Providence St. Joseph Mental Health Initiative

For more than 160 years, Providence Health & Services and St. Joseph Health have served communities throughout the Western U.S. to provide compassionate and comprehensive health care. A cornerstone of our missions is addressing significant social, community and health needs of the most vulnerable populations, including access to quality mental health care.

We believe mental health is a fundamental part of a person’s overall well-being. Mental health care has been segregated from health care; considered something else or additional, rather than a part of whole person care. Consequently, development of therapies, access to, and coverage of mental health care has suffered. Providence St. Joseph Health is working to integrate mental health and substance use care with a multi-disciplinary and community based approach that is reliable and simple to access. Additionally, community services and resources for individuals and families dealing with mental illness and substance use issues have been fragmented, under resourced, and marginalized in many areas of our country. Providence St. Joseph Health, carrying forward its founders’ traditions, is committed to building and advocating for community-based solutions in partnership with others. We recognize that in order to impact mental health issues we will need to partner with government and other organizations to address policies that will support an environment that promotes mental health.

Our vision at Providence St. Joseph Health is to improve Mental Health and Wellness across the United States by focusing on six priority areas:

1. Creating communities that give rise to mental, social, and spiritual wellbeing.
2. Eliminate stigma and ease access to care
3. Build resilience in children and teens
4. Reduce Substance Abuse
5. Reduce suffering from depressive disorders
6. Create hope for the seriously persistent mental illness

Institute for Mental Health and Wellness

In response to the growing mental health crisis in the U.S., Providence St. Joseph Health has launched the Institute for Mental Health and Wellness (IMHW) with an initial investment of $100 million, establishing an IMHW board and foundation led by the Institute’s new chief executive, Tyler Norris. IMHW will bring together visionary, community-based collaborations and partnerships that improve the understanding and current state of mental health across the nation. This is initially linked to PSJH, but over time IMHW will develop into an independent, sustainable organization that includes participation from multiple organizations committed to improving mental health and wellness. Within PSJH, we have established an Executive Steering Council to provide strategic and operational oversight for PSJH mental health and wellness initiatives, including participation in the Institute for Mental Health and Wellness. Additionally, an Advisory Council of national mental health and wellness experts, led by Maureen Bisognano and Rod Hochman, will provide strategic guidance to the IMHW and input on PSJH initiatives.
Our starting point: Gathering community health data

The mental health system has been plagued by gaps in services, access and funding. In particular, individuals with severe mental health and substance use conditions struggle to receive needed care in their communities due to a lack of integrated and appropriately resourced publicly funded mental health programs. Those with commercial insurance often have significant difficulty finding care, especially for children, often due to the inconsistent application of mental health parity standards. Shortages of facilities and providers, and a lack of integration between primary medical care and mental health and substance use services increase the burden on individuals in need, as well as to their families and communities. The consequences of a failed mental health system include homelessness, economic distress and unneeded suffering. In addition to causing tremendous personal harm to individuals and families, inadequate treatment of depression and other mental health conditions costs billions of dollars each year in reduced workforce productivity and absenteeism.

Access problems for mental health and substance use care exist at all levels of care, from community and school-based services to acute inpatient psychiatric care. Many people are unable to access outpatient treatment, exacerbating their conditions. Often, patients with severe mental illness and substance use disorders end up in hospital emergency departments, creating significant challenges to meet their needs. The emergency room has become a de facto safety net for these patients, without the needed services and supports located in community programs. With a shortage of inpatient psychiatric beds, patients are boarded in the emergency department and subsequently lack access to the right care setting—stays that often last for days at a time. In rural areas, the burden is even more pronounced, as staff must care for patients without appropriate clinical support when community resources are unavailable. In addition, insurance coverage for mental health is often carved out from medical services and there is limited coordination of care between medical and mental health providers.

The state of our fragmented mental health system is unacceptable. Change has been incremental, and our communities can no longer afford to neglect the state of mental health care, nor the economic, social and environmental forces in communities that contribute to suffering and increased demand for services in the first place. People suffering with mental health/substance use and related issues of wellbeing -- and their families -- need a strong network and a range of community support and care options that will support better outcomes. As care providers, health care stakeholders and members of a compassionate society, we must remain committed to ensuring everyone has the opportunity to achieve and maintain optimal whole person health – physical, mental, social and spiritual.

National Overview

In 2013, mental health was estimated to be the most-costly condition in the world. At $201 billion, it is more than heart conditions, trauma, cancer and pulmonary¹. It is estimated that 26.2% of adults have a diagnosable behavioral health disorder in a given year, and 20% of children suffer from a mental illness—but less than half of them will receive treatment². Ethnic

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minorities are less likely to seek or have access to culturally appropriate mental health care. Of those with a mental health condition, 68% will also have one or more chronic medical conditions—and at least 29% of individuals with chronic medical conditions have a significant comorbid mental illness. These psychiatric comorbidities drive up the costs per year for treatment of chronic disease more than 150-250%--and treatment, as evidenced above, doesn’t always happen.

Despite the best efforts of the Accountable Care Act and implementation of federal and state mental health parity laws, the end users of care are still burdened with high co-pays and deductibles to receive care. Providers of care are seeing decreasing reimbursement, increasing denials of care, and many are choosing not to take insurance at all. The picture is bleak for a workforce that serves the traditional model of fee for service care. Consider the following statistics:

a) Inpatient adult services demand expected to increase 6% over next 5 years; 3% for children and adolescents
b) Outpatient adult services demand expected to increase 8% over next 5 years; 10% for children and adolescents

There are bright spots of hope across America and across the world, but there remains no coordinated solution for all. Wrapped around all of this is the fact that the burden of mental illness falls hardest on the most vulnerable—those suffering with poverty and often homelessness. Solutions that do not address the key social disparities that are often causal and at least correlational will only solve a small part of the problem, and will not serve the core mission and vision we all share.

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4 Ibid.
5 Ibid.
Local Overview
Providence Valdez Medical Center’s primary service area is the community of Valdez. The total population of the Valdez primary service area is 3,976. Valdez is a very rural community located on Prince William Sound, 300 miles from Anchorage by road across several mountain ranges.

Through a formal community health needs assessment in 2014, we identified that the issues of mental health and substance abuse were amongst the top three health-related needs in the Valdez community.

Community Health Indicators

<table>
<thead>
<tr>
<th>Data Point</th>
<th>2011 CHNA</th>
<th>2014 CHNA</th>
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</thead>
<tbody>
<tr>
<td>Needed mental health services in past 12 months</td>
<td>13.2%</td>
<td>15.1%</td>
</tr>
<tr>
<td>• Percent of people that needed mental health services in past 12 months but were unable to get needed care</td>
<td>34.8%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Felt so sad or hopeless every day for two weeks or more that they stopped doing usual activities</td>
<td>*</td>
<td>13.5%</td>
</tr>
<tr>
<td>Thought about committing suicide</td>
<td>*</td>
<td>5.0%</td>
</tr>
<tr>
<td>Adults engaged in binge drinking in last 30 days</td>
<td>26.2%</td>
<td>32.5%</td>
</tr>
<tr>
<td>• Adults engaged in binge drinking 3 or more times in the last 30 days</td>
<td>11.0%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

*Question new to 2014 survey
### Existing community mental health and substance use programs

#### (Inpatient/subacute and residential)

<table>
<thead>
<tr>
<th>Name or Program</th>
<th>Organization</th>
<th>Services provided</th>
<th>beds</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0</td>
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### Existing community mental health and substance use programs

#### (Outpatient including partial hospitalization and day treatment)

<table>
<thead>
<tr>
<th>Name or Program</th>
<th>Organization</th>
<th>Services provided</th>
<th>beds</th>
<th>Capacity</th>
</tr>
</thead>
</table>
| Behavioral Health and Substance Abuse Programs        | Providence Valdez Medical Center | - Clinical Services for Families, Adults and Children  
  - Counselling  
  - Psychotherapy  
  - Psychiatric assessment  
  - Meds management  
  - School-based interventions  
  - Rehabilitation and substance abuse services for Adults and Children  
  - Emergency Crisis Services  
  - Domestic Violence / Sexual Assault | 0    | Limited¹ |

1. PVMC has one tele-health psychiatrist, one visiting psychiatrist every 6 weeks, two clinicians and bachelors level mental health specialists.
Healthier communities together, partnering with our communities
Community Benefit Programs that address mental health and substance use disorders

<table>
<thead>
<tr>
<th>Name or Program</th>
<th>Organization</th>
<th>Scope of Initiative/Target Population</th>
<th>Outcomes (Anticipated)</th>
<th>Financial and In-kind support (Annual)</th>
<th>Numbers served</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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In partnership with advocacy, identify significant county or state policies or programs that impact mental health in our community

<table>
<thead>
<tr>
<th>Name of Policy or Program</th>
<th>Level (Local, State)</th>
<th>Description of Policy or Program</th>
<th>Ideal policy changes</th>
</tr>
</thead>
</table>
| 1115 Medicaid Waiver      | State                | State of Alaska is finalizing behavioral health (BH) focused 1115 Medicaid waiver application to expand access to behavioral health services (budget neutral) through payment reform. | • Increase access to behavioral health services  
  • Support integration and collaboration at all levels of care (accountability distributed across the continuum)                                      |
| Medicaid Reform           | State                | State Medicaid does not have billable codes for partial hospitalization                         | • Modify State Medicaid regulations to include billable codes for partial hospitalization                                                            |
| State of Alaska Budget (Fiscal Gap) | State | • Medicaid Inflation adjustment freeze FY2016 and FY2017  
  • Risk of Medicaid reimbursement reductions FY2018 and beyond  
  • Behavioral Health grants vulnerable to cuts or elimination | • No reductions in Medicaid  
  • Maintain State behavioral health grant funding to critical community providers                                                                    |
| Alaska Psychiatric Institute (API) | State | API is the state run secured psychiatric hospital in Alaska. *(State is exploring privatization of API)* | • Statute changes in levels service and length of care provided at API                                                                                     |
| SB 74 Tele-health statute | State                | There are challenges to delivering behavioral health services via tele-health in Alaska. SB 74 was passed to address those challenges | • Maximize opportunity for growth in tele-health services  
  • Monitor implementation and regulations resulting from SB 74 to ensure efficacy of legislation limit unintended consequences                             |
| Outpatient Community Mental Health | State | Very few clinics take Medicaid for behavioral health treatment in Alaska. | • Support policies that allow more providers to bill Medicaid.  
  • Allow licensed clinical social workers to bill Medicaid.                                                                                                     |
Partial Hospitalization | State | Billing codes for partial hospitalization do not exist in our state. We do not have partial hospitalization as a part of our mental health continuum and minimally in our substance abuse continuum. | Establish billing codes to reimburse partial hospitalization

Lack of long term care for the seriously mentally ill | State | No long term locked treatment for the seriously mentally ill. Consequently, they cycle in and out of emergency room, state psychiatric hospital setting, and the corrections system. | Change the state regulations to allow for long-term care. Provide more housing and treatment for seriously mentally ill

**Significant gaps that exist in our community:**

<table>
<thead>
<tr>
<th>Gap</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Workforce</td>
<td>• Significant challenges with psychiatrist recruitment and retention  • Significant challenges with Addiction specialist physicians  • All in-community BH/SA positions are difficult to fill and retain</td>
</tr>
<tr>
<td>Lack of Mental Health / Substance Abuse continuum</td>
<td>• Demand exceeds capacity at all levels of service  • Very limited specialized care and providers in rural communities  <strong>MENTAL HEALTH SERVICES</strong>  • Lack of psychiatric emergency intervention and wrap around services  • No inpatient psychiatric beds  <strong>SUBSTANCE ABUSE TREATMENT</strong>  • Limited medication assisted treatment (see addiction specialist physicians need above)  • No in-community detox</td>
</tr>
<tr>
<td>Behavioral Health integration</td>
<td>• Lack of Behavioral Health integration into health system</td>
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**Call to action**

Our mission calls us to serve the most vulnerable people in our communities—the poor, the children, the aged and those suffering with mental illness and substance use disorders. We have a rich history of service and now it is our time to call together the communities in our ministries to decide how together, we will become the beacon of hope for those at risk of, and suffering with mental illness.

At Providence St. Joseph Health, we firmly believe that by working together, nothing is impossible. We look forward to starting a powerful conversation, working together collaboratively and forming lasting relationships with a community of mental health substance use and other stakeholders that can contribute to well-being, who will truly make a difference in peoples' lives.

This gap analysis will serve as a guide for our system wide mental health initiative and the beginning of a conversation with our national and community partners via the new Institute for Mental Health and Wellness, to improve the mental health and wellness of our communities.

The time is now. We must commit to a new vision of hope—one free of stigma that reconnects
the mind, body and spirit in a new vision of whole person care. Across all our services, we will transform care so those seeking help for mental illness receive the right care regardless of where they present, without barriers of access, payment and ignorance.