

ADVANCING BEHAVIORAL HEALTH PRIORITIES ACROSS COMMUNITIES

April 4, 2018

2018 Kansas Governor's Public Health Conference

Speakers



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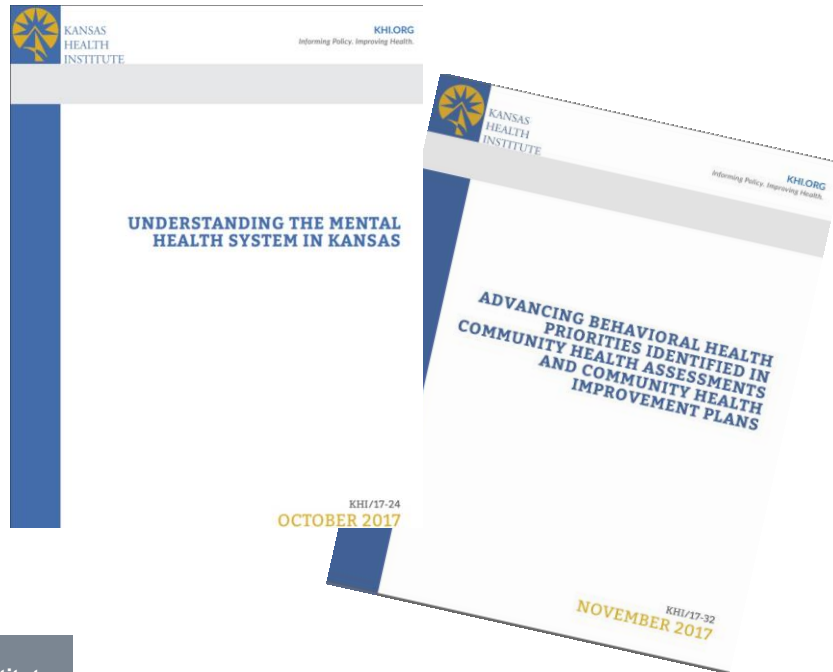
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ABOUT KHI

- Nonprofit, nonpartisan educational organization focusing on health policy and research.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from Kansas Statehouse in downtown Topeka.
- Committed to convening meaningful conversations around tough topics related to health.

RESOURCES



- Both reports available at KHI.org

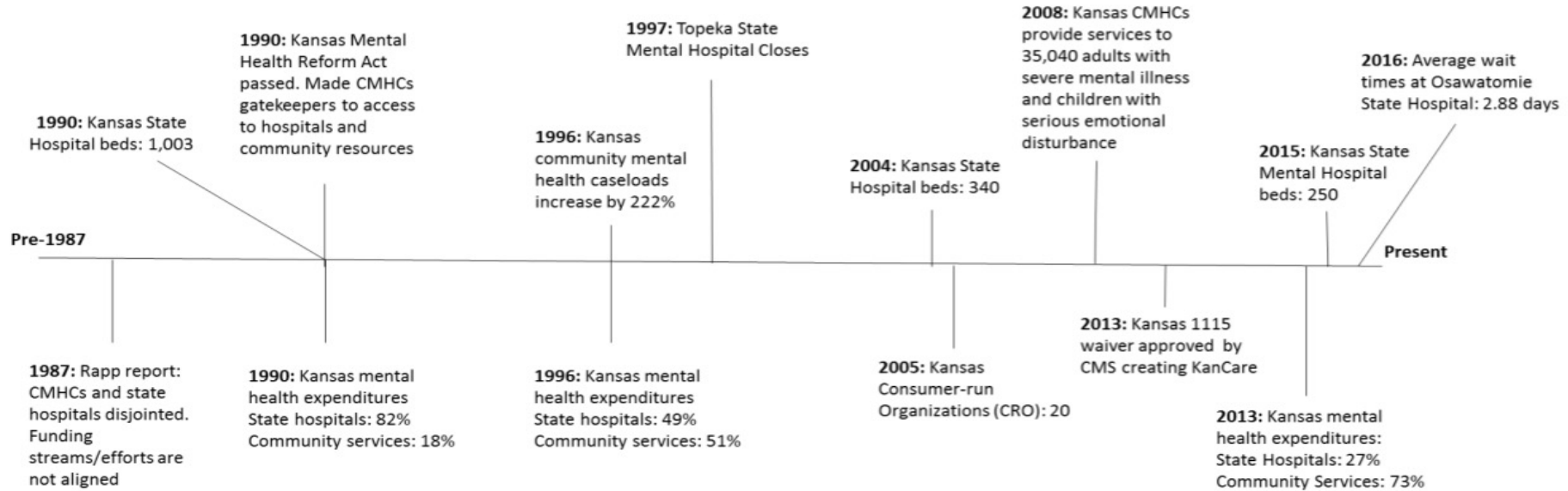
TODAY'S AGENDA

1. System profile
2. Capacity
3. CHA/CHNAs and behavioral health priorities
4. Promising strategies

MENTAL/BEHAVIORAL HEALTH

- Mental health
 - Emotional, psychological and social well-being
 - Biological factors, life experience and family history can contribute to mental health problems
- Behavioral health
 - Includes mental health, substance use disorders and addictions

KEY EVENTS IN KANSAS



Source: KHI's Understanding the Mental Health System in Kansas, 2017.

CHANGE IN SETTINGS

Figure 1. State Mental Health Expenditures by Care Setting, Select Fiscal Years 1990–2014

Year	1990	1996	2008	2010	2012	2014
State Hospitals - Inpatient	82%	49%	28%	25%	24%	25%
Community	18%	51%	68%	71%	75%	75%
Administration	n/a	n/a	4%	4%	<1%	<1%
Total State Mental Health Agency Expenditures	n/a	n/a	\$321.7 million	\$375.7 million	\$385.0 million	\$357.6 million
Per Capita State Mental Health Agency Expenditures	n/a	n/a	\$115.63	\$132.33	\$134.49	\$124.11

Note: Percentages may not add to 100 percent because of rounding. Values begin in 1990 to illustrate state expenditures pre-Kansas Mental Health Reform Act of 1991. For FY 2008-2014, “Community” includes ambulatory, community, and other 24-hour care, while “Administration” includes agency expenditures for research, training, administration, and other central or regional office expenditures.

Source: Chamberlin R., Zebley L., Marty D., Pewewardy N. (1998). *Topeka State Hospital Closure Evaluation Final Report (revised) and Substance Abuse and Mental Health Services Administration (SAMHSA) Uniform Reporting System Output Tables.*

ANY MENTAL ILLNESS IN PAST YEAR

State	Age		
	Adults 18+	Adults 18-25	Adults 26+
Kansas	17.5%	19.2%	17.2%
Colorado	19.6%	24.3%	18.8%
Missouri	18.0%	21.0%	17.5%
Nebraska	18.2%	20.0%	17.9%
Oklahoma	19.2%	20.6%	18.9%
Total United States	18.0%	20.9%	17.5%

Source: SAMHSA National Survey on Drug Use and Health (NSDUH), 2014-2015.

FACILITY TYPES

- Consumer-run organizations
- Community mental health centers (CMHC)
- Community crisis centers
- State and private psychiatric hospitals
- Psychiatric residential treatment facilities
- Nursing facilities for mental health
- Residential care facilities

(Substance use treatment facilities also licensed)

SERVICES BY SETTING, FY16

	Community Setting	State Hospitals
Number of People	133,247	2,406
Rate / 1,000	45.8	0.8
Gender		
Male, %	47.0%	66.3%
Female, %	52.2%	33.7%
Age		
0-17	26.8%	0%
18-20	6.2%	5.7%
21-64	60.9%	90.9%
65+	5.3%	3.4%

Note: Gender or age not reported for some consumers, so figures may not add to 100 percent.

Source: Kansas Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System, 2016.

ACCESS METRICS

Behavioral Health Metric	Kansas (Rank)	United States
Adults with Any Mental Illness (AMI) who did not receive treatment	53.3% (20)	56.5%
Adults with AMI reporting unmet need	22.7% (38)	20.3%
Adults with AMI who are uninsured	17.4% (30)	17.0%
Adults with disability who could not see a doctor due to costs	19.6% (18)	22.9%
Youth with major depressive episode (MDE) who did not receive mental health services	56.6% (12)	64.1%
Youth with severe MDE who received some consistent treatment	29.6% (10)	21.7%
Children with private insurance that did not cover mental or emotional problems	5.9% (14)	7.9%
Students identified with emotional disturbance for an individualized education program	5.3% (39)	7.7%
Mental health workforce availability	550:1 (28)	529:1

Source: Mental Health America, Mental Health in America-Access Care Data, 2014.

GAPS/BARRIERS

- Waiting lists
- Financial/insurance
- Transportation
- Housing
- Cultural, language and attribution

POLLING QUESTION #1:

What do you see as the primary gap in your community's mental health system?

- A. Waiting lists/capacity
- B. Financial/insurance
- C. Transportation
- D. Housing
- E. Cultural, language and attribution

COMMUNITY HEALTH ASSESSMENTS AND BEHAVIORAL HEALTH

- KHI reviewed 78 CHAs, CHNAs and CHIPs developed in Kansas between 2009-2015
- Purpose: Understand the extent to which communities identified behavioral health as a priority area
- Method:
 1. Identify behavioral health-related issues that were included in CHA/CHNAs based on data assessment and community feedback
 2. Analyze issues that were or were not prioritized for further action and implementation



FINDINGS

*All reviewed CHAs/CHNAs and CHIPs
discussed or mentioned behavioral health-
related issues*

*One-half of the reports did not prioritize
behavioral health issues for further action*

Community capacity – number one reason



Mental Health

- Access to health insurance coverage
- Provider shortages
- Access to comprehensive and integrated services
- Assessment of the need for mental health services in the community



Substance Use

- Use of tobacco products
- Access to comprehensive substance use treatment programs
- Use of smokeless tobacco
- Use of tobacco during pregnancy
- Use of alcohol products by adults and youth
- Alcohol-related traffic accidents
- Use of drugs (prescription drugs)

KEY FINDINGS

1. Access to mental health care
2. Provider shortages
3. Screening and prevention
4. Tobacco use



ACCESS TO MENTAL HEALTH CARE

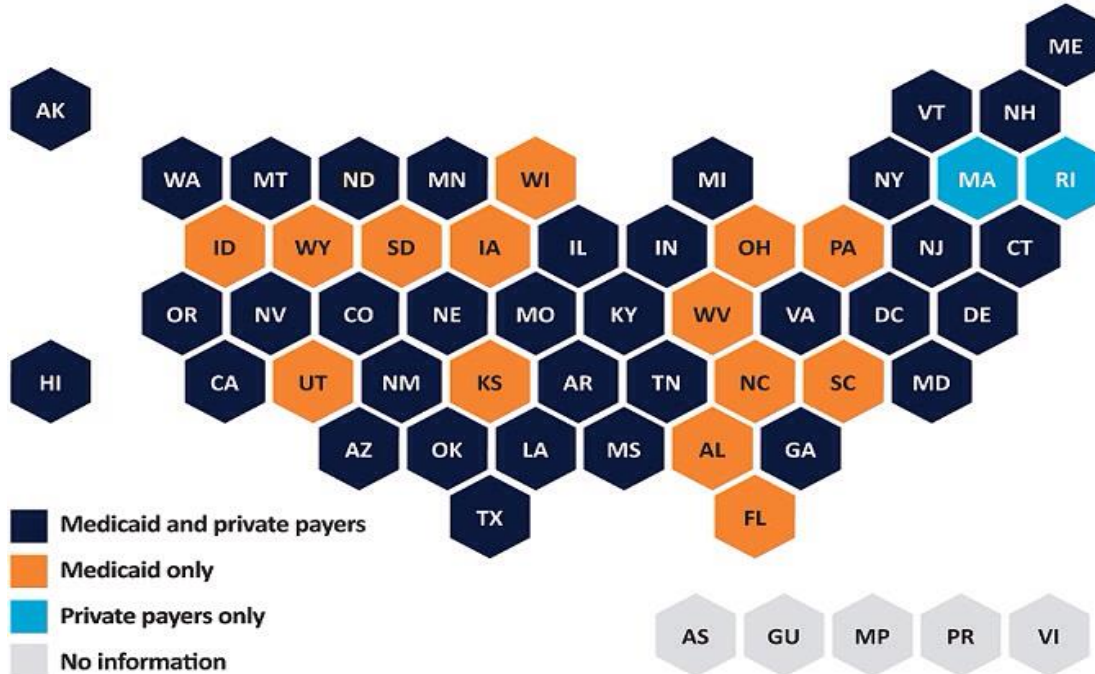
ACCESS TO MENTAL HEALTH CARE: REASONS

- Financial barriers
- Lack of mental health professionals
- Mental health awareness
- Social stigma

ACCESS TO MENTAL HEALTH CARE: STRATEGIES

- Parity provisions
- Medicaid coverage
- Waiver of IMD exclusion
- Crisis stabilization services
- Patient navigator programs
- Cell phone-based support programs
- Telehealth
- Health insurance enrollment outreach and support

STRATEGY: TELEHEALTH



Note: Rhode Island's law will go into effect January 2018.

Source: NCSL, Center for Connected Health Policy, 2017

Examples

The University of Virginia Health System in Charlottesville

- Uses videoconferencing to link rural patients to the University's psychiatric fellows and residents

The University of Texas Medical Branch

- Working with community-based partners to provide remote mental health services to students and parents in the Galveston Independent School District

Statewide Partnership (The South Carolina Department of Mental Health, the University of South Carolina and 18 rural hospitals)

- Provides psychiatrists via teleconference to assess and treat patients with mental health issues

STRATEGY: ENROLLMENT AND OUTREACH

Overview

- Health insurance enrollment outreach and support programs

Offered by

- Government agencies
- Schools
- Community-based organizations
- Health care organizations

Outreach Activities

- Community health workers
- Social media campaigns
- Case management

Outreach Places

- Local events
- Hotlines
- Fixed locations (community centers)

Potential Impacts

- Increase insurance coverage
- Increase awareness of health insurance

* Funding: grants from federal agencies and private foundations



PROVIDER SHORTAGES

PROVIDER SHORTAGES: REASONS

- Increased awareness of mental health issues – more people are seeking treatment
- Lower reimbursement rates/salaries
- Aging workforce

PROVIDER SHORTAGES: STRATEGIES

- Higher education financial incentive for health professionals serving underserved areas
- Rural training programs
- Peer Support

STRATEGY: PEER SUPPORT

Overview

- Peer-supporters are people who use their experience of recovery to support others in recovery

Qualifications

- Must be at least 18 years old (3 years older than a consumer under age 18)
- Receive certification
- Supervised by mental health professional
- Care-coordination

Services

- Provide information to consumers
- Facilitate a dialogue – help consumers to be engaged in their treatment
- Help consumers access resources
- Network consumers with other consumers

Funding

- Covered by Medicaid

Potential Impacts

- Reduce symptoms and hospitalizations
- Increase social support and participation in the community
- Decrease length of hospital stays and cost of services
- Improve well-being, self-esteem, and social functioning
- Encourage thorough and longer-lasting recoveries



SCREENING AND PREVENTION

SCREENING AND PREVENTION








- Mental health training courses in schools and community centers
- Primary care providers ask questions about mental health
- Social determinants of health screening tool
- Integrated care models

Name: _____

Phone number: _____

Preferred Language: _____

Best time to call: _____

		YES / NO
	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has your utility company shut off your service for not paying your bills?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you may not have stable housing?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting child care make it difficult for you to work or study? <i>(leave blank if you do not have children)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you needed to see a doctor, but could not because of cost?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help reading hospital materials?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you afraid you might be hurt in your apartment building or house?	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N

FOR STAFF USE ONLY:

- Place a patient sticker to the right
- Give this form to the patient with patient packet

Place patient sticker here

STRATEGY: SOCIAL DETERMINANT SCREENER

Overview

- Assess social needs
- Standard tool that can be adopted
- Connect to services

Adapting the Screener

- Capacity to address specific needs
- Referral network
- Ease of use

Activities

- Integrate with existing services/tools
- Conduct an inventory of community's resources (e.g., 211 system, Healthify)
- Establish relationships with non-traditional partners (e.g., food banks)
- Conduct referrals and/or "warm hand-offs"

Potential Impacts

- Growing evidence indicates potential to narrow gap between clinical services and community services

STRATEGY: INTEGRATED CARE

The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.



68%

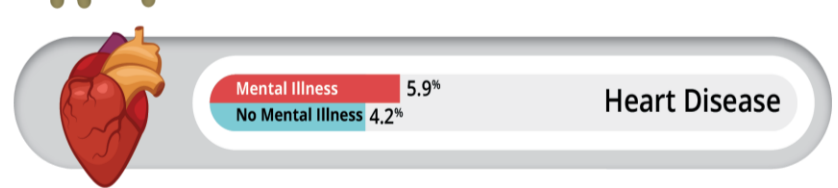
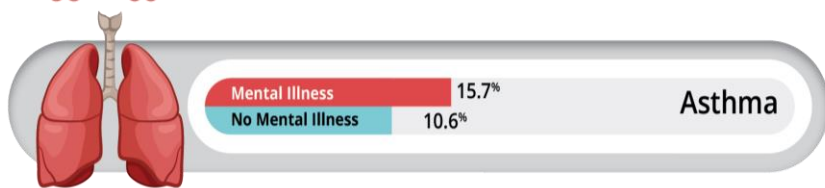
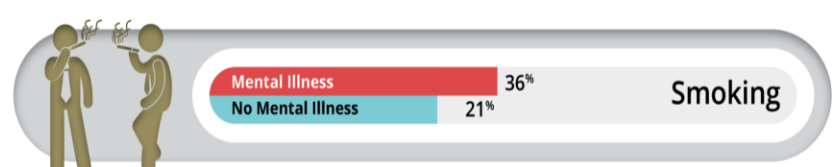
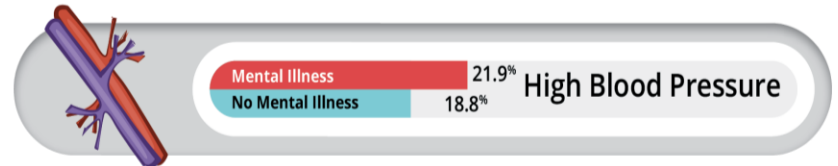
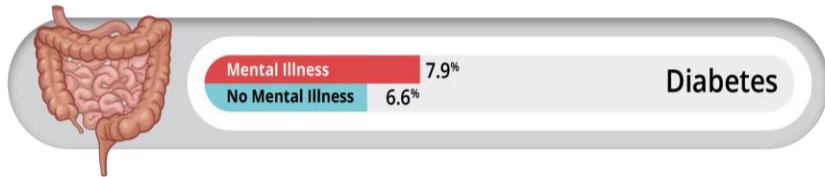
of adults with a mental illness have one or more chronic physical conditions

more than

1 in 5

adults with mental illness have a co-occurring substance use disorder

WHY INTEGRATED CARE?



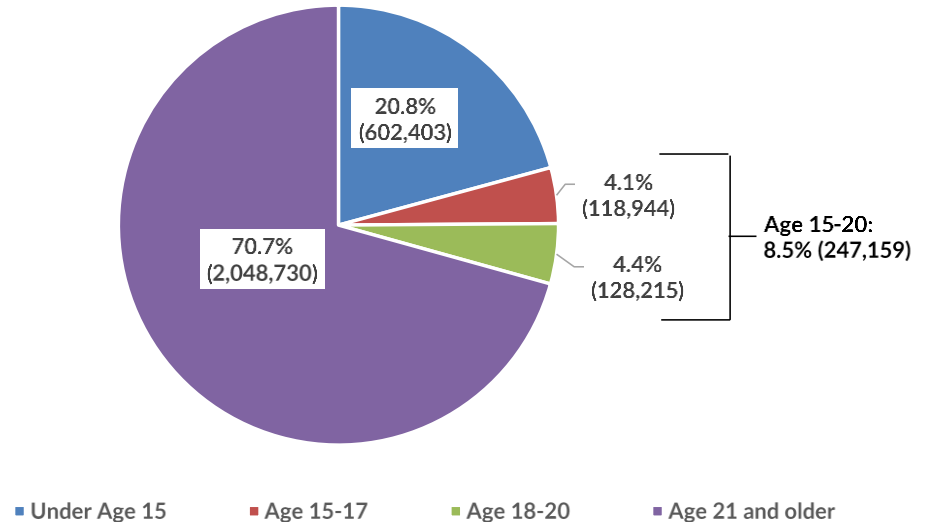


TOBACCO USE

TOBACCO: STRATEGIES

- Policy Work
 - Tobacco 21
 - E-cigarettes
 - Smoke-free parks, worksite grounds, playgrounds

Figure 1. Percent of People Potentially Affected by Statewide Tobacco 21 Policy in Kansas by Age, 2016



Note: Total Kansas population = 2,898,292.

Source: KHI analysis of data from the U.S. Census Bureau's 2016 American Community Survey Five-Year (2012-2016) Estimates.

POLLING QUESTION #2:

- In which of the following areas has your organization implemented efforts that focus on addressing behavioral health? (Choose all that apply)
 - A. Mental health workforce
 - B. Housing
 - C. Transportation
 - D. Employment
 - E. Integrated care
 - F. None

RESOURCES FOR COMMUNITIES

- Kansas Health Matters
<http://www.kansashealthmatters.org/>
- County Health Rankings and Roadmaps
<http://www.countyhealthrankings.org/>
- U.S. Preventive Services Task Force
<https://www.uspreventiveservicestaskforce.org/>
- *The Community Guide*, CDC
<https://www.thecommunityguide.org/>

TASK FORCE REPORT

MENTAL HEALTH TASK FORCE

Report to the Kansas Legislature

January 8, 2018

- 11-member task force
- Reviewed reports from previous five+ years
- 26 priority recommendations
- Available at www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/governor's-mental-health-task-force/mental-health-task-force-report.pdf



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THANK YOU

Any questions?

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