Transformation of State Behavioral Health Agencies:
National Trends & State Evidence for Strategy & Support

NASMHPD Annual Meeting
Washington, DC
July 21, 2015
Tim Knettler, MBA, CAE (Moderator)
NRI Executive Director/CEO

Presenters

Patrick Fox, MD
Chief Medical Officer /Acting Director
Colorado Office of Behavioral Health

Vera Hollen, MA
NRI Senior Research Analyst

Ted Lutterman
NRI Senior Director of Government & Commercial Research
Table of Contents

• Transformation of State Behavioral Health Agencies: National Trends & State Evidence for Strategy & Support

• Colorado Statewide Behavioral Health Needs Analysis
  o Patrick Fox, MD – Colorado Overview
  o Vera Hollen, MA – NRI’s Unique Approach

• Analytics Improving SBHAs Available from NRI
  o Ted Lutterman
Statewide Behavioral Health Needs Analysis
April 2015
Department contracted for a Needs Analysis of the Behavioral Health system including:

- Current Status
- Strategic Positioning
- Future Planning
The Study’s Team

National and Colorado Behavioral health experts from:

Western Interstate Commission for Higher Education
Mental Health Program

Advocates for Human Potential, Inc.

Office of Behavioral Health

Analytics Improving Behavioral Health℠
Specific Focus Areas

- Inventory of Public Behavioral Health Agencies, Services, and Funding
- Service Gaps: State and Community Behavioral Health Services
- Impact of Governor’s Plan to Strengthen Colorado’s Behavioral Health System: Colorado Crisis Services
- Penetration Rates and Relative Need for Services
- Aligning and Maximizing OBH Resources and Payer Sources
- Regional Behavioral Health Service Distribution
- Colorado Mental Health Institutes
- Community Integration and Olmstead

Office of Behavioral Health
Specific Focus Areas Continued

- Telehealth
- Housing and Employment
- Peer Mentors, Recovery Coaches, and Family Advocates
- Individuals with Mental Illness Who Are Physically Compromised
- Behavioral Health Service Delivery for Specific Populations
- Whole Health Integration
- Legal Marijuana and Prescription Drug Abuse
- Drug Possession Sentencing Reform/Medicaid Expansion
Survey Respondents

Colorado Behavioral Health Stakeholder Survey Respondents

- Skipped Question
- Other
- Primary Care Administrator
- Primary Care Provider
- Inpatient Behavioral Health Administrator
- Inpatient Behavioral Health Provider
- Community Behavioral Health Administrator
- Community Behavioral Health Provider
- Family Member of a Child Consumer
- Family Member of an Adult Consumer
- Consumer
- LE/DOC/Judicial
- Advocate
- Education

Number of Respondents
System Alignment

- Identify a single state behavioral health authority
- Explore the development of a common management information system.
Regional Behavioral Health Service Distribution

The report summarizes the current allocation of behavioral health resources by region and provides recommendations as to the most efficient distribution of resources across:

- Rural
- Frontier
- Tribal
- Urban Population Centers

Office of Behavioral Health
Unique Challenges

Unique challenges faced by urban, rural, frontier, and tribal areas of the state:

- Transportation
- Staffing Shortages
- Funding Issues

Until these systemic challenges are addressed, Coloradans in all areas of the state will continue to face barriers to receiving optimal behavioral health care.
Promising Practices

Promising practices are emerging that can be adopted to overcome obstacles:

- Telehealth
- Primary Care Integration
- Prevention and Early Intervention
- Peer Support Services
General Recommendations

- Increase inpatient services for adolescents in either hospital or residential settings.
- Increase total geriatric bed capacity
- Leverage expanded Medicaid funding
- Evaluate the effectiveness, efficiency and outcomes of the new crisis services.
Colorado’s full Needs Assessment Report can be found at:

http://1.usa.gov/1KEpPLN

Thank you.
Transformation of State Behavioral Health Agencies:
National Trends & State Evidence for Strategy & Support

Colorado Statewide Behavioral Health Needs Analysis

NRI’s Unique Approach

Vera Hollen, MA
Senior Research Analyst
Our Unique Approach...

- NRI has **direct connections** with State Mental Health Agency executive staff in all 50 states, 8 territories, and the District of Columbia.

- NRI’s extensive and unparalleled access to and expertise with national and state level behavioral health data strengthens our **comparative research methods** and data analysis.

- NRI highlights **innovative models** that have proven effective and sustainable in other systems.
Our Unique Approach (continued)

Describe existing system

Apply complex data analytics

Provide comparative State data

Deliver Actionable Information
Analytics Improving SBHAs Available from NRI

Ted Lutterman
NRI Senior Director of Government & Commercial Research
Analytics Supporting SMHAs Available from NRI

Clients Served
• Over 7.2 million consumers served by States, with information about demographics, living situation, employment status, etc. (FY 2014 data)

SMHA Organization and Policies
• SMHA Profiles about organization within state government, policies, services, etc. (FY 2015)

SMHA Expenditures and Revenues
• Over $39 billion in Expenditures for Mental Health Services by SMHAs—details of services and funding sources with trends going back over 30 years (FY 2014 data)
2015 SMHA and SSA Profiles:

• NRI is currently (in collaboration with NASADAD and Truven Health) updating information for its State Profiles System.

  o Major components on SMHA and SSA experiences with Health Care Reform, Involuntary Treatment, Evidence-Based Practices, Financing, Electronic Health Records, etc.

• Thanks to you and your staff for the great response rate we have had this Spring/Summer getting information from States

  o A draft report summarizing national trends and with state-by-state tables will be sent back to you for review in August 2015. Final Report is due to SAMHSA in September 2015
Customized State Analysis
Contracts

NRI Board of Directors Recommended the Development of a New Product to Assist States by Utilizing NRI and Other Information to Build a State Customized Annual Product To Meet State Needs
Annual Customized State Contracts

3 States have contracted with NRI to produce customized state analyses

• Nebraska
• Virginia
• Illinois
Nebraska State Contract

Initiated by Dr. Scot Adams in 2014

- NRI met (via several conference calls) with Dr. Adams and his Deputy Director Sheri Dawson (now the Acting Division Director) to discuss which states to compare and what areas to focus on.

Nebraska’s key comparison groups

- 6 contiguous states
- National averages

Final Report was submitted to Nebraska in May 2015
Key Areas of Focus:

• Highlight Areas where Nebraska is doing well

• Use of State Psychiatric Hospitals/Olmstead and Planning
  - Relative use of institutional resources including
    - State psychiatric hospitals, nursing homes, other psych inpatient
    - Provision of EBP services to assist consumers living in the community

• Use of Medicaid and other Funding

• Corrections and Forensic Mental Health

• Performance on SAMHSA National Outcome Measures
Where Nebraska Compares Favorably

Nebraska ranks well in many domains both regionally (Nebraska and the six states that border it) and nationally.

Regionally

*Measures where Nebraska ranks 1st or 2nd among its neighbors.*

- Nebraska had the lowest rate per 100,000 (tied with Missouri) of new admissions to state psychiatric hospitals in 2013
- Nebraska had the lowest 30 day readmission rate for clients discharged from state psychiatric hospitals in 2013
- Nebraska also had the lowest 180 day readmission rate for clients discharged from state psychiatric hospitals in 2013
- Nebraska had the second highest utilization rate of Assertive Community Treatment in 2012
- Nebraska had the lowest percentage of adult clients with an arrest in 2013
Nebraska State Contract

FY2013 30-Day State Hospital Readmission Rate

- Up to 5.0%
- 5.1% to 7.5%
- 7.6% to 10.0%
- Above 10.0%
Virginia focused on NRI testimony before a joint legislative committee studying mental health reform.

- NRI worked with Virginia SMHA Commissioner and staff to gather information about how Virginia compared nationally and regionally on issues of interest to the special Legislative Committee
- NRI presented at September 2014 hearing in Richmond, Virginia
- NRI is working with Virginia on next steps to provide useful information
Virginia and U.S. SMHA-Controlled Expenditures for Mental Health – State Hospital & Community Mental Health 1981 to 2012
## State Hospital Usage: 2012

<table>
<thead>
<tr>
<th>State</th>
<th>Number of State Hospitals</th>
<th>Residents at Start of Year</th>
<th>Residents per 100,000 Population</th>
<th>Admissions During Year</th>
<th>Admissions per 100,000 Population</th>
<th>% of Residents with Forensic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia</td>
<td>10</td>
<td>1,310</td>
<td>16.2</td>
<td>4,330</td>
<td>53.6</td>
<td>31%</td>
</tr>
<tr>
<td>Maryland</td>
<td>5</td>
<td>972</td>
<td>16.6</td>
<td>1,051</td>
<td>17.9</td>
<td>65%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>3</td>
<td>682</td>
<td>7.1</td>
<td>3,339</td>
<td>34.6</td>
<td>1.3%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>2</td>
<td>271</td>
<td>14.6</td>
<td>1,155</td>
<td>62.3</td>
<td>40%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>3</td>
<td>465</td>
<td>10.7</td>
<td>9,093</td>
<td>208.8</td>
<td>16%</td>
</tr>
<tr>
<td>Tennessee</td>
<td>4</td>
<td>544</td>
<td>8.5</td>
<td>10,185</td>
<td>158.3</td>
<td>13%</td>
</tr>
<tr>
<td>Georgia</td>
<td>6</td>
<td>1,076</td>
<td>10.9</td>
<td>7,034</td>
<td>71.4</td>
<td>63%</td>
</tr>
<tr>
<td>Alabama</td>
<td>4</td>
<td>865</td>
<td>18.0</td>
<td>2,492</td>
<td>51.8</td>
<td>33%</td>
</tr>
<tr>
<td><strong>U.S. Total</strong></td>
<td><strong>195</strong></td>
<td><strong>41,821</strong></td>
<td><strong>13.4</strong></td>
<td><strong>135,106</strong></td>
<td><strong>43.2</strong></td>
<td><strong>36%</strong></td>
</tr>
</tbody>
</table>
NRI Led Studies of Premature Mortality of Consumers Served by SMHAs

- NRI coordinated the first multi-state study of premature mortality of persons served by SMHA systems (16 State Study completed in 2002).
  - Identified that persons served by SMHAs have up to 25 years of life lost compared to general population

- 16 State Study is over 13 years old. NRI is now working with states to repeat and update Premature Mortality Studies

- Missouri, Kansas and District of Columbia have contracted with NRI to assess premature mortality (the Missouri Study is done)

- Join this initiative!
Other NRI Initiatives of Interest to Commissioners

- Piloting Integration of State Behavioral Health Agency data with Medicaid data to better understand impact of Behavioral Health Services to States

- Working with NASMHPD to support state use of the MH Block Grant set-aside for First Episode Programs (FEP)
  - Directory of State FEP activities
  - Identification of FEP Outcome and Performance Measures

- NRI MH-Criminal Justice Committee:
  - Working with NACo/CSG to assist in Stepping-Up Initiative to Divert Persons with Mental Illness from Jails
Thank You!

Contact Information

Tim Knettler, MBA, CAE
NRI Executive Director/CEO
(703) 738-8161
tknettler@nri-inc.org

Patrick Fox, MD
Chief Medical Officer /Acting Director
Colorado Office of Behavioral Health
patrick.fox@state.co.us

Vera Hollen, MA
NRI Senior Research Analyst
(703) 738-8165
vhollen@nri-inc.org

Ted Lutterman
NRI Senior Director of Government & Commercial Research
(703) 738-8164
tlutterman@nri-inc.org