Health Care Foundation
OF GREATER KANSAS CITY

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MENTAL HEALTH

A Snapshot of the Kansas City Area

Mental health disorders are among the most common chronic diseases. Mental illness is a serious medical illness that affects one in four families.[1] Yet mental or behavioral health is often underfunded, fragmented and not integrated with other services, leaving communities with the challenge of ensuring that everyone has access to the mental health services they need.

HCF is committed to eliminating barriers to access mental health care. Since we began grantmaking in 2005, HCF has funded over $31 million in mental health grants.

[1] National Alliance on Mental Illness

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What is Mental Illness?

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.[2] One in four adults or approximately 57.7 million Americans will experience a mental health disorder in a given year.[3]

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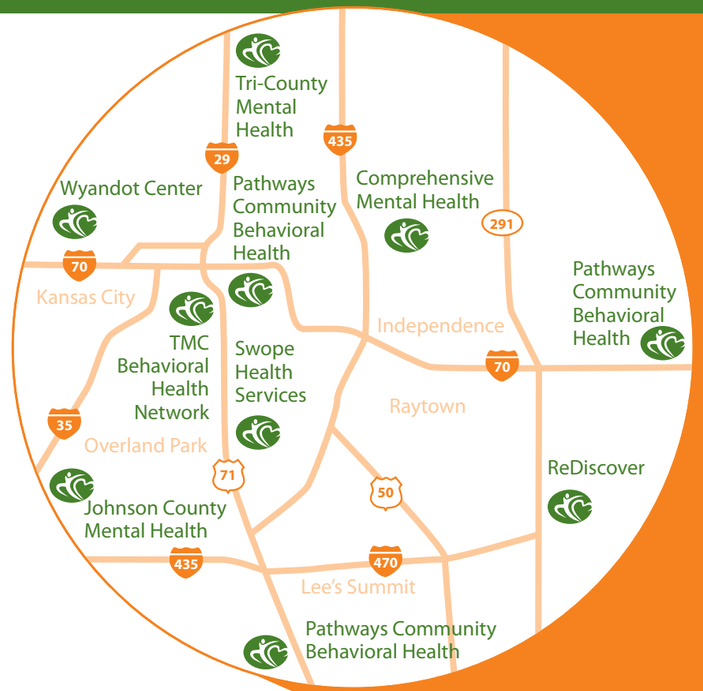
Even though mental illness is widespread, the prevalence is concentrated in a much smaller population. About 6% or 1 in 17 Americans live with a serious mental illness.[4] Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder. These illnesses can affect persons of any age, race, religion, or income and are not the result of personal weakness, lack of character or poor upbringing.

The good news is mental illnesses are treatable and recovery is possible. The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.[5]

Yet despite this, families affected by mental health disorders often face barriers due to the unwarranted stigma placed on mental health disorders, resulting in attitudinal, structural and financial barriers to effective treatment and recovery.

[2, 3, 4, 5] National Alliance on Mental Illness



In the HCF service area, there are nine community mental health centers:

- Johnson County Mental Health Center
- Southeast Kansas Community Mental Health Center
- Wyandot Center
- Comprehensive Mental Health Services
- Pathways Community Behavioral Health
- ReDiscover
- Swope Health Services
- Tri-County Mental Health Center
- Truman Medical Center Behavioral Health

HCF Area Mental Health Service Delivery System

In Kansas, mental health and substance abuse services are under the Department of Social and Rehabilitation Services. Mental health services are delivered through 26 community mental health centers (CMHCs). CMHCs receive county, state and federal grants to support the services they provide to people who are unable to pay. In 2006, CMHCs in Kansas served 119,400 individuals. In Missouri, the Department of Mental Health (DMH) manages the public mental health delivery system. In 2006, the state served over 144,644 consumers.[6]

The Kansas City area CMHCs serve over 65,000 people with mental health disorders. These agencies devote an increasing proportion of their resources to individuals who are defined as members of priority populations. Typically, these priority populations include adults with severe, persistent mental illness (SPMI), which constitutes 58% of patients seen annually, and children who are severely emotionally disturbed (SED), which constitutes 42%.[7]

In addition, there are a wide array of providers in the Kansas City metropolitan area that provide behavioral health, healthcare and social services. These organizations deliver health and social services such as homeless or domestic abuse shelters and treatment and support for substance abuse or developmental disorders.

[6] MARC Behavioral Health Needs Assessment for Metropolitan Kansas City, Health Management Associates, January 29, 2009
[7] Kansas City Metropolitan Community Mental Health Centers, Exceptional Care, Exceptional Communities Booklet, 2008

CHALLENGES in the HCF SERVICE AREA

Inadequate Capacity and Funding

Although Community Mental Health Centers are often the only option for mental health treatment for low-income people, the delivery of these services has grown more complex. The availability of services has steadily decreased due to the lack of resources necessary to meet the enormous mental health needs of the community.

Mental health stakeholders in the Kansas City region note that changes in state policies have resulted in less care being delivered in inpatient facilities with a commensurate increase in the responsibilities of community-based providers. The shift in the service delivery of mental health treatment has resulted in community-based providers serving more individuals, with a higher level of acuity. All the while, providers have experienced a decrease in funding.

Gaps in substance abuse treatment also exist across levels of care (inpatient and community). According to the Journal of American Medical Association, roughly half of the individuals with mental disorders also suffer from a substance abuse problem. Stakeholders noted that coordination of mental health and substance abuse services and improved use of evidence-based treatment options yield higher rates of recovery.[8]

Factors that Have Stressed Mental Health System Funding

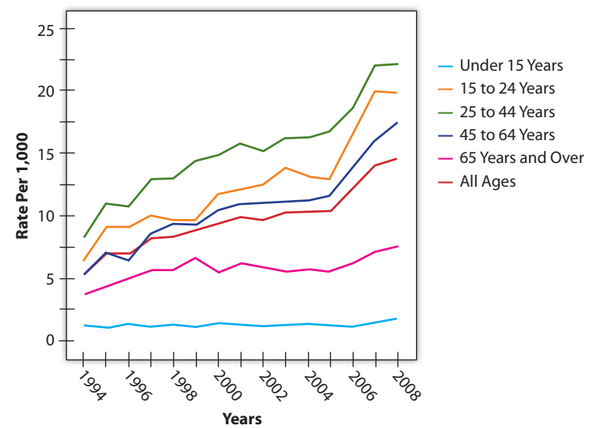
The following are factors that impede the CMHC system's ability to meet demand with existing resources, according to the 2009 MARC Behavioral Health Needs Assessment for Metropolitan Kansas City.

- Increases in the number of uninsured individuals as the prevalence of private insurance has declined.
- State reliance on Medicaid. Over the past few decades, states have aggressively pursued federal matching funds for mental health services that were previously funded with state and local dollars. This has resulted in a shift toward Medicaid-covered people and services, often to the detriment of individuals who are not eligible for Medicaid.
- Limitations in Medicaid benefits. While Medicaid is the largest payer of mental health services, there are a number of services traditionally delivered by public mental health systems that are not eligible for Medicaid reimbursement, such as non-medical support (e.g. housing, educational or vocational services).

Lack of Inpatient Treatment, Housing for Seriously Mentally Ill

Like many regions, Kansas City is experiencing a decrease in inpatient and other acute care services that shift the burden of mental health care to local emergency departments, homeless shelters and jails. This results in compromised patient care, emergency department congestion and increased emergency department diversions among other factors. Nationally, the rate of inpatient mental health beds per 100,000 people declined 45% between 1990 and 2004.[9]

Emergency Room Discharge Rates for Mental Disorders in Kansas City, Missouri Counties of Cass, Jackson and Lafayette (1994 – 2008)



Over the past 20 years, the Kansas City region experienced more than a 50% reduction in inpatient psychiatric beds (1281 beds in 1991 to 610 beds in 2009).[10] The Johnson County Mental Health Center reported in their 2005-2006 Strategic Plan, that state hospital bed utilization was 135% of the number of beds allocated to the County by the state. Since then, the number of psychiatric beds has only continued to decline, including the closing of 14 inpatient psychiatric beds at Rainbow Mental Health Facility, announced in February 2011.[11]

In addition to a decrease in inpatient psychiatric beds, the lack of affordable housing for people with mental health disorders has adversely affected consumers with behavioral health needs.[12] The biggest housing challenge facing the region is a lack of transitional housing for those who are leaving state hospitals or the criminal justice system. Stable and safe housing is considered a prerequisite to ensuring that consumers engage in and benefit from treatment. In a 2009 survey conducted by the Mid-America Regional Council to CEOs of Kansas City area behavioral health providers and safety net organizations, housing assistance was listed as the largest "problem" in providing services to individuals with a serious mental illness.

Services for Individuals with Serious Mental Illness	Percent of Respondents Citing as "Big Problem"
Housing Assistance	76%
Residential Hospitalization	75%
Supportive Housing	71%
Employment	65%
Transition Services from School to Work	64%

[8] MARC Behavioral Health Needs Assessment for Metropolitan Kansas City, Health Management Associates, January 29, 2009

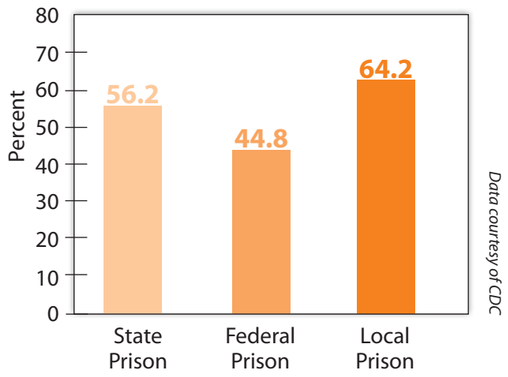
[9] National Center for Health Statistics, Health, United States, 2007: Chartbook on Trends in the Health of America (National Center for Health Statistics, 2007), available at: http://www.cdc.gov/nchs/data/hus/hus07.pdf

[10] Truman Medical Center Behavioral Health, 2009

[11] KCUR, February 19, 2011

[12] MARC Behavioral Health Needs Assessment for Metropolitan Kansas City, Health Management Associates, January 29, 2009

Inmates Diagnosed with Mental Health Disorder



Mentally Ill in the Criminal Justice System

People with mental health disorders cycle in and out of the criminal justice system. Studies show they are more likely to be incarcerated, stay longer and recidivate more often than the general population.[13]

- In a 2009 study of more than 20,000 adults entering five local jails, researchers documented serious mental illnesses in 14.5% of men and 31% of women – rates in excess of three to six times those found in the general population.
- Nearly half the inmates with a mental illness in state or federal prison in the United States are incarcerated for committing a nonviolent crime.[14]
- One study found that median time for persons with serious mental illnesses (SMI) to return to prison was 381 days, versus 728 days for offenders without SMI.[15]
- Among individuals at the Johnson County (KS) Jail with 20 or more bookings, those with mental health referral made up 45% of misdemeanor and 46% of felony bookings (from January 1-March 31, 2010).[16]
- According to a 2010 survey of inmates in the Jackson County Regional Correctional Center (RCC), 64% replied that they thought they had a mental health problem or they had been told they had a mental health problem. This compares to only 35% in 2005.

[13] Henry J. Steadman, Fred C. Osher, Pamela Clark Robbins, Brian Case and Steven Samuels, "Prevalence of Serious Mental Illness Among Jail Inmates," Psychiatric Services 60: 761-765, June 2009

[14] Paula M. Ditton, "Mental Health Treatment of Inmates and Probationers," Bureau of Justice Statistics, US Department of Justice, 1999

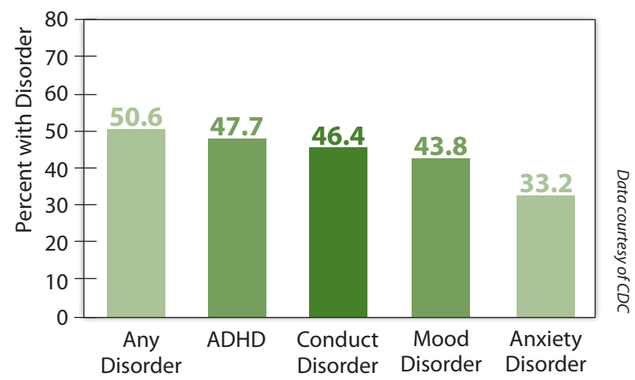
[15] Kristin G. Cloyes, Bob Wong, Seth Latimer and Jose Abarca, "Time to Prison Return for Offenders with Serious Mental Illness Releases from Prison: A Survival Analysis," Criminal Justice and Behavior 37: 175-187, Jan. 2011

[16] Matt Schwarzfeld, Public Affaris Manager, Council of State Governments Justice Center

Mental Disorders Start Early in Life

Mental disorders occur across the lifespan of persons; however, most disorders start early in life. In October 2010, Dr. Merikangas and colleagues at the National Institute of Mental Health released the first prevalence estimates of mental disorders in a nationally representative sample of 10,000 U.S. children, 13 to 18 years of age. One in five (22.2%) of children in the U.S. met the criteria for a mental disorders severe enough to disrupt their daily lives, with approximately 40% also meeting criteria for another class of lifetime disorder. The median age of onset for anxiety disorders was 6 years of age, for behavior disorders 11 years, 13 years for mood disorders (i.e. depression, bipolar disorder), and 15 years for substance use disorders.[17] Co-morbid substance use, alcohol dependence, as well as obesity-related problems are common among adolescents with mental health disorders. Early identification and treatment is of vital importance. By properly identifying and treating symptoms, recovery can be accelerated and the further harm related to the course of illness is minimized.

Mental Health Service Use for Children (8-15 years)

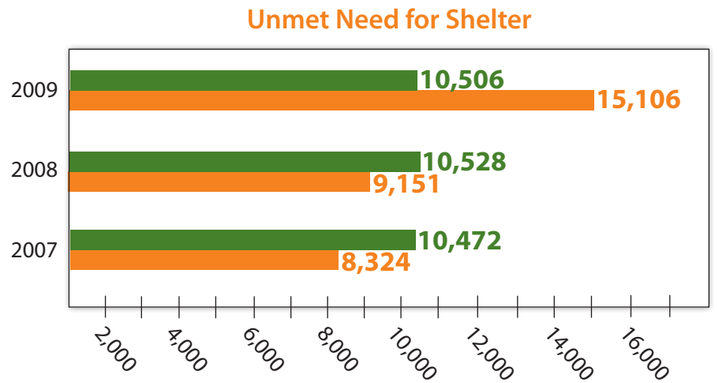


Demographics Associated with Mental Health (MH) Service Use:

- Females are 50% less likely than males to use MH services.
- No differences were found between races for mood, anxiety or conduct disorders. Mexican Americans and other Hispanic youth had significantly lower 12-month rates of ADHD compared to non-Hispanic white youth.

[17] Kathleen Ries Merikangas et al. Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication-Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry, 2010; 49 (10): 980-989 DOI: 10.1016/j.jaac.2010.05.017

10,506 RECEIVED SAFE SHELTER WHILE 15,106 TURNED AWAY



49,125 women, children and men served in 2009.

Total unmet request for services = 18,821

Women, children and men turned away because shelter was full

Women, children and men sheltered

Increase in Family and Domestic Violence

Domestic violence, intimate partner violence, child abuse, and elder abuse are interrelated multi-generational problems, and are linked to school and community violence as well. The impact of family violence in the Kansas City region includes crime, mortality, high rates of juvenile arrest, excess medical and mental health care services including emergency department services, and out-of-home placements of children.

The 2008 Kansas Kids Count report indicates that reported incidents of child abuse and neglect in Johnson and Wyandotte counties had, respectively, the second and third largest percentages in the state. The 2008 Missouri Kids Count report shows that Jackson and Lafayette County rates remained higher than the state average. Cass County rates were below the state average.

In 2008, there were 6,701 total hotline reports of alleged child abuse/neglect in Cass, Jackson and Lafayettte counties. Most of these reports involved children in Jackson county, where the child abuse rate was 34.8 per 1000 children.[18]

Shelters throughout the Kansas City region have reported increases in hotline calls over the past two years. SAFEHOME fielded 3,560 hotline calls in 2010, up 9 percent, while Friends of Yates shelter saw a 15 percent increase during the same period.[19]

Police departments in the state of Kansas reported nearly 24,000 incidents of domestic violence and made more than 13,600 arrests in 2009. This is up 36 percent and 34 percent, respectively, since 2004.[20] The Kansas Bureau of Investigation reports that 105 people had broken bones resulting from domestic violence incidents in 2009. That is the most reported in four years.

For every two women who were able to stay in safety at a Missouri domestic violence shelter in 2009, three women were turned away because shelters were full.[21] According to data submitted to the Missouri Coalition Against Domestic Violence, a total of 49,215 women, children and men received domestic violence services in Missouri in 2009.

[18] Annie E. Casey Foundation Kids Count Data Center. Child abuse and neglect (per 1,000) (Rate) – 2008. Retrieved March 10, 2011, from http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MO&ind=1975&dtm=4154

[19] HCF/KHI News Service Report, March 23, 2011

[20] Kansas Bureau of Investigation, 2009

[21] Missouri Coalition Against Domestic and Sexual Violence, 2009

Integration of Physical and Mental Health

Mental health disorders simultaneously affect the mind and body. The connection between mental and physical health can have significant repercussion on patients' general health. Securing primary health care for people with serious mental illnesses was noted as a problem by both stakeholders and providers in a local survey.[22] Specialty services, such as dental and vision, were noted as particularly difficult to obtain.

Services for people with mental and substance abuse disorders have traditionally been separate from primary health care. The need to better address the physical health needs of consumers with serious mental illness is now widely accepted. Some of the most powerful evidence documenting the need to secure primary care services for consumers with serious mental illnesses comes from an analysis of data from state agencies which found that persons with serious mental illnesses die 25 years earlier than the general population, largely due to untreated or poorly managed physical health problems.[23]

The MARC survey noted that there is more integration work being done in Missouri on this issue than in Kansas. Responses to the provider survey also indicated that this is a large need, with a majority (57 percent) of survey respondents citing access to primary care and specialty care services for individuals with mental illness or substance abuse as a "big problem."

Health care reform discussions emphasize the need for a medical home and an integrated delivery system model of care; yet, mental health is usually left out of discussions. Principles of the medical home apply to mental health services as well as to physical health: enhanced access to care, ongoing relationship with personal physician, focus on the whole person, integration of health services, and a commitment to quality and safety.

Ensuring access to appropriate, quality mental health services requires a care system that addresses the different service needs of subpopulations, and provides quality care for the range of serious mental illnesses and co-occurring disorders.

[22] MARC Behavioral Health Needs Assessment for Metropolitan Kansas City. January 29, 2009

[23] R.Manderscheid, "Congruencies in Increased Mortality Rates, Years of Potential Life Lost and Causes of Death Among Public Mental Health Clients in Eight States," Preventing Chronic Disease: Public Health Research, Practice and Policy, Vol.3, 2006

ADDITIONAL BARRIERS TO ACCESSING CARE

Stigma Impedes Those from Seeking Treatment

Nearly two-thirds of people with a known mental illness never seek help from a health professional.[24] Stigma and the discrimination that goes along with it prevent many people with mental health disorders from seeking treatment. The U.S. Surgeon General's Report on Mental Health in 1999 stated that "Stigma prompts many people to avoid working, socializing, and living with people who have a mental disorder. Stigma impedes people from seeking help for fear the confidentiality of their diagnosis or treatment will be breached."

Disparities in Mental Health

As with many physical health disorders, there are subpopulations that face greater challenges in accessing services. These groups include[25]:

- Individuals with complex needs such as co-occurring substance abuse, developmental disability and history of criminal justice involvement.
- Young adults transitioning from children's services.
- Individuals with developmental disorders who also have mental health disorders.
- Latinos and other non-English speaking populations.
- People in rural areas of the region.

[24] National Alliance on Mental Illness

[25] MARC Behavioral Health Assessment for Metropolitan Kansas City, Health Management Associates, January 29, 2009

Mental Health Workforce Crisis

Access to mental health and substance abuse services is dependent upon the presence of a qualified workforce, but the metropolitan Kansas City area, like many communities across the country, faces a severe shortage of behavioral health professionals. At the same time, the available workforce is not representative of the nation's changing demographics.

- There is a notable lack of racial and cultural diversity among the mental health professions. Over 90% of professionals are non-Hispanic whites.[26] Local data indicate that many mental health providers do not have the ability to serve non-English speaking clients.[27]
- More than half of the clinically trained mental health professionals are over the age of 50, raising concerns about whether the pipeline of young professionals will be adequate to compensate for the growing demand and approaching retirement.[28]
- More than 85% of the federally designated mental health professional shortage areas are rural.[29]
- There is a critical shortage of individuals trained to meet the needs of children, youth and their families. The federal government projects the need for 12,624 child psychiatrists by 2020, far exceeding the projected supply of 8,312. The need for child psychiatrists is particularly high for those in rural and low-income areas.[30]

Affordable Care Act

Together with the 2008 Wellstone-Domenici Parity Law, the Affordable Care Act requires mental health parity, meaning that health insurance plans can not have higher cost-sharing requirements for mental health services. Multiple components of the ACA, including premium assistance, employer and individual mandates, Medicaid expansions, and the creations of health insurance exchanges, strive to increase insurance coverage, which will often include mental health coverage. Insurance purchased through the Exchange will be required to offer an essential benefit package, which will include mental health and addiction services.

The ACA encourages collaborative care through medical home and accountable care organization (ACO) demonstration projects in Medicare and Medicaid. Additionally, the ACA authorizes $50 million in grants for the co-location of primary care services in community-based mental health settings.

Lack of Transportation is Major Barrier to Care

As in physical health care, transportation is considered a key barrier to mental health care, especially in suburban and rural communities. Lack of transportation contributes to consumers' difficulty in accessing services and in increased no-show rates.[31] The Hospital and Home Initiative formed by Kansas to design the future mental health system found that lack of adequate transportation led to delays in discharge for state psychiatric hospitals.[32]

[26] SAMHSA, An Action Plan for Behavioral Health Workforce Development

[27] Mattie Rhodes Center, Cultural Competency and Mental Health in the Hispanic Community of Jackson County, Missouri. June 2003

[28] SAMHSA, An Action Plan for Behavioral Health Workforce Development

[29,30] Ibid

[31] MARC Behavioral Health Assessment for Metropolitan Kansas City, Health Management Associates, January 29, 2009

[32] Hospital and Home Initiative: Executive Summary and Action Plan. Kansas SRS Hospital and Home Core Team. June 3, 2008