mental health solutions navos™

DECEMBER 2013

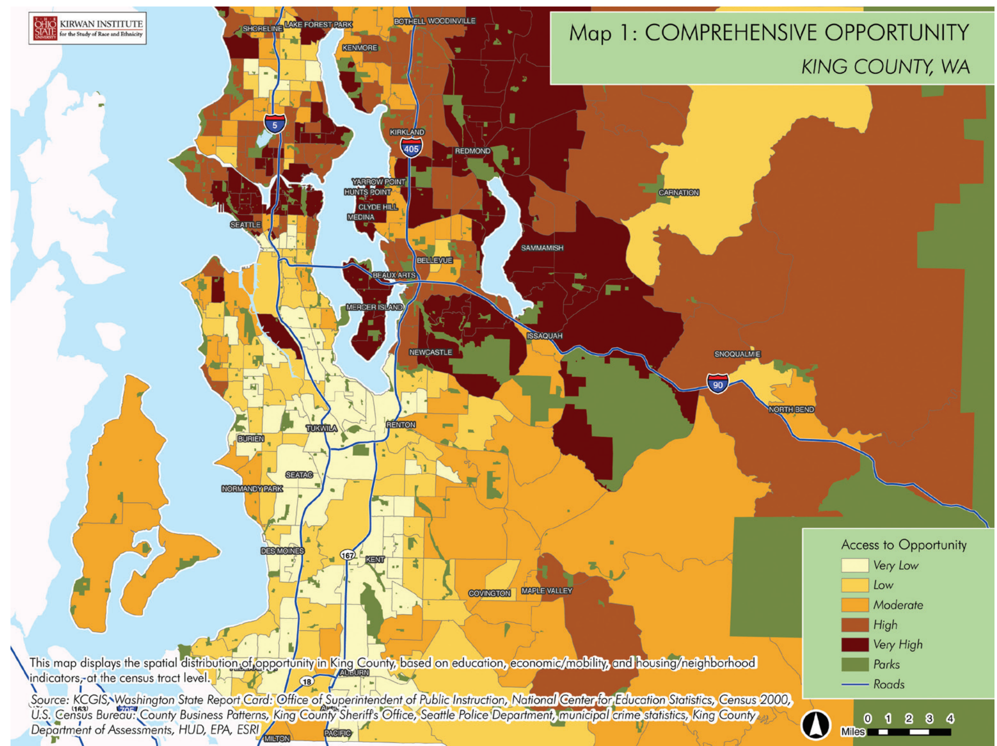
Community Mental Health Needs Assessment

1. Description of Navos' community:

The mission of Navos is to improve the quality of life of people vulnerable to mental illness by providing a broad continuum of care.

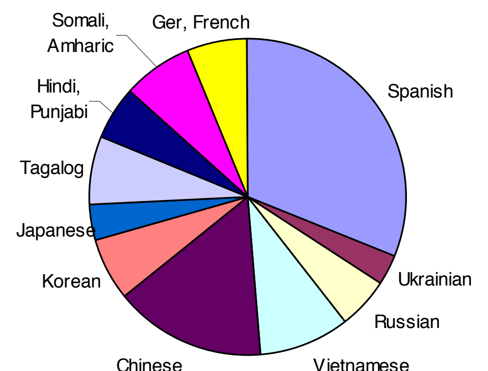
KING COUNTY

King County Washington is the 14th most populous county in the United States with a 2010 population of 1.9 million according to the census bureau[1]. Seattle is the largest city in the county and about two-thirds of the county's population live in Seattle or its suburbs.



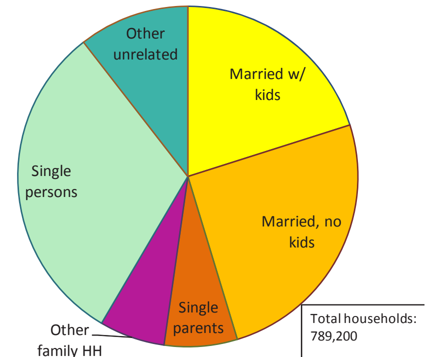
As of the 2010 census[1], there were 789,000 households, and 462,000 families residing in the county. The population density was 817 people per square mile living in 742,000 housing units. The racial makeup of the county was 68.7% White, 6.2% African American, 0.8% Native American, 14.6% Asian, 0.8% Pacific Islander, and 5.0% from two or more races. 8.9% of the population was Hispanic. 81.7% spoke English, 4.2% Spanish, 2.3% Chinese, 1.5% Vietnamese, 1.3% Tagalog, and 1.0% Korean as their first language.

NON-ENGLISH LANGUAGES SPOKEN IN KING COUNTY



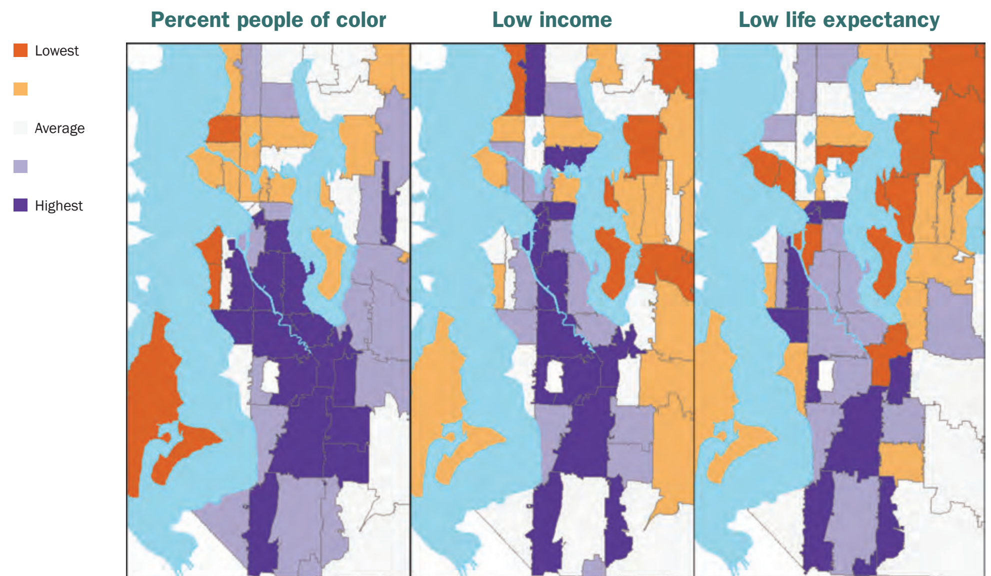
27.1% of the households had children under the age of 18 living with them, 45.3% were married couples living together, 9.1% had a female householder with no husband present, and 41.5% were non-families. 31.0% of all households consisted of individuals living alone and 7.50% had someone living alone who was 65 years of age or older. The average household size was 2.4 and the average family size was 3.05.

KING COUNTY HOUSEHOLD TYPES, 2010



2010 Census data[1] indicates that the King County population was composed of 21.4% under the age of 18, 6.7% from 20 to 24, 31.5% from 25 to 44, 26.9% from 45 to 64, and 10.9% who were 65 years of age or older. The median age was 37.1 years. For every 100 females there were 99.10 males. For every 100 females age 18 and over, there were 97.30 males.

The median income for a household in the county was $68,000, and the median income for a family was $87,000 as of the 2010 Census[1]. About 6.4% of families and 10.2% of the population were below the poverty line, including 12.5% of those under age 18 and 8.6% of those age 65 or over.



Data Sources: Public Health-Seattle & King County; US Census Bureau, Census 2010 and 2007-2011 American Community Survey.

"There are so many things my son has overcome with help from Navos. He had a lot of fears and night terrors. He no longer wakes up at night. My son and I have come a long way."

MENTAL ILLNESS

The World Health Organization estimates that over a third of people in most countries meet criteria for diagnosis of mental illness at some time in their lives[2], which would suggest that some 633,000 residents of the county would at some point meet the criteria for one or more of the common types of mental disorder.

The King County Regional Support network has enrolled approximately 50,000 residents[3], most of who qualify for the public mental health system by virtue of their eligibility for Medicaid and the severity of their disability. About 19% of those enrolled were African American, about 2% were Native American, about 9% were Asian and about 6% were of mixed race[3]. The RSN authorizes publically funded inpatient psychiatric hospitalizations as well as involuntary detentions (including both those funded by both public and commercial insurance.) They report about 2,000 publically funded involuntary psychiatric hospitalizations resulting from about 3,000 involuntary detentions in 20123. They also report 136 civil commitments to Western State Hospital that year.

“When I came to Navos, I didn’t know where I was I was so sick! Now I can think more clearly and I’m doing fine thanks to Navos’ staff, doctor, and my social worker.”

NAVOS

Navos is a community mental health agency that was organized in the Kennedy era movement away from institutionalization of the mentally ill. For several decades Navos has provided evaluation and treatment services for King County residents and since the mid-90’s it has provided those services in conjunction with a free-standing psychiatric hospital. Navos’ inpatient services offer 68 psychiatric beds dedicated to involuntary admissions and operate with a trauma-informed care model. Navos’ inpatient services include in-house pharmacy support and a team of primary care providers whose services are integrated with those of the psychiatric and nursing staff. Because of the scale of its service, Navos is able to provide adjunctive therapies including art, dance and music therapy. Navos’ team of social workers has extensive experience in making arrangements for the discharge of the most difficult patients in the public mental health system and are augmented by a newly established peer bridger program. The average length of stay in the Navos inpatient facility is about 14 days[4].

KING COUNTY RESIDENTS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

For the purposes of this Community Health Needs Assessment, Navos defines the community it serves with its hospital as the residents of King County with severe and persistent mental illness.

2. Assessment Methods:

Navos' assessment of the health needs of the community of King County residents with severe and persistent mental illness is grounded in decades of interaction with the community while providing behavioral heath services. In 2011 Navos was awarded a primary care integration grant by the federal Substance Abuse and Mental Health Services Administration. In conjunction with the grant work Navos has partnered with Public Health – Seattle & King County and with other grant recipients to understand the specific healthcare needs of this community and the obstacles to access that it encounters.

In preparing this assessment Navos consulted with representatives of the community and with family members responsible for the healthcare needs of community members. It also consulted with other behavioral healthcare and primary care providers and with the administrators of the publically funded King County mental health system. Navos relied on the support of Public Health – Seattle & King County for access to data and for analysis. Navos also relied on the Washington Hospital Association for support and access to data. Navos' understanding of the health needs of the broader community of King County residents was informed by the Community Health Needs Assessments published by other King County hospitals.

"Despite the fact that I thought it was impossible one year ago…I am happy. Thank you for supporting Navos and people like me who just need help out of the darkness."

The sources of the data underlying this assessment include data published by the National Institute of Mental Health, CHARS hospital discharge data published by the Washington State Hospital Association, demographic and epidemiologic data published by Public health – Seattle & King County and the King County Mental Health Chemical Abuse and Dependency Services Division and derived from Navos' internal records.

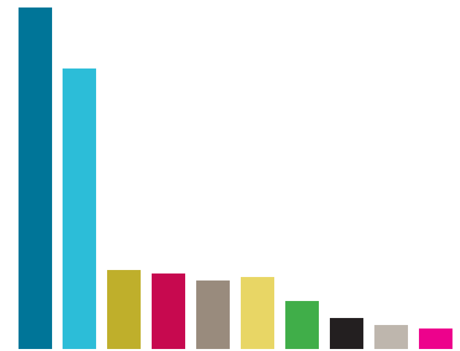
3. Community Health Needs Identified:

Demographic factors have a strong effect on health status, health care usage, and healthcare access. This is important inasmuch as the community of King County residents with severe and persistent mental illness includes a disproportionately high number of residents with low incomes and from racial minorities.

Leading causes of death are an important component of health status. Elevated death rates due to preventable causes may indicate a heightened disease burden or an unmet need for healthcare services.

Leading causes of death in the Burien/White Center segment of the broader community of King County residents include[5]:

- Cancer: 179.3
- Heart Disease: 146.0
- Unintentional Injury: 42.5
- Chronic Lower Respiratory Disease: 39.1
- Alzheimer's Disease: 35.5
- Stroke: 35.7
- Diabetes: 24.6
- Chronic Liver Disease and Cirrhosis: 15.7
- Influenza and Pneumonia: 13.4
- Suicide: 11.3



King County residents with severe and persistent mental illness are subject to the same risk factors that result in this ranking and demographically are more similar to this population than to the residents of the County as a whole. It should be noted that smoking is a significant risk factor for cancer and that the rate of smoking among the mentally ill is significantly elevated6. Untreated elevation of blood pressure and cholesterol are significant risks for heart disease and in Navos' experience a substantial proportion of the patients admitted to its inpatient service have untreated problems with blood pressure or cholesterol4. Similarly, a substantial proportion of Navos' inpatient admissions have uncontrolled blood sugar levels. There is a known metabolic syndrome that is associated with psychotropic medications and with elevated blood sugar / diabetes. Moreover, obesity – a risk factor for both heart disease and diabetes – is a common side effect of the medications commonly used to treat mental illness[2]. Finally, the importance of the abuse of alcohol and other substances in the rate of death from liver disease should not be underestimated. Substance abuse is similarly a contributor to the rate of death from injury and suicide. Members of the community of King County residents with severe and persistent mental illness are believed to be at a higher risk of substance abuse than members of the broader community of King County residents. Many of the patients admitted to Navos' inpatient services have been homeless immediately prior to hospitalization and often need attention for wound, foot and dental care and are experiencing the sequelae of life in the shelters or on the street.

Access to healthcare services is an important factor in meeting health needs. In the broader community of King County residents lack of insurance (or insufficient personal financial resources) is a primary obstacle to accessing care. Members of the community of King County residents with severe and persistent mental illness are, by

"I come to Navos because that's where I feel safest to express myself."

virtue of their disability, likely to be beneficiaries of the public mental health system. This does not mean, however, that insurance or personal financial resources are not relevant to access issues in Navos' population. Medicaid eligibility is suspended when income levels rise above certain thresholds and the continuation of care; either inpatient or outpatient is generally contingent on the provider's ability to deliver uncompensated care. Undocumented emigrants are also ineligible for care from the public mental health system. The Medicaid expansion incorporated into the Affordable Care Act should change the thresholds, but Navos estimates that the substantial majority of the severely, persistently, mentally ill will already have been eligible under the existing rules.

PSYCHIATRIC BOARDING RISES STEEPLY IN KING COUNTY

YEAR	BOARDINGS		COMMITMENTS
2009	425	18%	2,367
2010	695	25%	2,824
2011	1,743	52%	3,368
2012	2,160	64%	3,401

In addition to financial obstacles to access, members of the Navos community experience issues getting needed care because of the limits of the system's capacity. Most patients admitted to Navos' inpatient services are "boarded" in a hospital emergency department before being transferred to Navos7. The incidence of boarding has increased dramatically over the last four years as involuntary commitments have increased by some 40%[7] due to cuts in non-Medicaid state funding that forced reductions in programs that help keep people in the community. Generally the delay is only a matter of hours, but countywide there are generally several patients "boarding" while waiting for a bed to become available, so at times patients experience prolonged stays in the emergency department. Boarding is disruptive to the emergency department and is not constructive for the patient. As a matter of policy certain hospitals admit patients to a medical bed after a certain number of hours (generally after 12 or 24 hours.) This not a good outcome for the hospital since the admission is usually for observation and thus not billable and the rate the RSN pays for involuntary treatment act admissions is often considered to be less than the cost of processing the bill. It is also not a good outcome for the patient since the bed in the medical unit does not come with psychiatric staff and usually there is no treatment available for the behavioral issues prompting the detention. In addition to simply not having enough psychiatric beds, the King County system experiences a deficiency in psychiatric beds equipped to deliver concurrent medical services and there may be limited beds available for a particular gender or for those with a history of violent offences. (Both the National Report Card on the State of Emergency Medicine, and SAMHSA's recent report on Behavioral Health in the US, indicate that Washington State ranks last in the country in the number of community psychiatric beds per 100,000 population[7].)

"I began a new life when I came to Navos. I have come to rely on staff and other people here to point me in the right direction. This is the place I call home."

Despite the recent addition of the Crisis Diversion Center, the public mental health system has minimal capacity that could be used for hospital diversion or for alternatives to hospitalization. A common theme among patients with longer-than-average stays at Navos is a lack of discharge options for patients that are too vulnerable to be discharged to the street. Hospital beds designed for the treatment of acute episodes are occupied by people who could be "stepped down" to a less restrictive level of care and the people in crisis who would benefit most from the hospital beds are boarding in emergency departments where they receive no psychiatric treatment.

"My kids have been able to connect with treatment in a meaningful and constructive way. Navos has really improved our lives and been very supportive, above and beyond what therapy would normally provide."

In addition there are obstacles to accessing outpatient services that might provide the support necessary to avoid hospitalization. While public mental health services are available to all Medicaid recipients with a diagnosis of severe and persistent mental illness, navigating the process of enrolling for services is not a simple or quick process. After financial eligibility is established the initial intake process may take several hours and an appointment is usually required. A subsequent appointment with a Psychiatrist, required before medications can be prescribed, will often be scheduled several weeks later. Given the difficulty with tasks of daily living experienced by the members of the Navos community, it is no surprise that the substantial majority of patients admitted for involuntary psychiatric hospitalization have no pre-existing relationship with an outpatient mental health provider[8].

For the Navos community obstacles to accessing healthcare services are not limited to behavioral health services. People with severe and persistent mental illness are difficult to serve in a traditional primary care setting. Their effect is often disturbing to other patients in the waiting room (and even to provider staff) and as a result they often feel less than welcome in primary care clinics. Some primary care providers choose not to provide care for Medicaid recipients or for chronic pain or other conditions they consider to be substance abuse issues. Referrals for specialty consultation or for treatment in specialty clinics are difficult to obtain for publically funded patients and any failure to follow through on referrals or missed appointments are likely to significantly complicate the process.

Effective behavioral healthcare for patients with severe and persistent mental illness is almost impossible without related services, especially housing support services and substance abuse treatment. These specialties are not normally available in the primary care setting and an integrated offering presupposes a large mental health provider.

> "If I hadn't been at Navos, my mind wouldn't be where it is today. If it weren't for Navos, I would be drinking and drugging and probably being beaten. I'm happy where I am right now. It makes me choke up to say that."

Patients whose medical providers are paid by Medicaid are still exposed to significant out-of-pocket costs for medication and dental care is not covered by publicly funded plans. Lack of resources to address those costs constitutes a continuing barrier to access that will not be eliminated by Medicaid expansion.

The State of Washington's implementation of the Affordable Care Act as it impacts the mental health system will likely also constitute a barrier to access for King County residents with severe and persistent mental illness. It is likely that the State will make public funding available only for psychiatric units that are imbedded within much larger medical/surgical medical centers or facilities with less than 16 beds – thus excluding Navos' 68 bed freestanding psychiatric hospital. Navos is aware of the disruption this is likely to cause to the King County system and is very much aware of the quality and breadth of services that become uneconomical in smaller facilities. It is also quite possible that the State will replace the existing County RSN system with administrative contracts that are competitively bid. Navos is concerned that this may eliminate the funding from the self-imposed King County Mental Illness and Drug Dependency sales tax and that funding for administrative overhead may receive a higher priority than under the current structure. Navos intends to aggressively advocate for improvements in:

- Availability of safety-net psychiatric beds
- Availability of crisis services and step-down beds
- Wait times for psychiatric evaluations and initial outpatient appointments
- Established outpatient provider relationships for people at risk of involuntary detention

Behavioral factors that can be addressed are key to impacting the health status of Navos' community. Navos has identified four factors that it believes have the greatest potential for improving the health of its community. These include:

SMOKING – It is estimated that nearly half of the cigarettes sold in the United States are smoked by mentally ill people[6]. It is theorized that the disability (or the medications used to treat it) enhances the effects of the nicotine in the cigarettes. There are likely other psycho-social factors that also differentially reward smoking in this community. Public Health – Seattle & King County has identified tobacco use as a priority issue and is engaged in smoking cessation work on a county-wide basis. Navos believes that the particular vulnerability of the severely, persistently mentally ill people it serves make its collaboration a key to successfully impacting smoking rates in King County.

SUBSTANCE / ALCOHOL ABUSE – Excessive drinking and use of other chemical substances is a risky behavior that is certainly not limited to the severely, persistently mentally ill. However, the members of the Navos community exhibit high rates of substance abuse, particularly alcohol abuse, possibly in the interest of self-medicating and probably for other psycho-social reasons. Navos, in partnership with Public Health-Seattle & King County, has integrated substance abuse screening with primary care services in a behavioral health setting. Navos has also been successful with multi-disciplinary integrated teams in the community based outpatient programs it operates. Navos is committed to providing chemical dependency screening for all inpatient admissions.

“At Navos I received the chance for a new beginning. My recovery has reconnected me to family, a job, purpose, and my community.”

NUTRITION / EXERCISE – healthy diet and exercise are critical to addressing the health needs of the Navos community with respect to heart disease and diabetes. Navos is beginning to incorporate health promotion activities into the groups run by its adjunctive therapies team in the hospital. Navos is also undertaking a pilot program in its integrated primary care clinic to promote healthy activities and nutrition in an outpatient setting and to monitor and evaluate the results. This initiative is one that might lend itself to work by the peer-bridgers.

PROVIDER RELATIONSHIPS / CARE COORDINATION – within the community of the severely and persistently mentally ill, diagnosis and management of chronic illness, family planning, nutrition and follow-up on referrals to specialty care are all facilitated by an ongoing relationship with a primary care provider. Psychiatric medication, counseling, chemical dependency treatment, housing support and other behavioral health services are very difficult without continuity of a mental health provider. The integration of these teams allows all of the providers involved in providing care to “work at the top of their licenses.” Current data show that most of the involuntary treatment act admissions in King County are people who are not enrolled in (and may have never had contact with) the public mental health system[8]. The King County system needs to do a better job of identifying those people and referring them to mental health providers, and the Medicaid funded primary care system is the likely venue for that identification and referral.

4. Conclusions:

After evaluating this assessment of the health needs of the community of King County resident with severe and persistent mental illness, Navos has reached the conclusion that the following four responses are indicated:

REDUCE BOARDING

It is not helpful to the individual patient's recovery when they are held in medical/surgical emergency departments or "boarded" in medical units because there are no available psychiatric beds for an involuntary admission. Moreover, this lack of access to care is not helpful to the community of severely and persistently mentally ill residents of King County or to the larger King County community. Navos has collaborated with the hospital and mental health organizations in King County to gain an understanding of the causes of boarding and believes that it must:

- Advocate for more psychiatric beds for ITA admissions
- Advocate for larger, more sophisticated facilities ("IMDs")
- Advocate for more medical capabilities integrated into stand-alone psych facilities
- Advocate for more step-down capacity and for alternatives to hospitalization
- A shift in funding that would reduce beds or reduce the level of services associated with psychiatric beds would be detrimental to this community, detrimental to the broader community of King County residents, and expensive for the taxpayers.

IMPROVE ACCESS TO OUTPATIENT MENTAL HEALTH SERVICES

The RSN reports that a significant majority of involuntary psychiatric inpatient admissions funded by the public mental health system involve people who have no pre-existing relationship with a mental health provider. Diversion strategies and alternatives to hospitalization are much more likely to be successful if it is possible to intervene on an outpatient basis before a patient presents in the emergency department. Navos is committed to:

- Implement open access at Navos outpatient services
- Improved coordination with Public Health clinics with respect to referrals of ESN patients with psychiatric diagnoses
- Pursue care coordination funding from managed care companies
- Continue to develop the Peer Bridger program and advocate for continued funding for that program
- Care coordination is a key strategy to control healthcare costs and with its staff of social workers, care managers and peer support specialists Navos is uniquely qualified to coordinate care for a significant part of the high-utilizing population

Washington state taxpayers pay over $10 million in annual hospital care for "boarded" psychiatric patients.

BETTER INTEGRATE PRIMARY & BEHAVIORAL HEALTH CARE

It is clear that mental illness interferes with successful treatment of co-occurring physical illness insofar as it impacts communication with other healthcare providers and a patient's ability to reliably participate in treatment plans. Moreover, the impact of mental illness on nutrition and exercise can be devastating to physical wellbeing and the emotional impact of untreated chronic disease is similarly significant to a patient's mental health status. Navos intends to:

- Develop single treatment plan for ITA patients incorporating management of both chronic physical disease and psychiatric illness
- Explore the potential to obtain managed care funding to support continued integration of outpatient mental health, vocational support, housing support, chemical dependence and primary care programs
- Incorporate follow-up on management of physical disease and health promotion into the discharge planning process and the Peer Bridger program
- Develop health promotion (exercise & nutrition) components for inpatient therapy groups and adjunctive therapies programs

Navos is a leader in implementing an integrated care model and intends to leverage what it has built in its outpatient clinics for improvements in its inpatient service. Navos is ready to increase the medical capabilities provided in its facility to address the shortage of psychiatric beds with medical capacities.

Society saves $7 for every $1 it invests in children with emotional illness.

DEVELOP PREVENTION AND POPULATION BASED CARE STRATEGIES SPECIFIC TO THIS COMMUNITY

As the implementation of the affordable care act has begun to impact the delivery of healthcare, Navos has re-evaluated its care model. Navos recognizes that successful delivery of care to "high utilizers" will be critical to the success of a system based on accountable care and Navos is acutely aware of the over-representation of people with mental illness within the high-utilizing group. Navos has begun the process of transforming itself into a specialty medical provider so that it can exert leadership as care for its community is transformed. Navos is convinced that the key to its transformation will be a new commitment to prevention and to population-based care. Toward this end Navos will:

- Pursue the creation of the Navos Behavioral Healthcare Center for Children, Youth and Families
- Continue the emphasis on outcomes measurement and data-driven practice management
- Participate in the King County Hospitals For A Healthier Community CHNA collaborative

Small investments in addressing emotional disturbances with youth and families pay off by reducing a lifetime of mental health costs. In an accountable care environment it is critical for providers to be able to measure their effectiveness and to be able to quantify their costs and benefits. Navos' investment in clinical systems permits this approach in a way that would not be economical for a smaller unit.

FOOTNOTES

1. United States Census Bureau – 2010 Census Data
2. Hert, et. al. – World Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in healthcare Psychiatry 10:1, February 2011
3. King County Mental Health, Chemical Abuse and Dependency Services Division – King County Regional Support Network 2012 Fourth Quarter Mental Health Plan Report Card, March 19, 2013
4. Data from Navos' internal records
5. Public health Seattle & King County – Leading causes of death in the Highline Service area, 2006-2010, (rate per 100,000 population, age adjusted)
6. SAMHSA Center for Behavioral Health Statistics and Quality. The NSDUH Report: Smoking and Mental Illness, February 5, 2013
7. Amnon Shoenfeld, Division Director, MHCADSD, speech on November 13, 2013
8. Amnon Shoenfeld, Division Director, MHCADSD, communication to providers

"We are so used to hearing no. You can't do this, you can't do that. At Navos, you can. You're given hope."

For more information, please contact Vice President of Development and Community Relations Alice Braverman at alice.braverman@navos.org or 206-933-7032.

NAVOS.ORG