

**League of Women Voters of Southwest Missouri
Study of Accessibility and Affordability of Mental Health
Services for Adults in Greene County**

Expanded Report & References • July 2015

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Members of the League’s Mental Health Study Committee (2013-2015) included Maggie Castrey, Lynn Dalton, Judy Dasovich, Diane Davidson, Lisa Cox Hall, Fran Harris, Pat Mort, Randy Hoops, Joye Norris, Betty Roberts and Julie Schulze.

<p>The League of Women Voters is a non-partisan organization that encourages informed and active participation in government, works to increase understanding of major public policy issues, and influences public policy through education and advocacy.</p>
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About the Mental Health Study¹

This was a local study of the availability and accessibility of mental healthcare services for adults in Greene County. In the course of two years beginning May 2013, the members of the mental health study committee conducted more than 20 informational activities, which included in-person interviews, guest presenters at League meetings, focus groups, and observations of mental health related activities. We met with mental health care service providers, members of the correctional and judicial systems, advocacy/support groups, local and state officials, and families of mental health patients. We attended Crisis Intervention Team training with local law enforcement and observed Mental Health Court. We also conducted Internet research.

The perceptions reported are based on individuals' and groups' experiences as they encountered those with mental illness in their families or through their work. The service estimates and cost data are reported in their original format as they were given to us; therefore, caution should be exercised in attempting to make comparisons across cases.

The specific entities from whom we gathered information included, in alphabetical order: Burrell Behavioral Health, Center City Counseling, Clarity Recovery and Wellness, Cox North Hospital, Forest Institute of Professional Psychology, Greene County Drug Court, Greene County Jail, Greene County Mental Health Court, Jordan Valley Community Health Center, Lakeland Clinic, Mercy Marian Center, Department of Mental Health, Division of Behavioral Health, National Alliance on Mental Illness, Ozarks Counseling Center, Springfield Police Department, Springfield Veterans Center, The Kitchen Clinic and volunteers who participated in the Family Member Focus Group and the Provider Focus Group².

Study Discoveries

- A. The general history of mental health: Mental institutions were under criticism in the early 1900s for being crowded and, in some cases, inhumane. The National Mental Health Act of 1946 and then the Community Mental Health Act of 1963 both sought to improve the approach toward and the treatment of the mentally ill. State responsibility replaced federal responsibility and community outpatient clinics became preferred over involuntary commitment to large institutions. Federal investment in mental health services declined in the mid-1900s, and by the late 1900s, state investment also decreased due to the Omnibus Budget Reconciliation Act of 1981. This act decreased support for existing social programs and increased the level of difficulty to create new social programs. All of these acts played a significant role in the process known as “deinstitutionalization,” which sought to achieve positive goals; however, the community mental health centers that these acts called for were never adequately supported nor funded.³

- B. In general, states spend less today on mental health than we spent 60 years ago. In 1955, states spent \$261.7 billion (in inflation-adjusted dollars). In 2006, states spent \$30.9 billion, which is only 12% of the 1955 investment.⁴ State funding for in-patient beds has fallen. For example, in the 1980s Mercy (then St. John's) had 140 psychiatric care beds. Now, they staff 25 beds.⁵
- C. Our society continues to place a low priority on mental health services. In 2015 Missouri lawmakers were ready to make large cuts to mental health, which would have closed clinics and hospitals and severely restricted services. Advocates succeeded in minimizing the cuts to basic mental health services but could not prevent the deep cuts that were made to senior services and social services, in general.⁶
- D. The Missouri Department of Mental Health (DMH) divides the state into service areas. Greene County is in Service Area #10 and Burrell Behavioral Health has been designated as its Administrative Agent (as determined by the Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services)⁷
1. According to the Department of Behavioral Health within DMH, **“administrative agents have limited funds and are required to assure that services are provided throughout the year. As a result, they generally cannot meet the needs of all people with mental illness.”**⁸ (emphasis added.)
 2. Burrell serves as the primary entry and exit point for residents of seven counties including Greene. This includes individuals who are unable to access mental health services without assistance from the state and partnering Community Mental Health Centers. Locations that Burrell currently owns, operates or manages include, but are not limited to: Transitions, Clarity, Bill’s Place, Main Center (therapy, medications, pharmacy), multiple residential programs, independent and supported apartment programs, Adult Crisis Stabilization Unit, Autism Services, Children’s Residential, Children’s Day Treatment, Psychological Testing, Free Clinic therapy, and Developmental Disability Services.⁹ Programs that Burrell currently operates collaboratively in a co-located fashion with community partners through grants and other funding include, but are not limited to: CoxHealth (South and North), Nixa Public Schools, and Springfield Public Schools.

3. Burrell reports that funding for its services comes from¹⁰:

Medicaid - Children's Psychiatric Rehabilitative Clinic	45%
Department of Mental Health	15%
Other	9%
Medicaid – Adult	8%
Pharmacy	7%
Commercial Insurance	6%
Self Pay	5%
Medicare	2%
Comprehensive Substance Treatment and Rehabilitation	2%
Cox Contract	1%

- E. Full spectrum¹¹ mental and behavioral health services are generally much less available than physical health services. Mental health services can be expensive; access is often a puzzle to families in crisis; and appointments are not always readily available.
- F. Social stigma is still a large barrier to getting help.¹²
- G. People with serious mental illness have chronic health conditions at a rate 4-5 times higher than the general population, and die an average of 25 years sooner.¹³
- H. Mental health care providers, as individuals and organizations, strive - with great compassion and skill - to help those who have mental illness; however, the combined *system of services* is underfunded, uncoordinated, and afflicted with bureaucratic hurdles. This type of system has provided care for many individuals¹⁴; at the same time it presents a navigation challenge even for independent, compliant persons who have social support and financial resources; it is even more difficult for people in crisis who do not have social support and financial resources. Funding and resources are not adequate for the demand and some individuals are still in dire need of services.
- I. Restrictive regulations prevent many willing providers from obtaining reimbursement for services, so there are not enough providers to meet varied mental health treatment needs.
 - 1. There is a shortage of psychiatrists, who receive specialized training in the use of medications and electroconvulsive therapy for mental health disorders. Their scope of practice does not always include counseling or talk therapy.¹⁵

2. Primary Care Providers provide more than half the prescriptions for people with mental illness,¹⁶ although there is also a shortage of primary care providers (PCPs). PCPs are often overbooked and most also lack the specialized training necessary to care for patients with severe mental illness. However, they still provide the vast majority of contact hours for people with mental illness.
 3. Although PCPs can prescribe psychotropic drugs,¹⁷ many say their schedules do not allow adequate time to monitor patients and adjust medications.
 4. Recent efforts have increased the number of nurse practitioners, who are physician extenders¹⁸ that can prescribe and who are trained in counseling.
 5. Psychologists conduct psychological evaluations, diagnose mental illness and provide psychotherapy and counseling, but are not allowed to prescribe drugs in the majority of states, including Missouri. Efforts to allow psychologists who complete additional study to prescribe drugs have failed. If this were allowed it could help alleviate the shortage of prescribers.¹⁹
 6. Differential reimbursement guidelines create barriers to care. For example, licensed clinical social workers are prohibited from receiving reimbursement for services from the Missouri Medicaid program for clients over the age of 21. Licensed professional counselors are prohibited from receiving reimbursement for services from both the Missouri Medicaid program and the federal Medicare program for clients over the age of 21. These coverage rules limit access to mental health providers for thousands of low income and often chronically ill citizens.²⁰
- J. There has been a rise in mandates (some already in place and some proposed) that restrict the duties of other mental health care providers. For example, Missouri SB229 (2014) mandated that substance abuse staff and workers cannot have had a felony record. Many of those who work in substance abuse are former addicts and approximately 80% of them have felony records. This mandate prevents willing people from providing effective services for a problem they know well. The Missouri Substance Abuse Credentialing Board set up an “exceptions” process in order to be able to retain good employees. Most who have applied have been granted an exception; however, this process is cumbersome and time consuming.²¹
- K. Those with mental illness, who also lack social support and financial resources, are very likely to be incarcerated, repeatedly, in the Greene County jail for several reasons.²²

- L. Substance abuse greatly exacerbates some nuisance behaviors that may be exhibited by those with mental illness, such as wandering in public (loitering), talking or screaming to oneself (disturbing the peace), and urinating outside (indecent exposure). These behaviors have been deemed illegal or criminal and often result in arrest. Self-medicating with heroin (whose use is skyrocketing) puts people with mental illness at even greater risk.
1. When law enforcement or the courts recognize that an arrestee has a mental illness, they attempt to connect him or her to services. Burrell's efforts in the Emergency Room Enhancement and Mental Health Liaison programs both put resources in the community to provide coordination of care and appropriate referrals for those suffering mental health problems. Substantial data demonstrate significant reduction in justice system contacts after enrolling in Burrell's community based services programming for adults with serious mental illness.
 2. For other patients and families, challenges in accessing the system continue, including finding that there are no available beds in short or long term care facilities, or that there is a long wait to see a psychiatrist, or that most providers will not treat an uninsured person. To be considered for a sliding scale fee, one must prove how little money s/he has. It is often difficult if not impossible for some to produce the documentation and records that are required. Delays while gathering such data may mean vulnerable people are not able to get needed help in a timely manner.
- M. Over 17 percent of jail inmates have a mental illness.²³ Since the Greene County jail is the largest in the region and because there is not a psychiatric state hospital in the area (in fact the only one in the state is for forensic use, meaning the patients must be charged with a crime), *our jail is the largest mental health facility in Southwest Missouri*. Although the jail has a clinical psychologist and a medical team on staff, it does not have a treating psychiatrist. The jail has little or no way of coordinating ongoing care for persons with mental illness once they leave jail. This contributes to recidivism.
- N. The jail provides medications to inmates; however, formulary restrictions and the institution's regimented schedule significantly reduce patient compliance. In other words, inmates may be taking less-than-ideal medicine at the wrong times, which means their illness is not being effectively treated. Greene County taxpayers fund essentially *all* of this.²⁴
- O. Despite common assumptions, Medicaid does not assist all low-income people. Missouri (along with Texas and Alabama) has the strictest eligibility criteria in the nation (only those at or below 18% of the Federal Poverty Level are eligible.) In general, adults aged 18-64 do not qualify for Medicaid unless

they have children or a disability.²⁵

- P. Lack of money is a consistent barrier to the provision of more and better mental health care services. State funding continues to decrease. Missouri is one of 21 states that did not expand Medicaid, despite the insistence by service providers we interviewed that expansion would greatly improve the situation. Instead, legislators have proposed expanding Medicaid managed care, which will not increase services for patients and will likely decrease them as has consistently been demonstrated where this kind of model has been employed. Many studies report the emphasis in managed care is on restricting care rather than providing it.²⁶
- Q. In February 2015, Housing and Urban Development (HUD), designated Springfield as the only major metro area in the state with "severe fiscal distress."²⁷ Poverty is a significant factor in a lack of access to mental health help.
- R. Tax levies in Greene County help support 1) senior citizens and 2) those with developmental disabilities but excludes all other conditions within the full spectrum of mental and behavioral health.²⁸ State law allows for passage of a mill tax by counties specifically to support mental health services, which other counties (e.g., Jefferson County) have used with success. Greene County has not yet voted to support such a tax.
- S. Choices about setting and acuity of care make a big difference in cost and duration of services. For example, according to figures provided by Greene County's Mental Health Court,²⁹ approximately \$31,000 in Greene County tax dollars could pay for the following packages of services:
 - 1. 19-day hospital stay - emergency admission and in-patient hospital stay (\$31,623), OR
 - 2. 94-day incarceration - arrest process, jail time and parole (\$30,258), OR
 - 3. 365 days living at home - subsidized housing [\$5,685], disability support [\$10,493], outpatient treatment [\$15,102] (total \$31,280).
- T. The School of Professional Psychology at Forest Institute will close in Fall 2015, which means Springfield will lose even more behavioral health services that have been provided by Forest graduates during their clinical practica and internships. Examples of groups that will be affected include: Boys and Girls Club, GLO, and jail inmates.³⁰
- U. The Kitchen Clinic is scheduled to close in Fall 2015. The Clinic, though not specializing in behavioral health, encountered a significant number of people needing mental health services. Although Mercy, MSU, and The Kitchen, Inc., are planning to open a new clinic for the uninsured on the MSU campus, which will be staffed in part by University of Missouri Medical School residents, it is still under discussion whether they will be able to provide

mental health services.³¹

- V. Many individuals, agencies and organizations in Greene County, including LWVSwMO, have identified that mental health services are a priority.³² Several entities want to work with others in the community to educate citizens and advocate for improvements in the affordability and accessibility of mental health services for all people.
1. The Community Focus Report in 2013 identified mental health as a Red Flag.³³
 2. The Springfield-Greene County Public Health Department included mental health as a top priority in its 2014 Community Health Improvement Plan (CHIP).
 3. Cox Health, in its 2013 Community Health Assessment survey, found that mental health was a top concern of respondents.
 4. Mercy, in its 2013 Community Health Assessment, listed mental health as an area for improvement.

Overview of Interviewees' Recommendations for Improvement

(These recommendations are a compilation of the many suggestions and opinions given by interviewees, based on their unique perspectives and understanding of the issues. These recommendations are not necessarily the views of the LWVSwMO membership but are excellent opportunities for community discussion.)

Greene County Actions

Educate Community to Change Attitudes and Garner Support

1. Help reduce the stigma of mental illness that still exists in our community.
2. Develop mental health curriculum for elementary, middle and high schools.
3. Educate community to support improvements in mental health accessibility and affordability.
4. Educate politicians about the need for increased accessibility and affordability of mental health services.
5. Support additional funding (e.g. tax levy) and/or make better use of existing funding for services through more efficient coordination among providers.

Increase Coordination Among Service Providers

1. Increase coordination of medical services among providers at all levels.
2. Implement formal networking and referral system among hotlines, providers, police, corrections and case managers.
3. Increase communication among providers and consumers about available services.
4. Encourage transparency within and accountability to the community for setting mental health priorities and use of designated funds.³⁴

5. Streamline intake/information sharing among providers (e.g. use one universal intake form).
6. Create a “one-stop shop” at the jail where a licensed professional meets with people who have been arrested.
7. Combine housing, disability and treatment services.
8. Provide case management follow-up for all patients (e.g. accompany patients to ensure prescriptions are filled or that shelter/housing is located).
9. Increase number of volunteer attorneys to set up guardianships so that severely mentally ill individuals who lack family support can get coordinated help and stay out of jail.
10. Increase availability of counseling services/crisis intervention.
11. Develop a bigger, safer drop-in center³⁵ that is open on more days and for more hours.
12. Create more long-term housing and/or group homes for mentally ill.³⁶
13. Increase treatment options for rural residents.

Revise Medical and Hospital Practices

1. Support prescription formularies that include effective generic meds, which cost less, and persuade providers to avoid prescribing high cost, brand name medications.
2. Increase the number of psychiatric beds in hospitals. Currently patients with mental illness, including those who are involuntarily detained on court-ordered 96-hour or 21-day holds,³⁷ may be boarded for days in Emergency Departments or on medical/surgical floors because no psychiatric beds are available.
3. Re-familiarize providers about HIPAA so that restrictions are not overemphasized; educate families about HIPAA so they know their rights when seeking involvement in loved ones’ care.
4. Decrease the wait time for mental health appointments.
5. Mental illness often causes those suffering from it to miss appointments; policies that penalize mental health patients who miss an appointment are not appropriate for these patients and need to be changed.
6. Continue to support the integration of mental health services through primary care providers.
7. Encourage pre-medical students to consider psychiatry.

Missouri and Federal Actions

Modify the Culture of Medicine

1. Support the full integration of behavioral health care into medical care.

Increase Number of Providers

1. Encourage changes in government regulation that would expand available pool of service providers.
2. Support medical schools in incentivizing students to enter psychiatry.³⁸
3. Ease student loan repayment for mental health provider training.³⁹

Require Health Care Plans to Cover More

1. Remove burdensome preauthorization requirements and coverage limits on therapy in health care plans.
2. Support the enforcement of The Parity Act (MHPAEA), which requires certain insurance companies to cover behavioral health and substance use disorder services on a par with medical care.⁴⁰

Expand Allowable Services and Reimbursement

1. Support reimbursement for all willing physician extenders (e.g. physician assistants, nurse practitioners) and mid-level providers (e.g. licensed clinical social workers and licensed professional counselors) to expand the populations they can serve.
2. Support the expansion of prescription privileges for psychologists (currently allowed in the military, Indian Health Service, New Mexico, Louisiana and Illinois).⁴¹
3. Expand Medicare reimbursement to a broader range of professionals for treating people age 65 or older or with a disability.
4. Expand Medicaid's age eligibility so that patients receiving mental health services still have coverage after age 21.
5. Expand Medicaid and then continue to support other regulations that would close the coverage gap and ensure that all Missourians have equitable access to behavioral and medical health care.⁴²
6. Do not permit expansion of Medicaid Managed Care.⁴³
7. Support a national healthcare insurance plan, that includes mental health coverage, and that provides maximum funding for patient services and requires minimal administrative overhead.⁴⁴

Good Things Are Already Happening

Community members and providers have been working to address several of the issues above in a wide variety of ways. Some of these programs are longstanding; some have begun since the League began this study. There are likely other efforts of which we are not yet aware.

- **Greene County's Mental Health Court (MHC)**, modeled after drug courts, diverts select defendants with mental illnesses into judicially supervised, community-based treatment. Over a dozen years ago, Burrell worked with the Greene County Courts to write the grant to establish the first mental health court in the area (the second in the state, after Kansas City). Research shows that mental health courts are an effective use of limited criminal justice and mental health resources. MHC improves public safety concerns while addressing jail overcrowding and the disproportionate number of people with mental illness in the criminal justice system. Most importantly, they work for the individuals who voluntarily participate, getting them reconnected with their communities and integrated into the fabric of society. The key to this approach is individualized, supervised treatment for mental health disorders that may be the primary root of individuals' entry into the criminal justice system. With successful completion of

the program, MHC can offer alternative sentencing for some crimes and may be able to avoid sentencing for charges directly related to their mental health status.

- Burrell developed a **Virtual Mobile Crisis Intervention** program that provides certain law enforcement officers with an iPad with which they can connect citizens they suspect of having mental health issues to a crisis counselor.
- **Crisis Intervention Team (CIT)** training is a week-long program developed by city and county law enforcement and provided free to officers to better equip them to deal with myriad challenges, especially those associated with people with mental illness.
- All providers we spoke with agreed **Medicaid Expansion** was needed to increase access to mental health service options. Unfortunately, the Missouri legislature has for three years refused to expand Medicaid, and that opportunity is no longer available. However, the advocacy group **Missouri Healthcare for All** continues to organize citizens and lobby legislators in favor of any policy or plan that will achieve health care coverage for all Missourians.
- The **Justice Mental Health Collaborative Project (JMHCP)** task force meets monthly at the Springfield Police Department. Spearheaded by law enforcement and chaired by a police Captain, meetings are typically attended by people from the Greene County Jail, Springfield Municipal Probation, Springfield Municipal Prosecution, Springfield Greene County Library, Urban Districts Alliance, Burrell Transitions, Ozarks Counseling Center and the Springfield Greene County Health Department. The goal is to try to divert people with mental illness into mental health treatment services instead of jail. The process works if the person who needs help is willing to cooperate. It is not appropriate for individuals who are antisocial rather than mentally ill. The process takes a long time if their family members are also experiencing mental health issues, low functioning, or absent and their case has to go through the guardianship process with the office of the Greene County Public Administrator. In two years the task force has performed a dozen very successful interventions with individuals.
- **Citizen Initiatives.** The **System of Services (SOS) Committee**, convened by a citizen at the request of Burrell Center, developed a **Homeless Court**, which has been operating since January 2015. The structure is similar to other treatment courts, with procedural differences such as meeting outside the courthouse around a table and allowing them to work off fines by accomplishing tasks to stabilize their lives. Providing support and encouragement for these individuals can help them stabilize and normalize their lives, which benefits them and their families. It also saves taxpayers' dollars and creates members who can contribute to our community. In six months of operation the Homeless Court has helped an increasing number of individuals with minor municipal offenses to gain access to mental health/addiction services, apartments and employment. The American Bar Association hosted the national pioneer of homeless court to consult with our

community. Eighty citizens attended a public meeting and our court received positive reviews.

- **The Detox Initiative of SOS** is working to keep individuals with intoxication and severe mental health issues out of the jail and hospital emergency rooms. Cox Health, Mercy Hospital Springfield, Clarity, Burrell Center, Greene County jail and the Springfield Police Department are working to divert those individuals into detox services at Clarity or crisis services at Burrell. The protocol, established at the end of May 2015, will be tested for two months at the end of the summer, evaluated and adjusted.
- **National Alliance on Mental Illness (NAMI)** provides support group services and mental health legislative updates. The Hope Center was recently relocated to a more reliable building. NAMI attempts to produce an annual directory of mental health related services, but must sell ad space or solicit donations to do so.
- **Jordan Valley Community Health Center** and Burrell Center cooperate on a program that links onsite Behavioral Health Counselors with primary care providers, so they can help screen and refer patients who need mental health services.
- **Housing First and Rapid Rehousing models.**⁴⁵ The Kitchen closed the Missouri Hotel emergency shelter in February 2015. It has implemented these new housing models with the goals of significantly shortening the time people remain in emergency shelter and providing more permanent affordable housing.

Emergency shelter is now provided in apartments in KIND Place and the Ollis Building, providing more comfortable spaces for families. The program continues to serve an average of 50 individuals nightly as the Missouri Hotel had for the past two years. Permanent housing will continue at Beacon Village and throughout the community.

The Kitchen, Inc. estimates one homeless individual can cost our community \$32,000 a year in services such as police costs, nights in jail, hospital emergency room visits, court fees, and salaries associated with these contacts. The Kitchen, Inc. reports an average cost of \$8,636 per person to provide housing *and* supportive services, including case management. The individuals served experience fewer health and legal issues, and feel happier and more successful. Utilizing the permanent housing model could save up to \$10 million a year as compared to continuing to provide services to homeless individuals.

Of 42 participants entering the program in the past year, 39 are still housed. This group's number of emergency room visits fell from 60 visits in the three months prior to housing to 18 visits during the first year of the program. Many of these individuals had been living on the streets for more than 10 years and suffered

from untreated substance abuse and mental and physical health issues. Now, all of them receive health care, almost half receive assistance with mental health and substance abuse issues, and nearly one-third pay all or a portion of their rent.

- Burrell has operated **Bill's Place** since 1985, in the Missouri Hotel/Kitchen complex, as a drop in and support center for homeless individuals and families, staffed by mental health case managers that help consumers obtain behavioral health services. Homeless individuals can come to Bill's Place to dry off, warm up, have a meal, take a shower, get mail, and attend a support group. Burrell is working with community partners to evaluate new locations when the current Kitchen property is sold.
- **NOAH (New Opportunities to Advance Health)** is a project initially funded by Burrell in the late 1990s with the goal of making evidence-based health education available within CoxHealth. Example: a program known as Chronic Disease Self-Management, which helps patients manage their conditions more effectively.
- **Behavioral Healthcare Homes:** Missouri was the first state in the country to implement Health Homes, an innovative, care coordination model for the delivery of health care services (for chronic health conditions, serious mental illnesses and substance abuse disorders) to Medicaid recipients. Health Homes produce better health outcomes through care coordination, decrease emergency room visits, and save taxpayer dollars.
- The **MO Disease Management 3700 Project (DM 3700)** is a collaborative project between the Department of Mental Health and MO Health Net (Medicaid). The project targets high cost Medicaid clients who have the kind of chronic medical conditions that, with support and education from mental health case managers, could be significantly impacted and improved.

LWVSwMO Position Statement

Having completed the two-year study that focused on the accessibility and affordability of Greene County's mental health care services for adults, the results of which are summarized in this document, the membership of the LWVSwMO has agreed to:

- promote mental/behavioral health as a public policy issue on par with physical health and physical disabilities;
- advocate for increased accessibility and affordability of mental health care services[±] for adults in Greene County with treatment based on need and not on the ability to pay;
- support efforts to divert mentally ill people from the Greene County jail and into appropriate mental health treatment;
- advocate for additional funding structures for mental health care;
- encourage and work with other organizations seeking to promote accessibility and affordability of mental health services for all.

[±] Services include, but are not limited to, those specified in the local League's 1987 Health and Human Needs position statement: "...housing...counseling...and outpatient case management such as special employment assistance, job training and/or supervised employment." The 1987 statement is in line with the original 1978 Health and Basic Human Needs position (which did not specifically address mental health) to "support health services especially for the poor and disadvantaged with focus on information and referral guidelines to access city/county health services."

Moving Forward

The LWVSwMO is now preparing to move into the advocacy phase of the project. In the coming months we will be gathering more data, including studying solutions developed in other communities,⁴⁶ developing relationships in the community. We hope for the opportunity to participate in a robust community-wide discussion of these issues as we develop solutions that are right for the Ozarks.⁴⁷ Our goal will be to determine where we can be most helpful in support of the League's position statements, as outlined above.

Notes

¹ It was beyond the scope of our study to independently audit and verify all the information that was provided by our interviewees. For that reason, this report is an overview of community perceptions and data, as they were provided to us. We have also provided sources and examples we found in online research.

² Focus group research design was approved by Missouri State University's Institutional Review Board, # 15-0084, approval date 9/11/2014.

³ <http://www.pbs.org/wgbh/amex/nash/timeline/> and <http://www.motherjones.com/politics/2013/04/timeline-mental-health-america>

⁴ National Association of State Mental Health Program Directors Research Institute, Inc (NRI), 2005 <http://www.nri-incdata.org/>

⁵ <http://archive.news-leader.com/assets/pdf/D018889556.PDF> Missouri Hospital Association Special Report. *Elimination Of State-Operated Acute Psychiatric Inpatient and Emergency Services In Missouri*. April 2012.

⁶ <http://www.missourinet.com/2015/04/10/nixon-calls-for-missouri-lawmakers-to-stem-proposed-budget-cuts/>
<http://www.mobudget.org/senate-cuts-harmful-to-vulnerable-missourians/>

⁷ <http://dmh.mo.gov/docs/mentalillness/providerdirectory.pdf>

⁸ See Appendix page 21.

⁹ Clarity is “a division of” Burrell. Rare Breed, a program for adolescents, has a “partnership” with Burrell (Bill’s Place). Forest Institute credits partner Burrell with committing “funds to support the anticipated teach out” that will enable current students to complete their degrees.

¹⁰ Figures from Burrell Center.

¹¹ Full spectrum includes: organic mental disorders, schizophrenic, paranoid and other psychotic disorders, affective disorders, intellectual disability, anxiety-related disorders, somatoform disorders, personality disorders, substance addiction disorders, and autistic disorders and other pervasive developmental disorders. <http://www.ssa.gov/disability/professionals/bluebook/12.00-MentalDisorders-Adult.htm>

¹² NAMI, <http://www2.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=5148>

¹³ De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., ... Leucht, S. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, 10(1), 52–77.

Parks J, Svendsen D, Singer P, Foti ME. Morbidity and Mortality of People With Serious Mental Illness. *National Association of State Mental Health Program Directors*. Alexandria VA, 2006.

¹⁴ Burrell comment: In 2014 nearly 3,000 uninsured patients received care in Burrell’s Greene County facilities. Approximately 2000 patients (who may also have been among the uninsured) had *serious* mental illness (which includes schizophrenia/schizoaffective disorder, major depressive disorder, and bipolar disorder) and received effective coordinated care (including community support, medication management, psychosocial rehabilitation programming, psychotherapy, supportive housing services, and integrated health care services for chronic health conditions).

¹⁵ <http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>

¹⁶ Timko A, Herbert J. Physician Self-Reported Experiences With Direct-To-Consumer Advertising Of Psychotropic Medication. *Scientific Review Of Mental Health Practice* [serial online]. Winter 2007, 2007;5(2):3-7. Available from: Academic Search Complete, Ipswich, MA. Accessed July 11, 2015.

¹⁷ Any medication capable of affecting the mind, emotions, and behavior. Some medications such as lithium, which may be used to treat depression, are psychotropic. Also called a psychodynamic medication.

¹⁸ Examples of physician extenders include physician assistants and nurse practitioners.

¹⁹ <http://www.mentalhealthamerica.net/types-mental-health-professionals>

²⁰ http://www.integration.samhsa.gov/Reimbursement_of_Mental_Health_Services_in_Primary_Care_Settings.pdf

²¹ <http://dmh.mo.gov/docs/diroffice/dors/senatebill229.pdf>; also Merna Eppick of Clarity. <http://www.namsdl.org/library/7C31052D-1C23-D4F9-74534D3613D19DEF/> http://www.naadac.org/assets/1959/naadac_model_state_licensure_bill.pdf

²² http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf
<http://www.washingtonpost.com/blogs/wonkblog/wp/2015/04/30/a-shocking-number-of-mentally-ill-americans-end-up-in-prisons-instead-of-psychiatric-hospitals/>
<http://archive.news-leader.com/article/20111016/NEWS01/110160395/Mentally-ill-behind-bars>

²³ http://www2.nami.org/factsheets/mentallillness_factsheet.pdf

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³¹ <http://www.ozarksfirst.com/news/the-kitchen-medical-clinic-closing-in-the-fall>

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³³ Produced by the Community Foundation of the Ozarks.

³⁴ Burrell comment: provider agencies are held strictly accountable for all funds received from DMH through certification standards, site visits, multiple audits, and accreditation requirements.

³⁵ Currently, Rare Breed is listed online as a drop-in center for adolescents. Bill's Place is listed as a walk-in center for the homeless.

³⁶ Burrell comment: Supported housing and "housing first" models are very effective and should continue to be developed. Burrell has received national awards for providing multiple housing options for those with mental illness, including some that are integrated into the community in a way that makes them indistinguishable from ordinary apartments and homes.

³⁷ A person who presents a likelihood of serious harm to self or others as the result of a mental disorder or alcohol or drug abuse may be involuntarily detained (for 96-hours) by court order for evaluation and treatment at a mental health or alcohol/drug abuse facility recognized by the Department of Mental Health. [<http://dmh.mo.gov/docs/mentalillness/refguideforcid.pdf>]

³⁸ http://www.idph.state.il.us/about/rural_health/Psychiatry_Incentive_Prog_Rpt_2011.pdf

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⁴⁶ Such as San Antonio TX, Minneapolis MN, Tulsa OK, Memphis TN, Cape Girardeau MO and Jefferson County MO.

⁴⁷ <http://www.mentalhealth.gov/talk/community-conversation/index.html>

Appendix

Handout from Missouri Department of Mental Health, Missouri Division of Behavioral Health

Presented by Director Mark Stringer to the League of Women Voters of Southwest Missouri, General Meeting, January 29, 2015

1. What is the source of funds distributed by the Department of Mental Health/Division of Behavioral Health?

Funding includes:

- General Revenue (50%) – State funds
- Federal Funds (46%) – Federal share of Medicaid, along with federal grant awards, such as the Substance Abuse Prevention and Treatment Block Grant, and Mental Health Block grant.
- Other Funds (4%) – tobacco settlement, offender fees, etc.

2. Briefly, what is the process through which those funds are distributed?

The Division of Behavioral Health (DBH) contracts with multiple agencies throughout the state, including a network of administrative agents (community behavioral healthcare organizations) that provide priority services for children/youth with serious emotional disturbances and adults with serious and persistent mental illness in 25 service areas. Agencies bill DBH for services rendered.

3. Who is the administrative agent for Greene County?

Burrell Behavioral Health is the administrative agent for Service Area 10 – seven counties in Southwest Missouri, of which Greene County is the largest.

4. What is the mandate to and obligations of the local administrative agent and local contractors when this money is accepted?

The mandate and obligations of the local administrative agent are defined in state law and described in its contract with DBH. Those obligations include, but are not limited to:

- Acting as the primary entry and exit point for the state mental health service delivery system for individuals residing in the service area.
- Creating a comprehensive, coordinated system of care that avoids duplication.
- Providing necessary and appropriate services to the target populations listed in the contract, to the extent of the state allocation.
- Providing certain mandated programs, such as Community Psychiatric Rehabilitation Center (CPRC), health home, outpatient services, day treatment, psychosocial rehabilitation, targeted case management, evaluations ordered by a court, etc.

Administrative agents only receive funds from their allocation after DBH is billed on a unit by unit basis for services which have already been delivered.

It is important to emphasize that administrative agents have limited funds and are required to assure that services are provided throughout the year. As a result, they generally cannot meet the needs of all people with mental illness. They must make choices about how to expend their limited resources within the requirements of the contract.

5. What is the total amount of funds DBH sent to pay for mental health care services for adults in Greene County in the most recent year available?

Approximately \$13.9 million.

6. Please provide a breakdown of funds distributed —which fiduciaries receive it and for what specific purposes?

Mental Health Treatment - Community psychiatric rehabilitation, support services, medication, supported community living, targeted case management, assertive community treatment, homeless services.		\$18,475,264
	Burrell Behavioral Health	
Substance Use Disorder Treatment		\$3,079,051
	Burrell Behavioral Health	
	Alternative Opportunities, Inc.	
	Heartland Center for Behavioral Change	
SATOP (Substance Abuse Traffic Offenders' Program)		\$496,388
	Alternative Opportunities	
	Alternatives, Inc.	
	Burrell Behavioral Health	
	Correction Services	
	Heartland Center for Behavioral Change	
	Safety Council of the Ozarks	
Recovery Support		\$478,409
	Burrell Behavioral Health	
	Church Army USA	
	Communities of Recovery, Inc. (CORE)	
	Heart of the Ozarks	
	Higher Ground Recovery Center	
	Recovery Outreach Services	
	Springfield Victory Mission	
	Victory Circle Peer Support, Inc.	
Total for Greene County		\$22,529,112

**Funds are allocated by service area. These are estimated figures for Greene County alone based on historical utilization.*

7. Who determines the amounts and priorities for this distribution?

DBH determines the amounts distributed to the agencies and establishes target populations and mandated services in their contracts. Agencies have discretion within the contract to spend the allocation according to requirements.

Recovery support providers are funded by the federal Access to Recovery Grant and all services are reimbursed through a fee-for-service, **voucher-based** system.

8. What is the history and rationale for limiting distributions to a single administrative agent in Greene County?

In accordance with State law, the Department has designated administrative agents to serve as entry and exit points in defined service areas for mental health services.

The Community Mental Health Center Act of 1963 created a federal grant program designed to directly fund community-based mental health centers (CMHC) providing a comprehensive array of services to the citizens of a designated service area. In 1981, the federal government transferred the CMHC program to the states in the form of block grants for better coordination of deinstitutionalization. The Administrative Agent system was established in Missouri, simply codifying in state statute the CMHC system originally established by the federal government. Burrell Center was one of the CMHCs originally funded by the federal government.

The Administrative Agent system both provides a one-stop shop for accessing a full array of mental health services, and also directly embodies the care coordination that is critical to assisting individuals affected by serious mental illness. It has come to be recognized as one of the great strengths of the public mental health system in Missouri.

9. What is the relationship of state funding to Medicaid? For example, are state monies intended to provide care for those least able to afford it? If so, what provision is made for providing services to people who are too ill to access Medicaid?

State funding allocated to administrative agents is intended to be spent on persons identified as target populations. Many of those persons are Medicaid eligible, in which case the administrative agent uses its state funds to provide the match (approximately 40%) required for federal Medicaid reimbursement. Persons from the target population who are not Medicaid eligible may have their services fully covered by state funds, depending on their ability to pay. Administrative agents are expected to use their limited state funding to serve the most people possible in the most effective and efficient manner.

10. Does DMH/DBH provide any funds to the Greene County jail or to any other corrections facility in the state?

No. Counties are responsible for the needs of offenders in the county jail. However, through its administrative agents, DBH does provide support for those re-entering the community following incarceration and in programs like the Greene County Mental Health Court.

11. What are your ideas for improving mental health care services accessibility and affordability for adults in Greene County?

Medicaid Expansion – About 34,000 indigent individuals who could qualify under Medicaid expansion now seek DBH services that are currently covered by state funds or limited federal grants delivered by contracted community behavioral health providers. Most of these dollars are focused on people who are not categorically eligible for Medicaid, and for services that Medicaid does not cover. Only a small percentage of the Missourians who seek help for substance use disorders qualify for Medicaid, and young adults with serious mental illness only become eligible after being determined disabled. Approximately 16,000 individuals would be newly eligible under Medicaid expansion and would seek mental health services. New dollars and services could be tailored to young people in early stages of mental illness.

Excellence in Mental Health – DBH, in collaboration with MO HealthNet and the Coalition for Community Behavioral Healthcare, will be applying to participate in a Medicaid demonstration program designed to increase access to and expand community based mental health services. This fall we expect to receive a federal planning grant to design a prospective payment system for services, and to begin applying a new set of federal criteria to assure that clinics meet a national standard of care. Eight states will be chosen to begin implementing the program by the end of 2016 and will receive an enhanced federal Medicaid match that will allow them to improve existing services. Because of the work we have already done by implementing CMHC Health Homes, we are well ahead of most states in being positioned to participate in the program.

County Mill Tax – Some counties have passed a mental health mill tax and have found them invaluable in improving access to essential mental health services. As a payer of last resort, such local funds can help make other resources go farther in providing services for people with serious mental illness.

Current and future efforts of Burrell to improve access to behavioral health services in Greene County –

- For the most recent year, Burrell provided over \$1.5 million in unbilled charity care, including a free clinic that provided mental health assessment and psychotherapy services for the most economically disadvantaged local citizens.
- Since 2000, Burrell has secured nearly \$70 million in grant and other funding, almost entirely outside of DBH sources (SAMHSA, Missouri Foundation for Health, HRSA, NIMH, etc.) to provide services and create programs that meet mental health needs in this community.
- In 1985, Burrell established and has since operated Bill's Place, a homeless drop-in center with access to basic human services in addition to behavioral health services. There were 14,688 homeless consumer visits in 2014.
- In 2014, Burrell's Crisis Assist Team responded to 8,748 crisis calls, as well as provided mobile outreach to 564 patients in the Springfield area.

- Burrell sends mental health workers weekly to the Greene County Mental Health Court to coordinate care for those clients who have committed an offense but are better served in treatment than in jail.
- Burrell formed an Integrated System of Services (SOS) in which many agencies in the community are working together to serve the homeless who suffer from mental illness. The state's first Homeless Court is now operational. Burrell has volunteered and paid for staff time in this project.
- Over two years ago, Burrell created a new division for Intellectual/Developmental Disabilities for clients with co-occurring mental health disorders to provide access to integrated services.
- Burrell has six mental health staff placed full time in the Springfield schools.
- Burrell has provided \$100,000 in support for a dyslexia project in the Nixa Public Schools.
- Burrell has a full-time psychiatrist who provided 5,386 consultations for med-surg patients in 2014.
- Burrell has a longstanding partnership with Jordan Valley, the area's federally qualified health center, which includes a mental health consultation program to assist with outpatients and a psychiatrist who helps facilitate access as well as assists in overall medical care.
- Burrell funded the New Opportunities to Advance Health (NOAH) project within CoxHealth, which has led to the availability of evidence-based chronic disease self-management programs.
- Burrell established an autism evaluation and treatment program which includes a multi-disciplinary team of psychologists, a developmental pediatrician, therapists, and others.
- Burrell developed a Virtual-Mobile Crisis Intervention that provides crisis intervention trained law enforcement officers with an iPad by which they can connect citizens to a crisis counselor at Burrell.
- Burrell recently established a relationship with the CoxHealth NICU (neonatal intensive care unit), wherein a psychologist works with the medical treatment team to maximize the likelihood that the community's most vulnerable citizens get a healthier start.
- Burrell is a leader in the Health Homes initiative, in which Missouri was the first state in the nation to implement.

An important positive indicator of access to care is that residents from Burrell's designated Service Area 10 were admitted to state hospitals for inpatient psychiatric care at a rate nearly 8 times lower than the state. The rate is the same for Greene County as for Burrell's entire SW Service Area—again, nearly 8 times lower than the state average.

Burrell has been nationally recognized (e.g., Awards of Excellence from the National Council for Behavioral Health, SAMHSA's Science to Service Award) for its efforts to improve access to care.