only 27% of the mental health need in shortage areas was being met** by mental health providers.

Over the next 15 years, the National Center for Health Workforce Analysis has projected increasing shortages for several behavioral health providers.



# MYTHS ABOUT HIGHER LEVELS OF CARE







**Outpatient**

**Acute  
Stabilization  
Hospitals**

A large blue inverted pyramid is the central focus of the slide. It is divided into four horizontal sections by white lines. The top section is the largest, and the sections become progressively smaller towards the bottom. The text 'Thriving', 'Struggling', 'Surviving', and 'Failing' is centered within each section from top to bottom. The background of the slide is white with a faint, light blue hexagonal pattern on the right side.

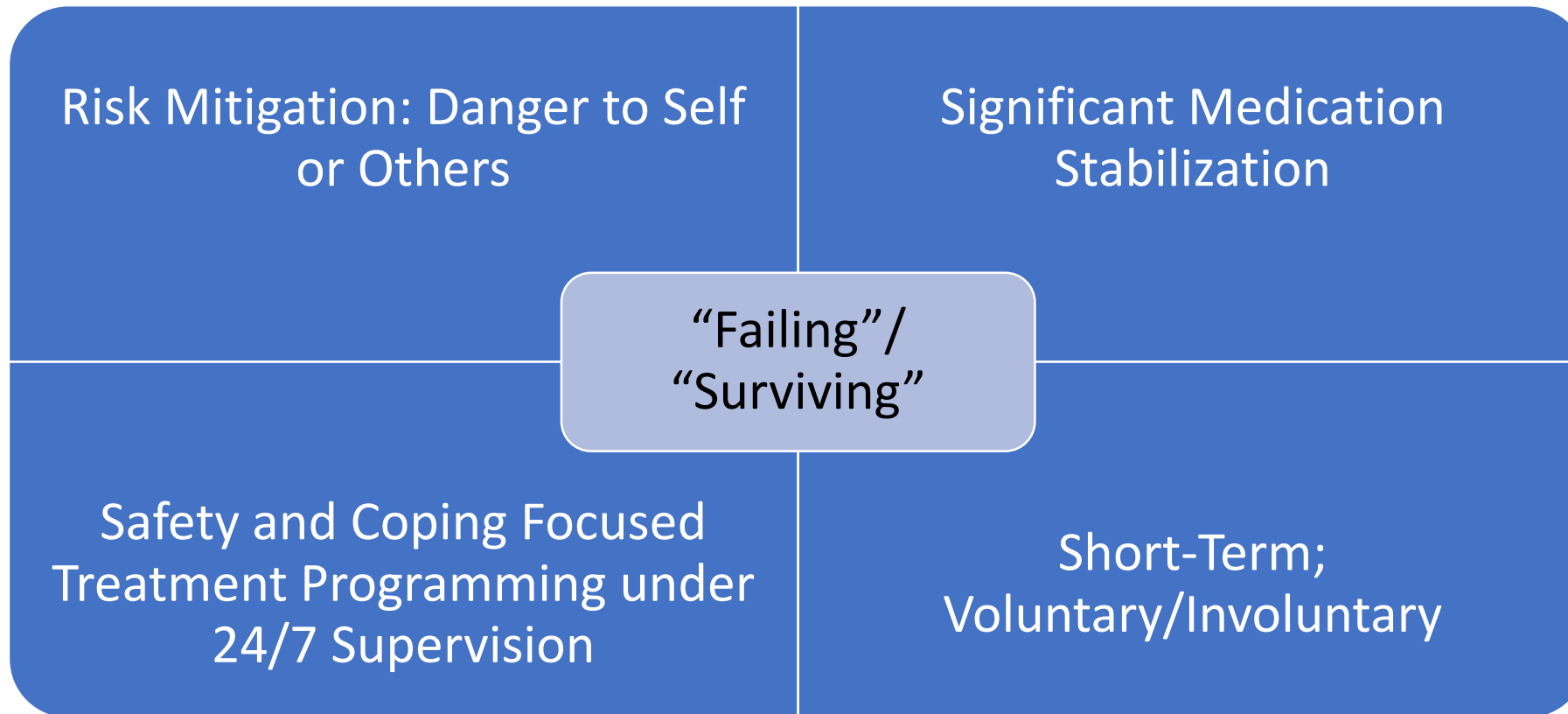
Thriving

Struggling

Surviving

Failing

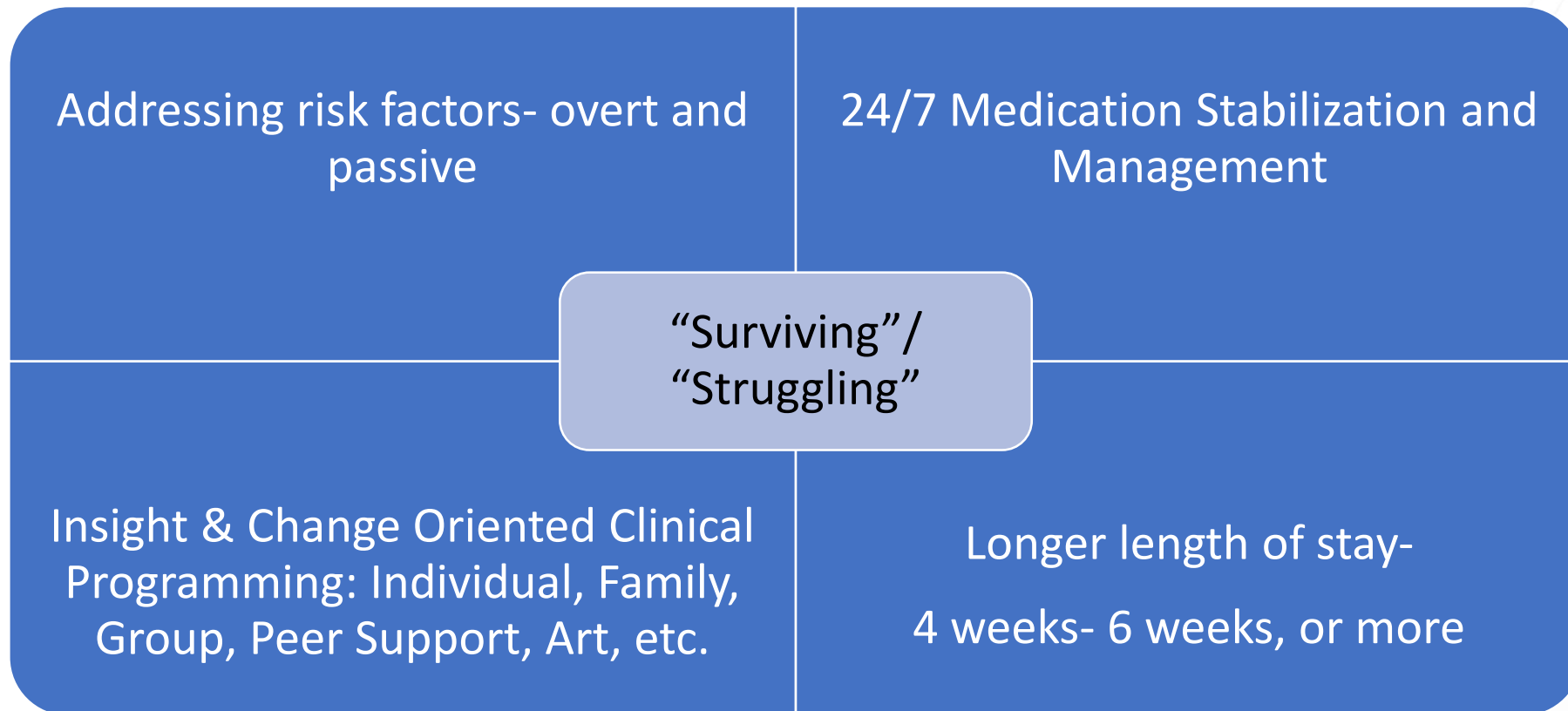
# Acute Hospitalization



\*\* Spectrum of Suicide

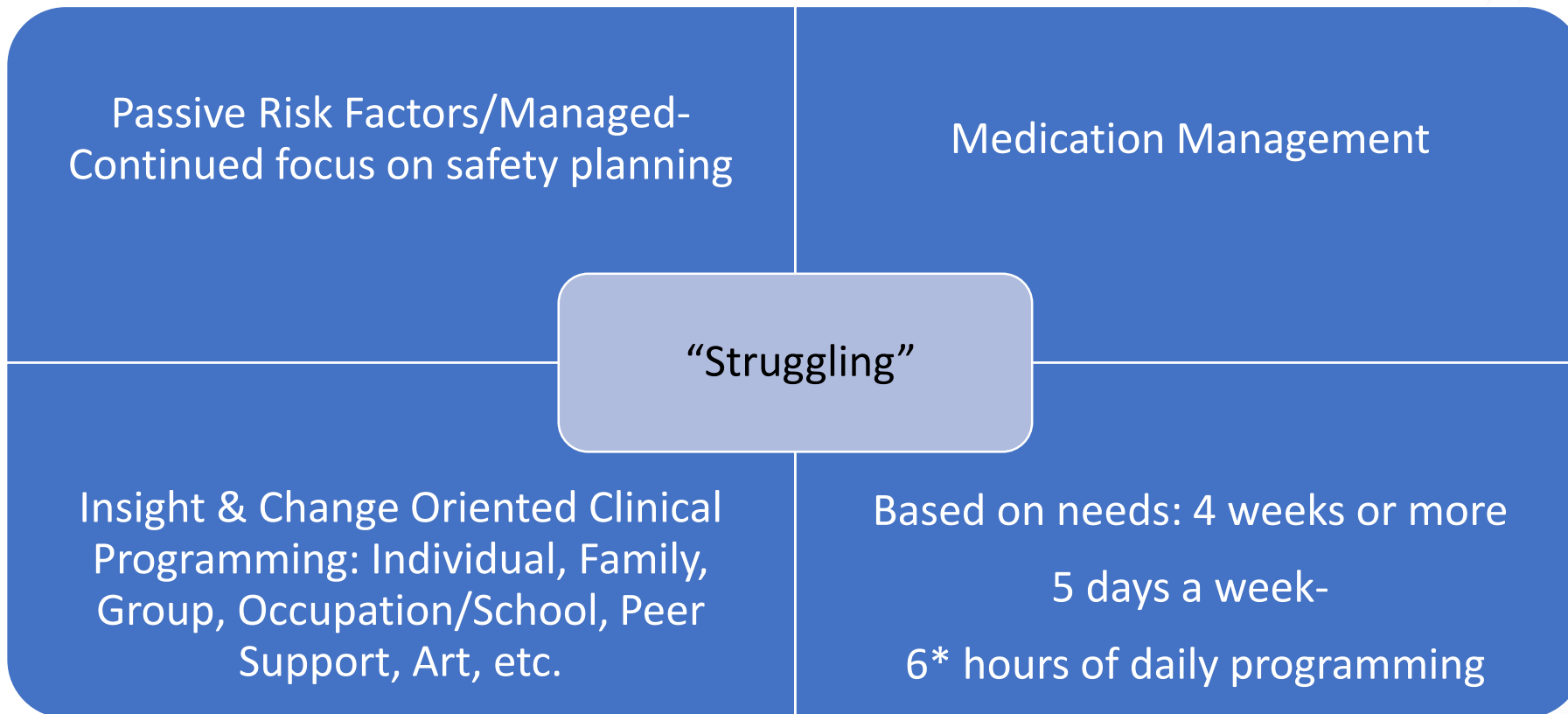
# Residential Treatment- “RTC”

Acute RTC -> Open RTC, Specialty Programs

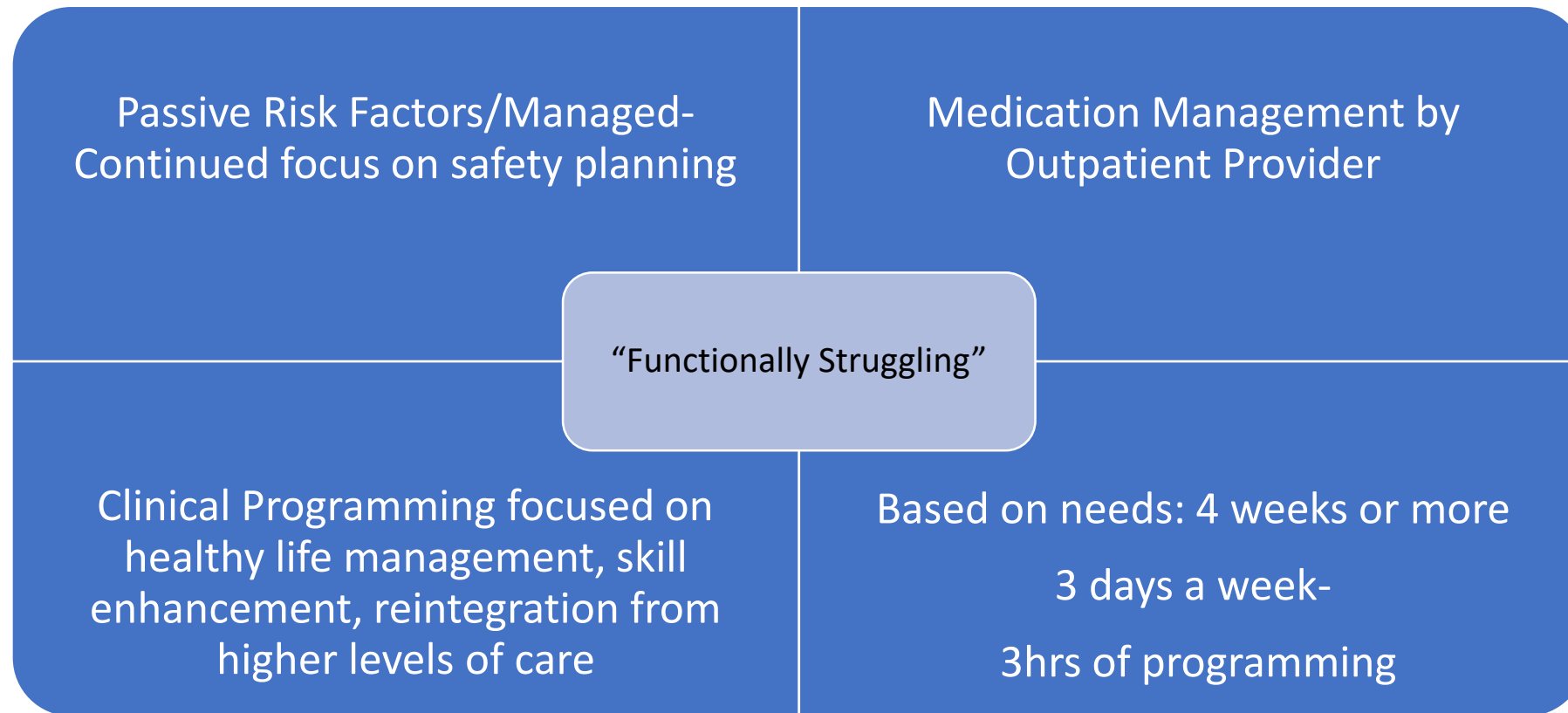


# Partial Hospitalization- “PHP”

PHP with Boarding -> PHP



# Intensive Outpatient Program- "IOP"



# When to Refer:

## Treatment Need Considerations

- ▶ Risk of Harm
- ▶ Functional Status- Work, School, Social
- ▶ Comorbidity-
  - ▶ Developmental, Medical, Substance Use
- ▶ Recovery Environment
  - ▶ Level of Stress
  - ▶ Level of Support
- ▶ Treatment and Recovery History
- ▶ Engagement, Acceptance, and Willingness



# Patient Experience

- ▶ Supplemental treatment modalities
  - ▶ Academic Focus
  - ▶ AA/NA, Peer Support
  - ▶ Art
  - ▶ Equine
- ▶ Treatment Platform
- ▶ Treatment Team access
- ▶ Alumni programming
- ▶ Community Partnerships
- ▶ Program Outcomes and Satisfaction Scores
- ▶ Understanding of diagnosis, medications, aftercare plan



# Provider Experience: Enhancing Patient Experience

- Facility and Program Familiarity
  - Attend facility/program events
  - Tour local programs
  - Contact for program information
- Explaining process to client and family
  - Encourage tours
  - Prevention vs Reaction
  - Role as “Liaison”
  - Encourage participation in stepping down through available lower levels of care
- Treatment Team Collaboration
  - Admission and discharge consultation- warm hand off
  - Communicate treatment updates
  - Communication with family and support systems
  - Opportunity for fresh perspective



# Provider Experience: Enhancing Patient Experience

- **The Return**

- Prior to discharging, consult with treatment team with important:
  - Medications- reinforce compliance and follow up with doctor appointment within 30 days
  - Diagnosis
  - Resolution of treatment plan goals
  - Treatment modality and orientation
- First session after discharge recommended within 7 days, with a 48-hour phone check in from provider.
- Session frequency may need to increase to 2 sessions a week for the first few weeks post discharge.
- Family/support system session recommended to enhance patient support.
- Encourage attendance to Alumni activities or support groups.



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