

Trends in Behavioral Health

National Dialogues on Behavioral Health

October 23, 2017

New Orleans, Louisiana

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Program Directors (NASMHPD)



Will Discuss

- NASMHPD Strategic Plan
- Trends in psychiatric hospitalization
- Trends in Behavioral Health Systems
- Trends in Financing Behavioral Health Services
- Goals for future Behavioral Health System
- Further Integration of Care

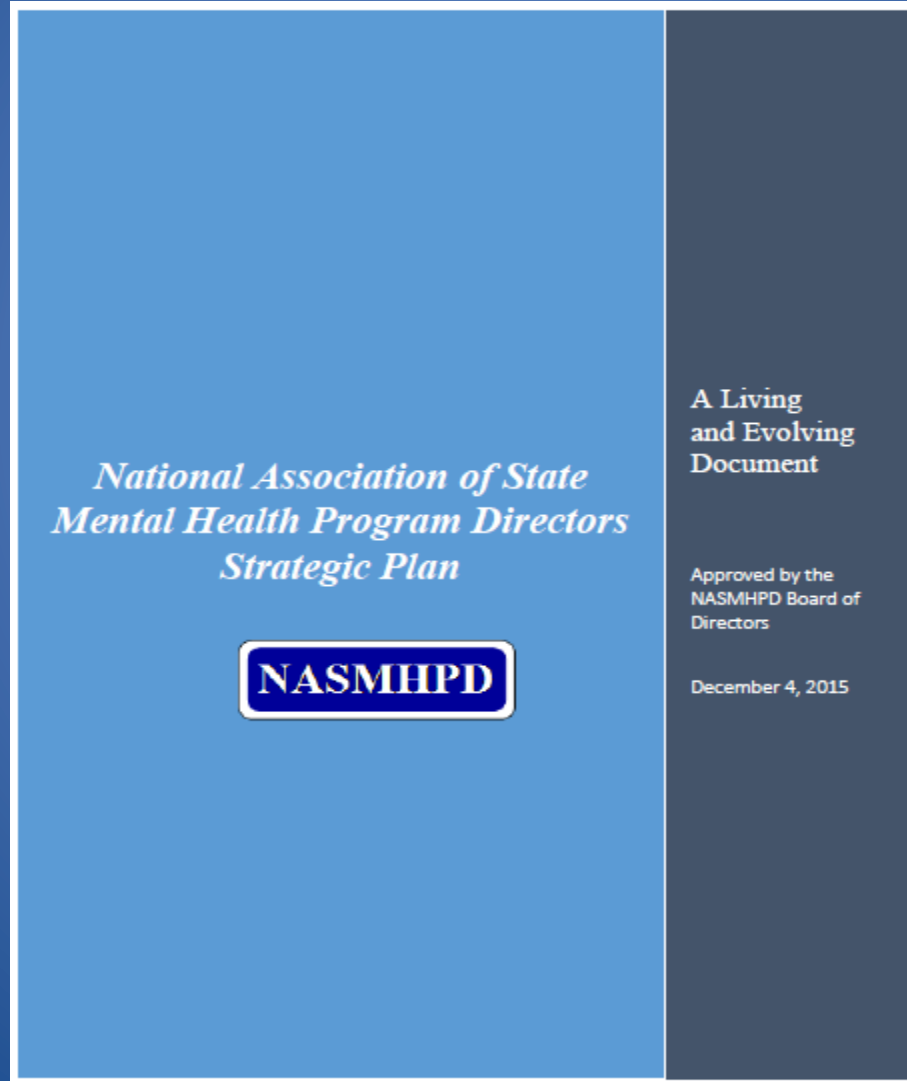


NASMHPD

Represents the \$41 Billion Public Mental Health System serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia.

Affiliated with the approximately 195 State Psychiatric Hospitals: Serving 147,000 people per year and 41,800 people at any one point in time.

NASMHPD Strategic Plan



NASMHPD Strategic Plan - Values

- Least Restrictive and Most Integrated Setting
- Human Rights and Health Equity
- Health and Wellness
- Recovery and Person-Centered Services and Planning
- Unique Role of Safety Net Services in the Public Mental Health System
- Empowerment
- Community Education
- Zero Suicide
- Working Collaboratively
- Effective and Efficient Management and Accountability
- Culturally and Linguistically Responsive
- High Quality Workforce Capacity

MISSION

NASMHPD will work with states, federal partners, and **stakeholders to promote wellness, recovery,** and resiliency for **individuals with mental health conditions** or co-occurring mental health and substance related disorders **across all ages and cultural groups,** including: youth, older persons, veterans and their families, and people under the jurisdiction of the court across the full continuum of services including inpatient.

NASMHPD Research Institute works with the states and territories. Thank you to NRI for allowing NASMHPD to use the following slides.

- NRI collects and analyzes data related to federal reporting requirements for the Mental Health Block Grant Program, as well as collection and reporting activities related to state psychiatric hospitals.
- NRI maintains a data base on financing, quality management and information systems.
- NRI conducts specialty state study analyses.

For Additional Information

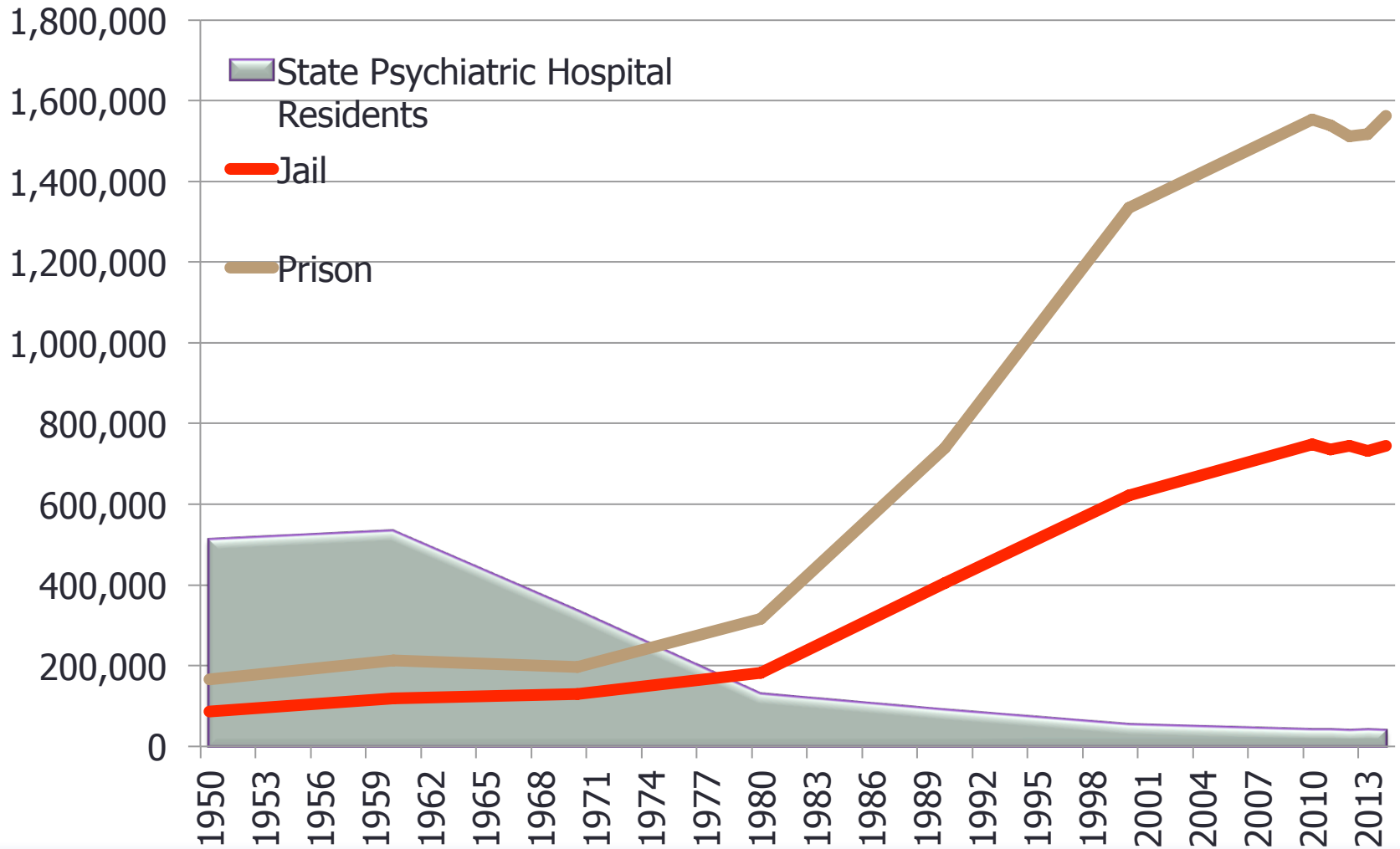
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Psychiatric Hospitals

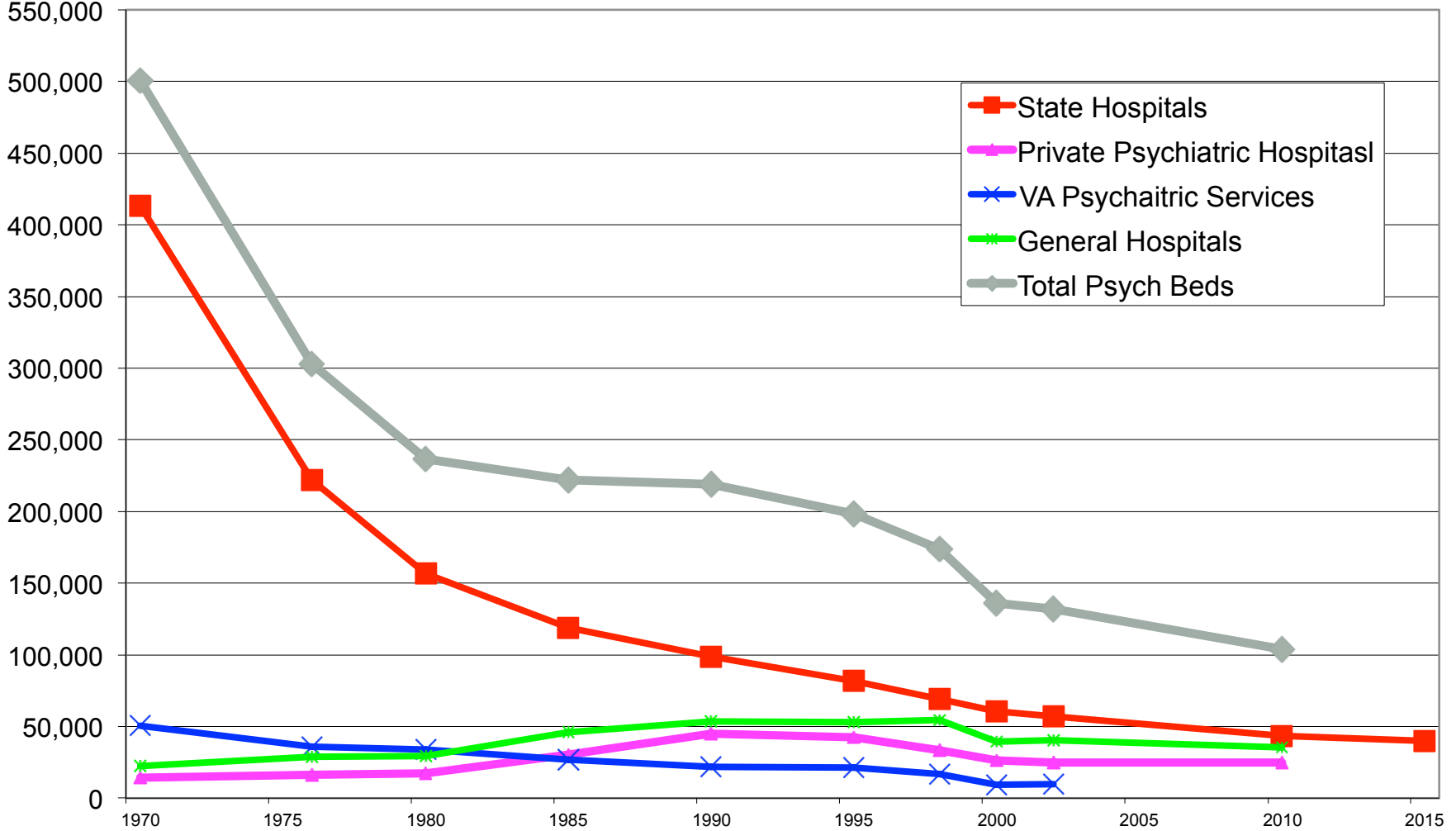
Residents in State Psychiatric Hospitals, Jails, and Prisons, 1950 to 2014



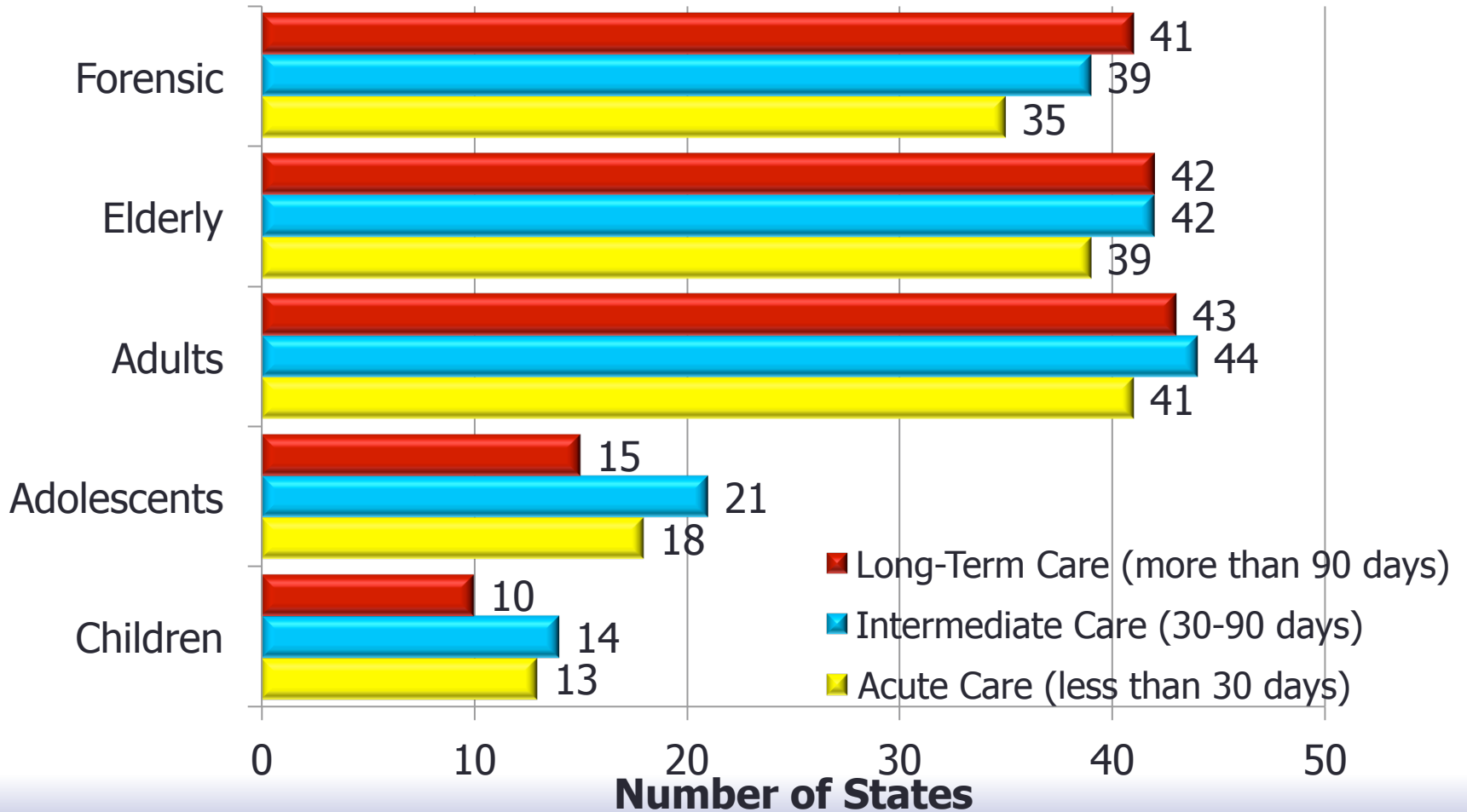


Trend in All Psychiatric Beds: By Type of Hospital, 1970 to 2015

Analytics Improving Behavioral HealthSM



Intended Use of State Psychiatric Hospitals: 2015

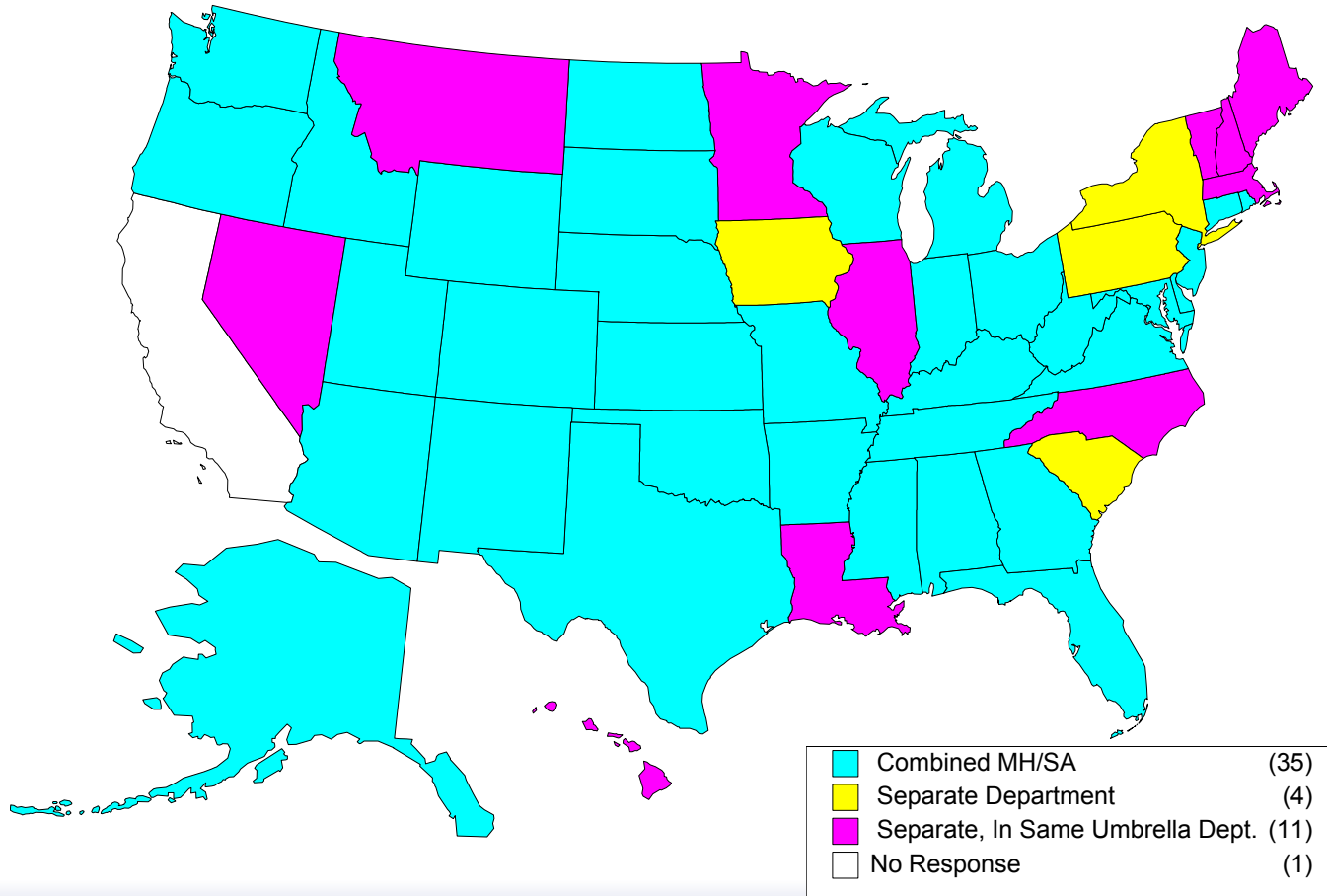


- Much of the attention recently has been on state hospital beds but increasingly psychiatric admissions are in the private sector.
- State hospitals are primarily taking court involved admissions.
- Historically, the biggest reason an individual went to the state hospital was because they were uninsured.

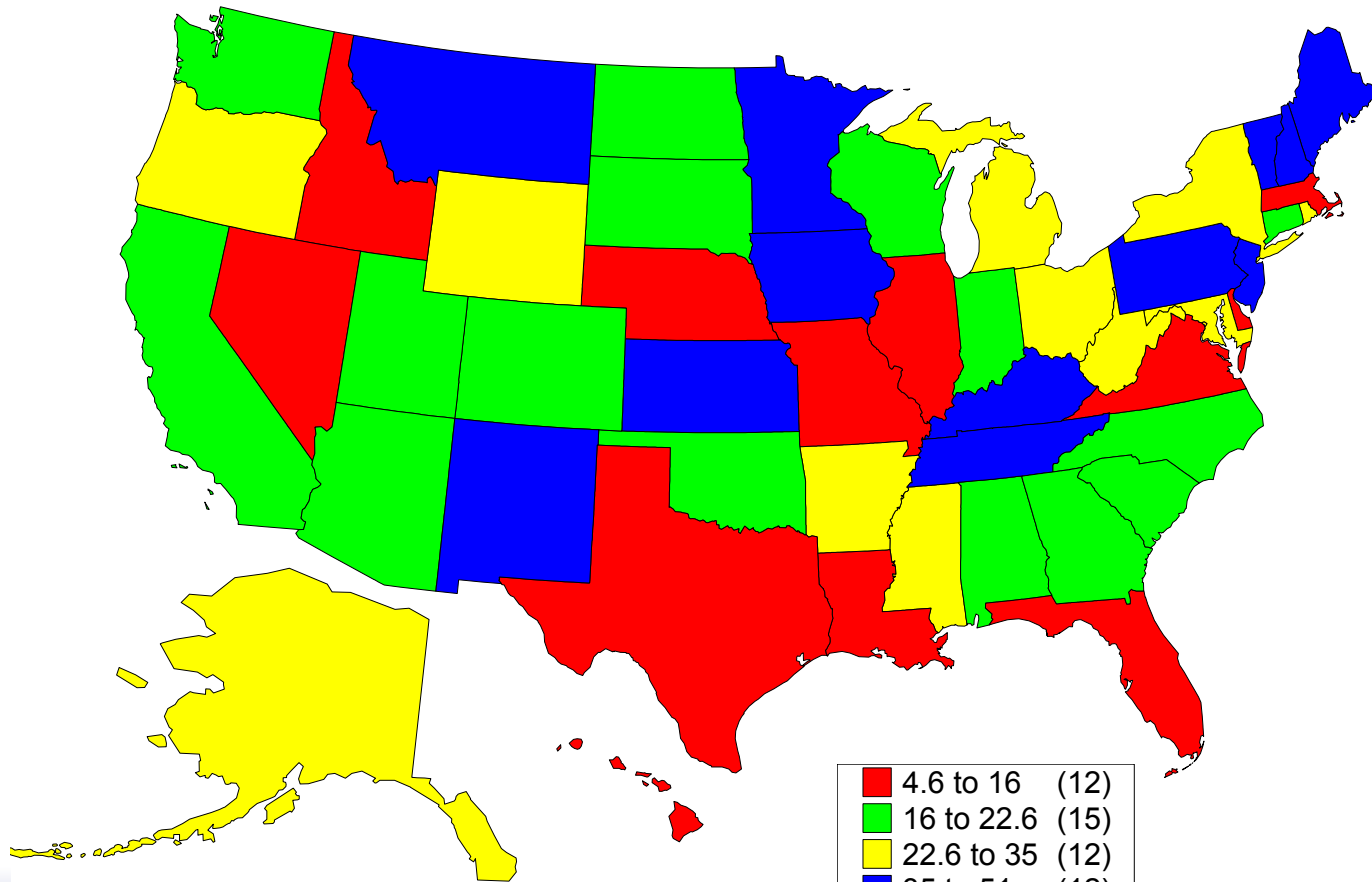
- This parallels general health care, where there is increased expectation that individuals get care independent of ability to pay. This is made easier since the uninsured population has decreased and therefore less uncompensated care. Therefore, most persons receive their inpatient care in the private sector.

Trends in Behavioral Health Systems

Organization of M/SUD Service Responsibilities:2015



State Mental Health Authority persons Served Per 1,000 State Population.



Red	4.6 to 16	(12)
Green	16 to 22.6	(15)
Yellow	22.6 to 35	(12)
Blue	35 to 51	(12)

Individuals Served by State Mental Health Authority

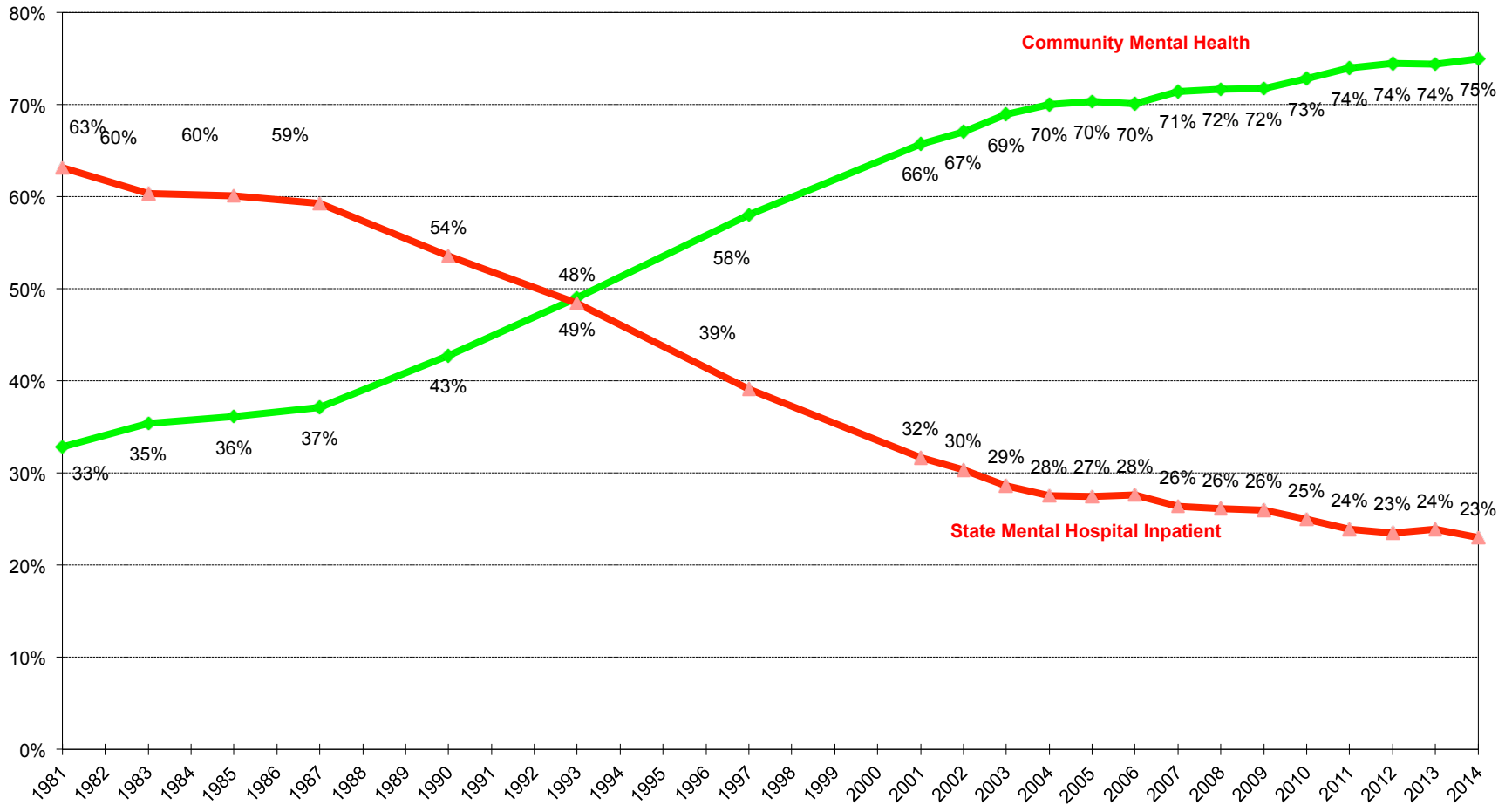
- SMHAs provided mental health services to over 7.5 million individuals during FY 2015
 - 2.3% of the US Population
 - 68% of Adults served had a Serious Mental Illness (SMI)
 - 70% of Children served had a Serious Emotional Disturbance

Percent of Clients Served, by Service Setting: 2014 Uniform Reporting System

- ❖ 98% of clients received community-based mental health services
 - 22.3 per 1,000 population (range from 0.8 to 51.2 per 1,000)
- ❖ 2% of clients received services in state psychiatric hospitals
 - Range from less than 1% of clients (in 11 states) to 12% in (2 states) of total clients served
- ❖ 4.6% of clients received services in other psychiatric inpatient settings (37 states reporting on OPI)

Trends in Financing Behavioral Health Services

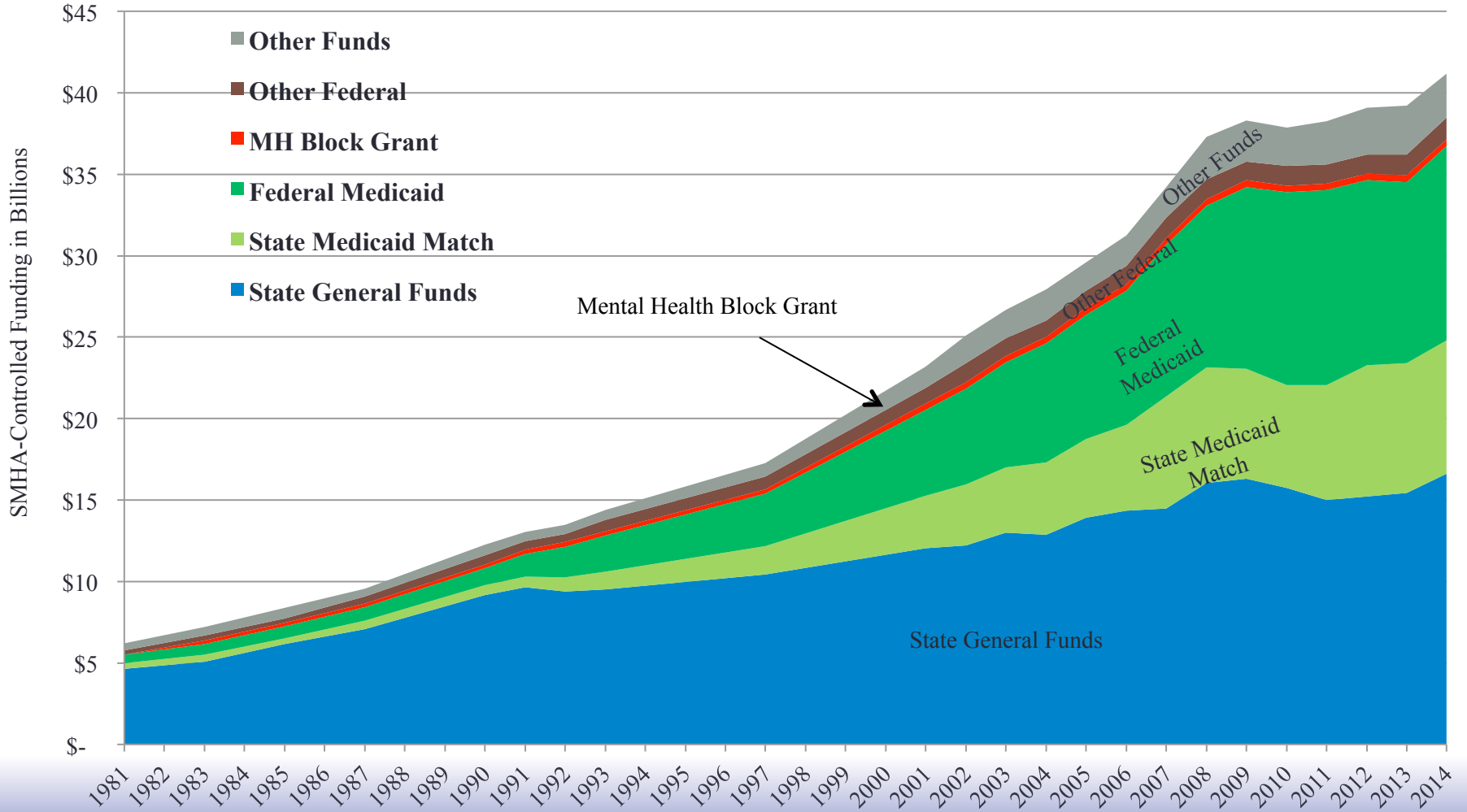
State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'14





SMHA-Controlled Revenues for Mental Health Services: FY 1981 to FY 2014

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2015 URS Summary Results

- 69% of SMHA consumers had Medicaid pay for some or all of their mental health services
- 22% of Adult mental health consumers were competitively employed during the year
 - 6.6% of consumers with a diagnosis of schizophrenia were competitively employed
- 3% of Adult mental health consumers were homeless

Change in Medicaid Status of SMHA Consumers Since ACA

Since states began expanding Medicaid, the states that expanded Medicaid have seen an increase in the percent of their consumers served who have Medicaid paying for some or all of their mental health services

- In the 24 states that Expanded Medicaid in 2014, they had an average increase of 10.3% in the number of consumers with Medicaid coverage.
- In the 4 states that Expanded Medicaid in 2015, they had an average increase of 7.5% in consumers with Medicaid
- The 20 states that had not Expanded Medicaid had no change (0%).

Goals for a good and modern system, Its not just about beds:

- Health, wellness, and resiliency
- Integrated care and parity
- Prevention and Early Intervention
- Suicide Prevention
- trauma-informed approaches
- Interventions that minimize individuals' contact with police, jails, prisons, juvenile correctional facilities, and courts. Sequential intercept.
- Workforce Development
- Employment, housing and reducing homelessness
- Data and Health Information Technology

Further Integration of Care

- Integration at the
 - Federal and State Policy Level
 - Insurance Level
 - Provider Level

The Maryland Model

Thank you!

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