

QUAD CITIES AREA BEHAVIORAL HEALTH AND IDD PROJECT



**A Partnership between United Way of the Quad
Cities Area, Genesis Health Systems, Unity
Point Health, and Hubbell-Waterman
Foundation**

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Overview and Outline of the Quad Cities Project

- Overview
- The Challenge
- Assessment Methods
- Summary of On-Site Meetings
- Data Analysis
- Recommendations
- Suggested Areas of Exploration



Project Overview

- A partnership between The United Way of the Quad Cities Area, Genesis Health System, UnityPoint Health, and the Hubbell-Waterman Foundation led to the initiation of an assessment and analysis of the behavioral health and I/DD services in Scott and Rock Island Counties.
- MTM Services, LLC was tasked with identifying the providers of such services in the two county area and analyzing, to the extent possible, the gaps in the service array.
- An electronic list of behavioral health providers has been developed to use in the Quad Cities Area to assist with access to care.

The Challenge

- Availability and access of mental health, intellectual/developmental disability and substance abuse (MH/IDD/SA) services is unknown at the QC Area.
- The array of MH/IDD/SA services is unknown in the QC Area.
- Citizen and provider complaints of long wait times particularly for psychiatric services.
- Challenge in meeting the needs of the indigent population.
- A 2015 Community Health Needs Assessment revealed 32.4% of very low income individuals report fair to poor mental health, 20.5% of respondents reported a diagnosis of depressive disorder, 29.8% of respondents reported experiencing depression or sadness in two or more years of their lives, and the annual average age-adjusted suicide rate of 16.2 is higher than the state or national rates.

Assessment Methods

- MTM Services developed and distributed an electronic survey to obtain key information from a sample of service providers in the Quad Cities Area.
- MTM Services conducted two community forums soliciting information in three areas: strengths of the current system, gaps in the service array and suggested action items the partnership could implement to improve the system of care.
- MTM Services conducted nine on-site interviews of individuals representing service provider agencies. An additional three individuals were interviewed via phone conference.
- MTM Services conducted a review of available databases to arrive at a list of the MH/IDD/Sa professionals practicing in the Quad Cities Area.

Survey and Listening Session Results

- Significant survey results include 64% of providers reported no waiting list; while few service providers indicated they collect the waitlist data that MTM Services would expect from a high performing service provider.
- The database query indicates that there are approximately 300 independent licensed service providers, over 50 mental health agencies, 30 agencies serving the IDD population and more than 15 serving persons with addictions in the Quad Cities Area.
- Fragmentation across mental health and substance use providers creates difficulties in the coordination of care, possible reductions in quality outcomes, and may increase the cost of care.
- With the data available, we cannot make a determination as to whether there exists sufficient numbers of professionals and/or capacity to meet the behavioral health and IDD needs of the two counties.

Survey and Listening Session Results Continued

- MTM Services can however state with 100% certainty that more individuals could be served with the same number of professionals due to unused service capacity.
- Based on the analysis, there is currently a sufficient amount of inpatient psychiatric services in the Quad Cities Area and no expansion is needed at this time. The community-based gaps in care normally lead to higher utilization of inpatient psychiatric care.
- MTM Services believes that the service gaps reside in the service continuum between outpatient/therapy and inpatient institutional care.
- A significantly larger community services gap exists in children and adolescent services compared to adult services.

Behavioral Health Identified Gaps and Services to Consider in a Strong Continuum

- The development of Community-based crisis services such as mobile crisis teams, community-based crisis stabilization and residential services would reduce the use of inappropriate Emergency Department and Inpatient Psychiatric Hospital services.
- Same Day Access to outpatient psychiatric and clinic/community-based treatment is needed by consumers.
- Rapid access to psychiatric team-based care would improve care to citizens early on in the course of illness development.
- Appropriate utilization of services needs to be considered by all group providers. The right service, at the right intensity and at the right time.

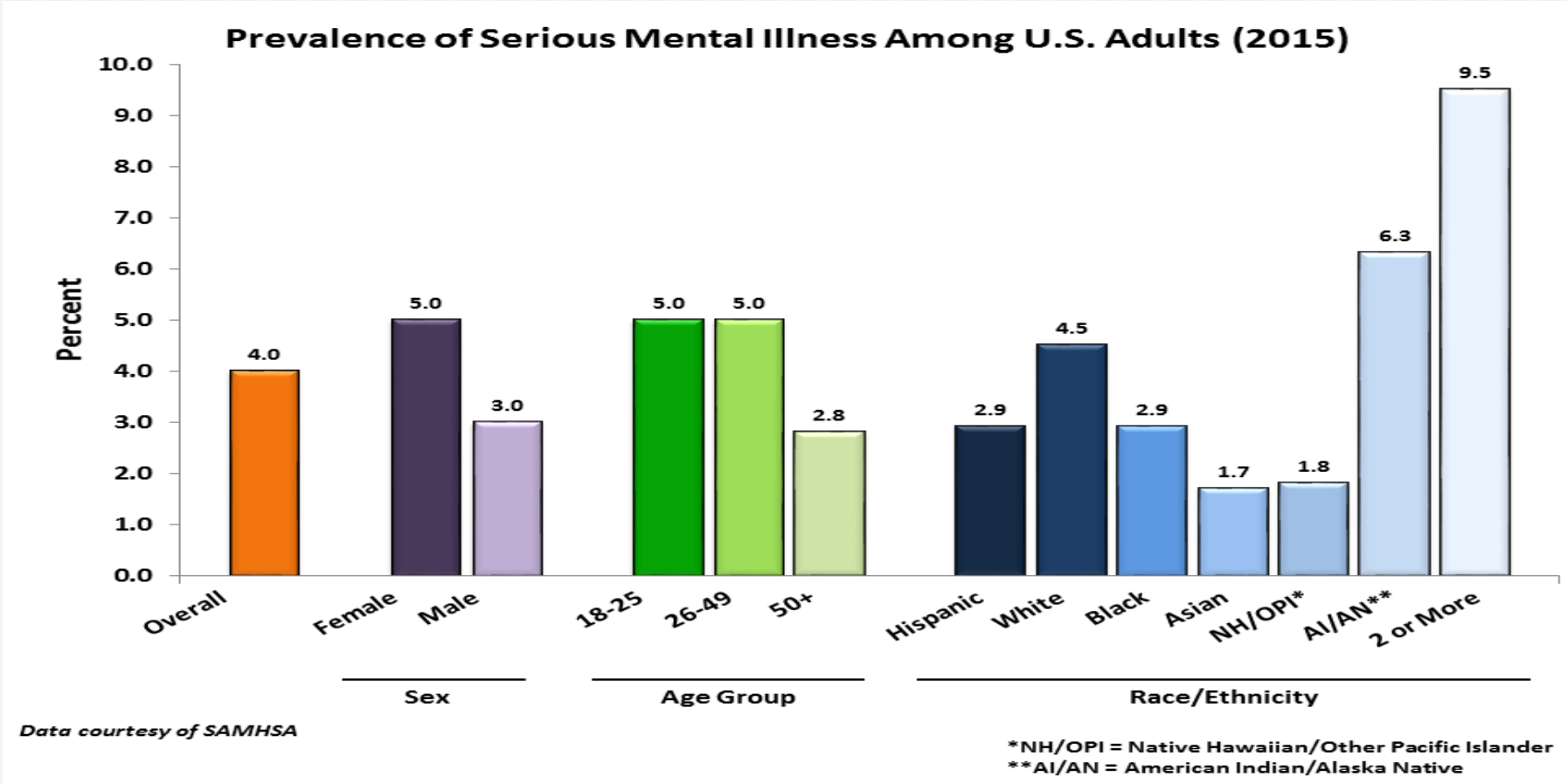
Behavioral Health Identified Gaps and Services to Consider in a Strong Continuum

- Development and increased capacity to a broader array of evidenced-based practices within the Quad Cities Area.

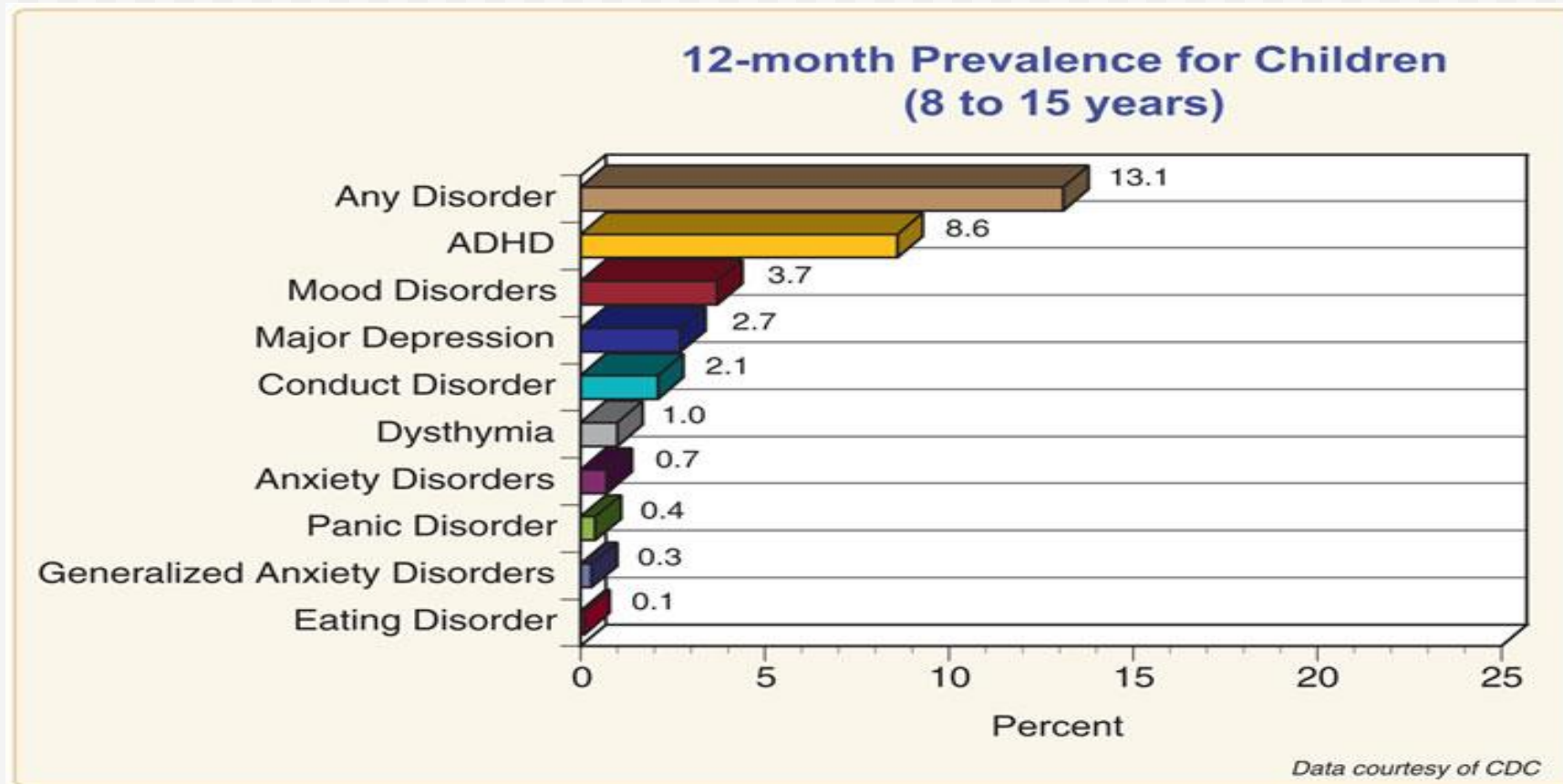
Examples:

- Co-occurring treatment for mental health and substance use disorders
 - Recovery-oriented services
 - Multi-systemic therapy for children and families
 - Assertive Community Treatment
 - Community Support Services
 - First Episode Early Intervention for Psychosis
- Development and increased capacity for intensive community-based behavioral health treatment approaches.

Prevalence of Serious Mental Illness Among US Adults in 2015



Prevalence of Any Mental Illness Among US Children in 2015



Available Research Results for Iowa's Prevalence

The Substance Abuse and Mental Health Services Administration (SAMHSA) produced a 2014 report called the Behavioral Health Barometer for the state of Iowa in 2014 and published this report in 2015.

IN IOWA, PER YEAR IN 2009-2013

8.3% of adolescents had at least one Major Depressive Episode (MDE) within the year surveyed.

48.8% of adolescents with MDE received treatment for their depression within the year surveyed.

4.2% of adults had serious thoughts of suicide within the year prior to being surveyed. 

4.7% of adults had Serious Mental Illness within the year.

49.3% of adults with Any Mental Illness received mental health treatment or counseling which is higher than the national average.

Spending Per Capita Comparison and Service Sufficiency In Rock Island. IL and Scott County IA

In State fiscal year of July 1, 2012 to June 30, 2013, Illinois mental health expenditures totaled over \$930 million.

Iowa spent approximately \$440 million in the same time period.

On a per capita basis, Illinois spends \$72.44 per citizen while Iowa spends \$142.38 per citizen. This places Iowa in the top twenty states nationwide for behavioral health expenditures.

Information on the Number of Behavioral Health Professionals Does Not Equate to Access and Capacity

- Searched multiple data bases, included Health Plan Directories, Websites and Practice Registries
- Some professionals may practice limited time (e.g. 1 day per week)
- Some are captured in multiple locations
- Performance varies by professional
- The Quad City Area distribution of professionals may not align with need
- Citizens and providers believe capacity needs to be increased and greater access to community-based care needs to be improved

Scott County Iowa Designated as HPSA in 2016-Rock Island County Illinois is not Designated as a HPSA

The screenshot shows the HRSA HPSA Find Results web application. The search criteria are as follows:

- State: Iowa
- County: Scott County
- Discipline: Mental Health
- Metro: All
- Status: D,P
- Type: All
- Date of Last Update: All Dates
- HPSA Score: From 0 To 26

The search results table shows one entry for Scott County, Iowa:

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Scott County	163	7199991932	Community Health Care, Inc.	Mental Health	Comprehensive Health Center		17	17	Designated	06/30/2016

Note: Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee – they are not listed separately.

Long-Term Recommendations for the Quad Cities Area

- Creation of a consortium that would lead a strategic planning and implementation process with the partnership playing a leadership role.
- Play a leadership role in the advocacy at the state and national level for increased funding and system improvements.
- Development and implementation of recruitment strategies.
- Development and implementation of performance standards and benchmarks to include a value and performance based contract.



Short-Term Recommendations for the Provider Community and the Quad Cities Area

- Development of key community based services that would close the current gap between outpatient and inpatient named herein.
- Development of key community based services that provides rapid interventions and reduce more costly care named herein.
- Development of shared work agreements between service providers.
- The United Way may want to change funding methodology from a request based system to a grant based system to stimulate the community service system.

Questions and Comments

Your questions, our answers!

