



Missouri Foundation
for Health
a catalyst for change

Community Mental Health and Substance Abuse Assessment

Executive Summary

Purpose of the Assessment

In 2016, partners from across the community came together to assess the health needs of the Springfield region and collectively address those needs. One issue that emerged, both as a priority health issue and as a contributing factor for other prioritized health issues, was mental health. The data used to prioritize mental health was limited—but it was a topic of great concern among care providers, public health and healthcare partners, media and the community. Springfield and Greene County leaders knew mental health and the often-connected issue of substance abuse needed to be addressed. But with little understanding of underlying causes, the breadth of these issues in the community, or how to best address concerns, the path forward was unclear. An assessment of these issues in our community was necessary to determine a path toward improvement.

Although both mental illness and substance abuse can occur independently of one another, they are two issues that are often co-occurring. For this reason, this assessment studies both conditions, their impact on one another, and the effects for broader community.

In 2017, The Missouri Foundation for Health awarded the Springfield-Greene County Health Department a \$252,500 grant for a comprehensive study and action plan for mental health and substance abuse in Greene County. Crescendo Consulting Group was selected as the consultant to bring outside expertise, perspective, and guidance to the project.

Leadership and guidance were provided by Healthy Living Alliance (HLA), a local group of leaders that have organized around making healthy living a priority in Greene County by bringing together representatives from local business, government, nonprofit, and healthcare industries. The HLA Advisory Council provided direction and feedback to Crescendo as they worked to collect information from various stakeholders throughout the community. Using the information Crescendo gathered, assembled, analyzed and reported, the members of HLA completed a validated process to arrive at a set of prioritized mental health needs.

This executive summary provides a glimpse of the methods used, findings of the report, and proposed actions. More detailed information of the assessment can be found in the full report at www.sgfmentalhealth.org

Assessment Process and Community Engagement

The project included both qualitative and quantitative research methods including provider data analysis and community data. Together, this research was used to identify key domains, categories for action, and a prioritized set of interventions to address mental health and substance abuse-related needs in Greene County.

Provider Data Analysis

Primary data was collected directly from mental health and healthcare service providers and other stakeholders and offered an in-depth understanding of mental health and substance abuse specific to the demand in our community on the local system. Service use data was collected from partners Burrell Behavioral Health, CoxHealth, Jordan Valley Community Health Center, and Mercy Springfield.

Community Data

The community's commitment to mental health, as well as momentum toward improvement, allowed the project to identify needs, ideas, and strategies. It also served to inform service providers of synergistic efforts in the community, created collaboration between organizations, identified duplicative initiatives, and raised awareness of mental health and substance abuse needs.

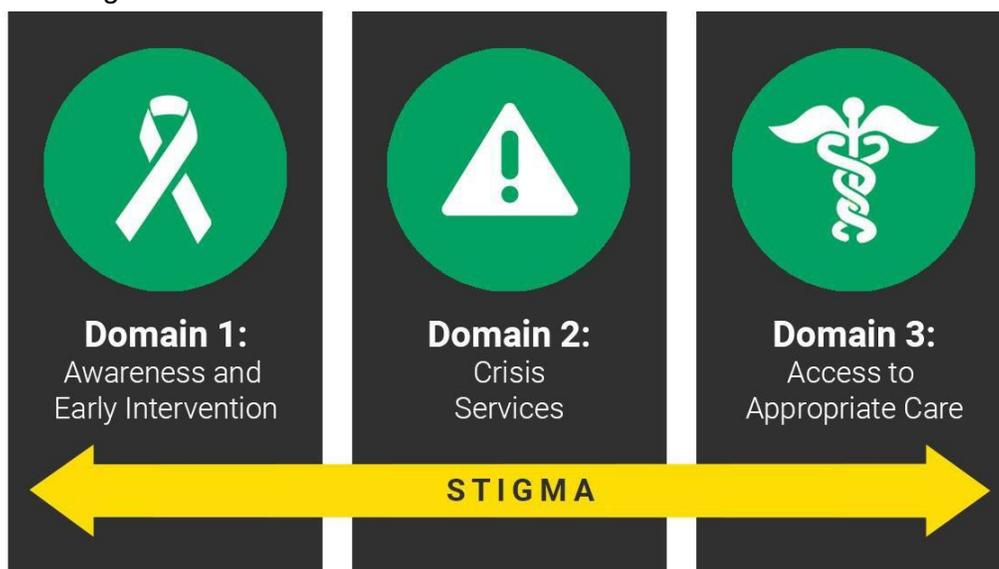
Feedback from the community came from:

- 200+ people as part of 18 focus groups,
- 62 one-on-one interviews from individuals representing more than 50 service organizations
- additional feedback and support from broader community presentations

The assessment also utilized secondary data through the development of an environmental scan. An environmental scan is a process that systematically looks at publicly available data, existing research, and other information that helps describe the area. This included U.S. census data, the number of doctors in the area, the percentage of people with certain health conditions, and much more. Environment scan data helps to define some of the higher-level information about an area, but does not include more in-depth insight gained through group discussions, individual interviews, and other means of learning about a community.

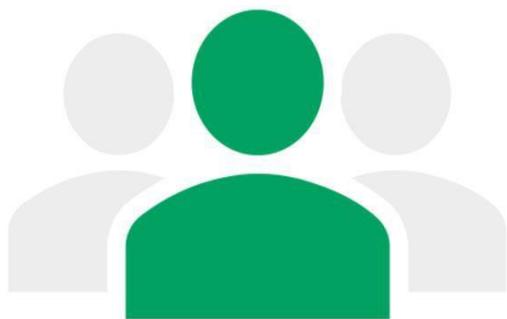
Key Findings

As a result of this process, HLA decided upon three domains and one common thread. The domains were developed to categorize findings to create an organized set of information. This helps to better understand aspects of mental health and substance abuse and to develop strategies that will address associated challenges.



Stigma

Stigma is the result of a personal feeling of shame, embarrassment, failure, or judgment around mental health or substance abuse. Stigma can be powerful enough to prevent people from seeking support and care. Stigma affects all sectors; education, health, criminal justice, workforce and many others. Seven of ten (69.7%) stakeholders interviewed through this assessment said that stigma-related issues are among the most important needs. One in three young adults, age 18 – 35, who needed mental health care chose not to receive it due to perceived stigma or discrimination.¹



One in three young adults (age 18–35) chose not to get treatment because of **stigma**

Substance Abuse and Mental Health Services Administration (SAMHSA), 2015

Domain 1: Awareness and Early Intervention

Awareness and early intervention includes community awareness, insight, and perceptions regarding mental health and substance abuse. Solid schools, a capable workforce and a strong economy are the lifeblood of a strong community. The lack of awareness of mental illness and substance abuse, as well as understanding of early intervention options and community resources, impact these important sectors.

In Our Community

The report also helps capture the impact of mental health and substance abuse on workforce. In Greene County, more than 30% of interview respondents identified that mental illness and substance abuse as a leading issue affecting workforce. In the 2019 Momentum workforce survey, employers indicated concern with mental health (65%) and substance abuse (69%).

Momentum Workforce Survey			
Issue	Amount of Concern		
	A Lot	Some	None
Substance abuse (e.g., opioids, alcohol, etc.)	24%	45%	31%
Mental health	15%	50%	35%

¹ SAMHSA, 2015



According to the Missouri Student Survey, an estimated 2,300 middle and high school students in Springfield Public Schools have seriously considered suicide in 2018.

Missouri Student Survey		
Measure	2018 Greene County	2018 Missouri
Seriously considered suicide	18.2%	14.1%
Planned suicide	12.5%	10.9%
Attempted suicide	6.7%	6.2%

What is Needed

Increasing community understanding of mental health and substance abuse, as well as encouraging people to get the treatment and support they need can make a significant impact. Training and education tools, such as Mental Health First Aid and Youth Mental Health First Aid can provide solid knowledge, empathy and interventions that connect people suffering from mental illness or substance abuse to resources that will prevent conditions and suffering from worsening. This can lead to improved outcomes and reduce morbidity and mortality.

Efforts to improve awareness and early intervention should improve support to employers, promote education, and create practical tools.

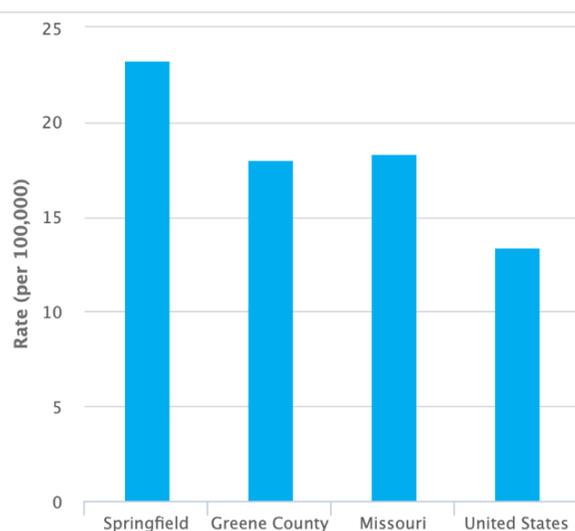
Domain 2: Crisis Stabilization

The Substance Abuse and Mental Health Services Administration defines crisis stabilization as “a direct service that assists with deescalating the severity of a person’s level of distress and/or need for urgent care associated with a substance use or mental health disorder. The primary goal of crisis services is to stabilize and improve psychological symptoms of distress and to engage individuals in an appropriate treatment service to address the problem that led to the crisis.”²

In Our Community

In Greene County, over half of the stakeholders agreed that crisis services are among the most important needs. This is due to several reasons, but two especially stood out: suicides increase without access to crisis resources and people who struggle with substance abuse are at elevated risk of overdose if they unsuccessfully seek services.

Suicide Rates - 2016



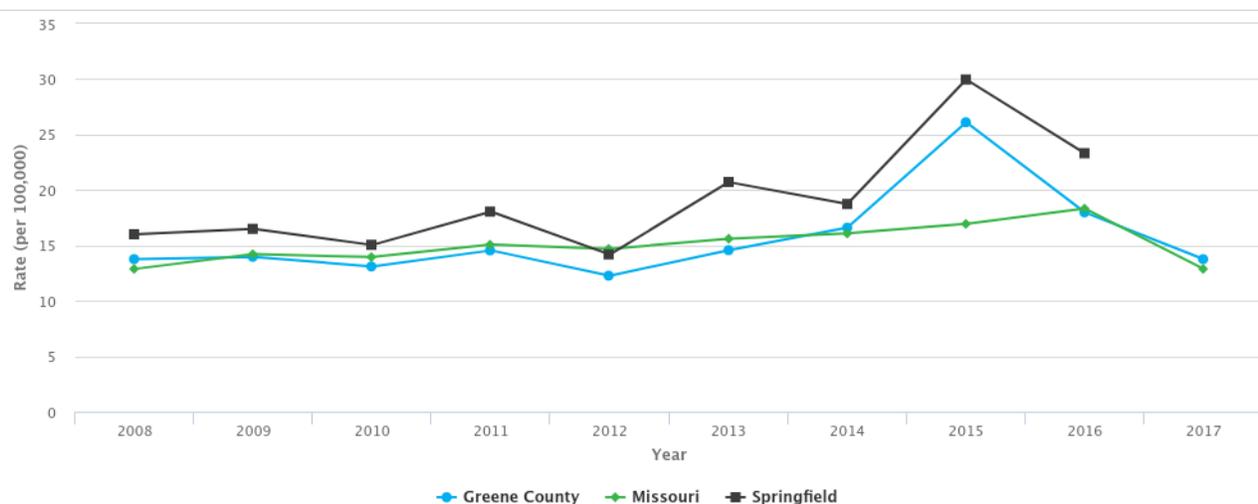
² As found in https://www.nasmhpd.org/sites/default/files/SAMSHA%20Publication%20on%20Effectiveness%20%26%20Cost-Effectiveness%20of%2C%20and%20Funding%20Strategies%20for%2C%20Crisis%20Services%206-5-14_8.pdf



Suicide

Across the country, throughout the state of Missouri and in the Springfield-Greene County area, the rate of suicide has increased significantly from 2008 to 2017. Rates in Greene County have increased and are consistently higher than the U.S. and Missouri, increasing 71% from 2008-2017. Startlingly, suicide rates for men in Greene County are 221% greater than that for women³. Data suggests that 90% of those who die by suicide exhibited symptoms of a mental illness or substance abuse⁴. Furthermore, research shows that greater availability of mental health and substance abuse services has a protective effect against suicide⁵.

Suicide Rates, 10-Year Span

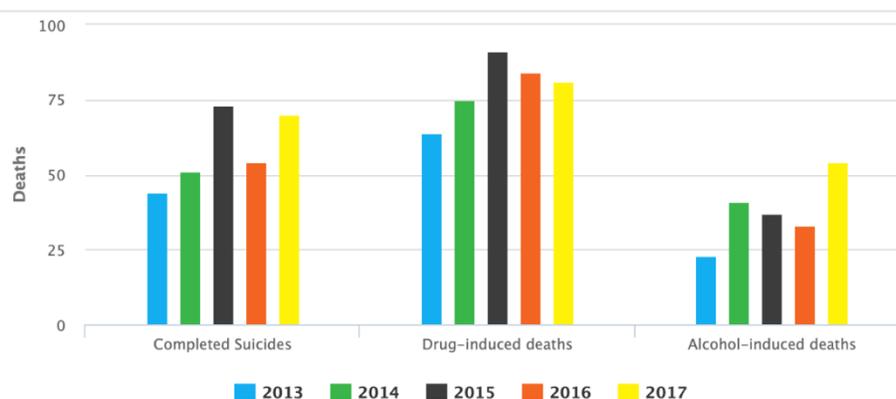


Substance Use Disorders

Missourians have also suffered from the opioid crisis and have seen increases in overdose-related deaths over the past several years. In Greene County, drug - induced deaths have increased year over year from 2013-2015 and continue to rise. Treatment for drug-related diagnoses in emergency departments and inpatient settings has

increased from 2014 to 2016. Addiction treatment services are often costly and underfunded by insurance coverage, creating barriers for access and, therefore, likely increasing risk of crisis.

Greene County Suicide, Alcohol and Drug-Induced Deaths



³ US Centers for Medicare and Medicaid Management (CMS). Available at [Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County](#)

⁴ Isometsa ET. (2001). Psychological autopsy studies—a review. <https://www.ncbi.nlm.nih.gov/pubmed/11728849>

⁵ American Psychiatric Association. <https://www.psychiatry.org/patients-families/suicide-prevention>

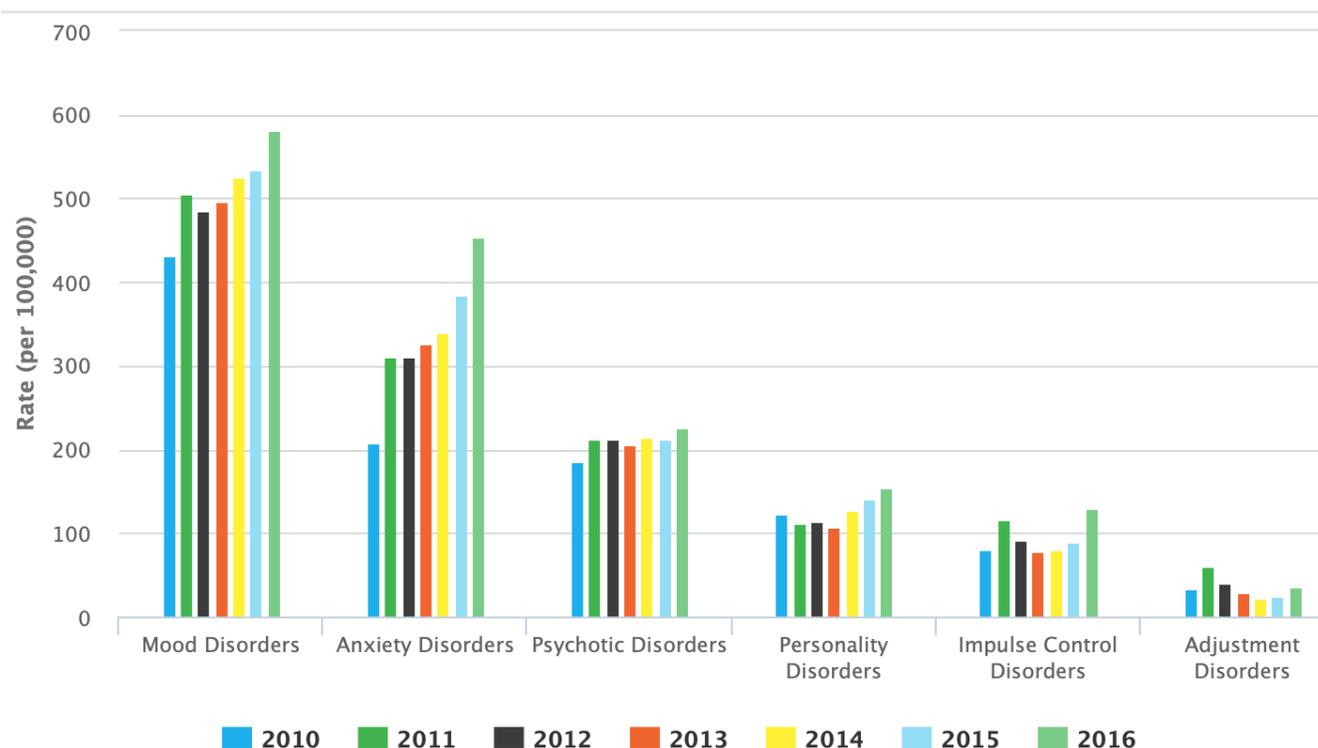


Depression and Anxiety

In Greene County, mood disorders, which includes depression, are the most common diagnosis category for serious mental illness at publicly-funded facilities. Over 30,000 people in Greene County—more than 10% of the population—sought help for mental health and/or substance use disorders in 2017. Depression rates in Greene County are 36.7% higher than the U.S. average⁶.

Medicare recipients in Greene County also suffer from a slightly higher rate of depression than the state average and national average. Higher rates of depression in Greene County are also consistent with the findings in provider data, which shows that major depressive disorder is the primary cause of inpatient stays and the secondary cause of outpatient visits for a mental health diagnosis in healthcare settings. Mental health diagnoses that lead to an inpatient admission in healthcare settings in Greene County are driven by depression and anxiety in more than half of those admissions. Similarly, 64.5% of mental health outpatient diagnoses are due to depression and anxiety.

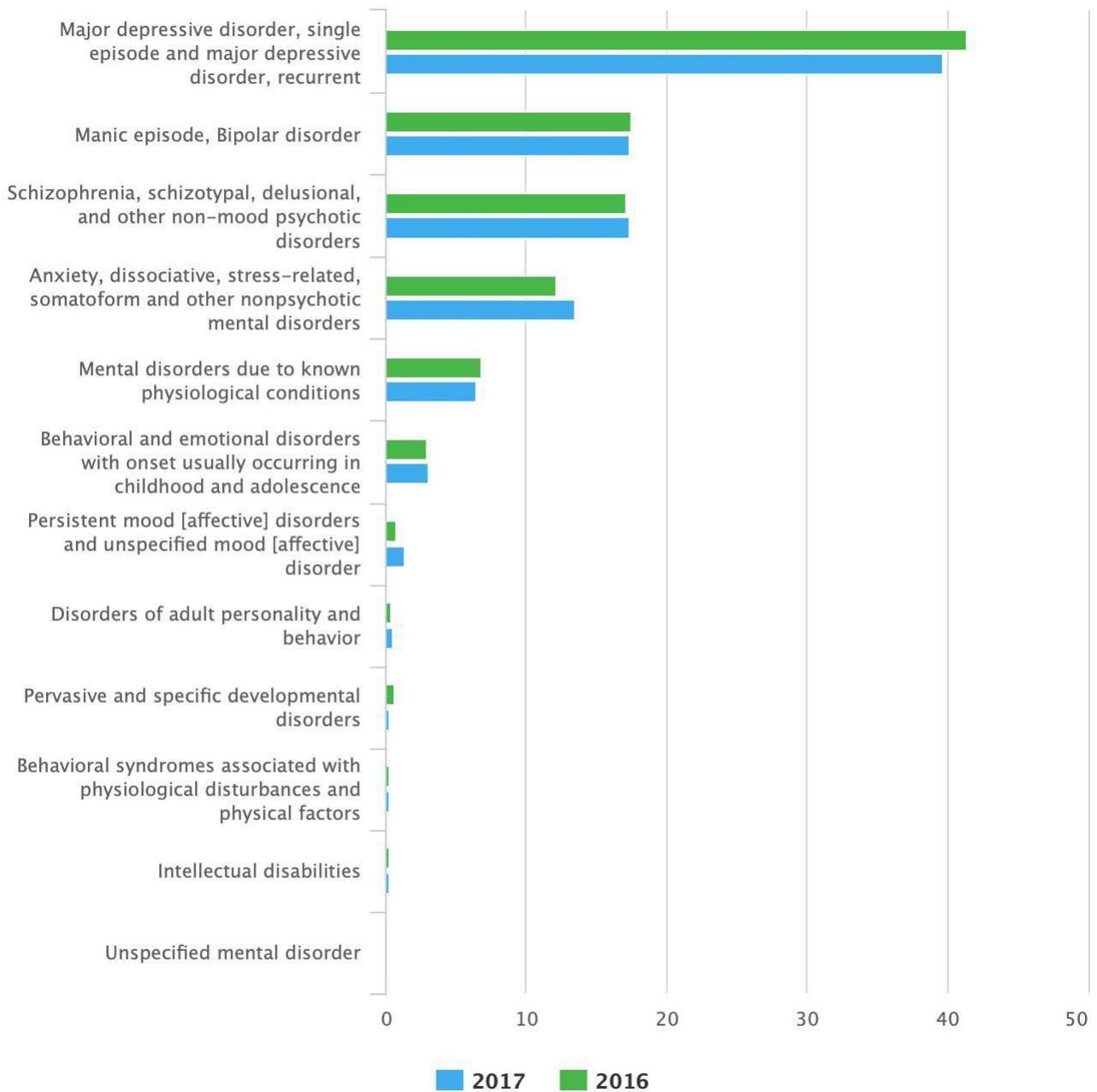
Greene County Mental Health Service Use Trends (by Fiscal Year)



⁶ US Centers for Medicare and Medicaid Management (CMS). Available at [Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County](#)

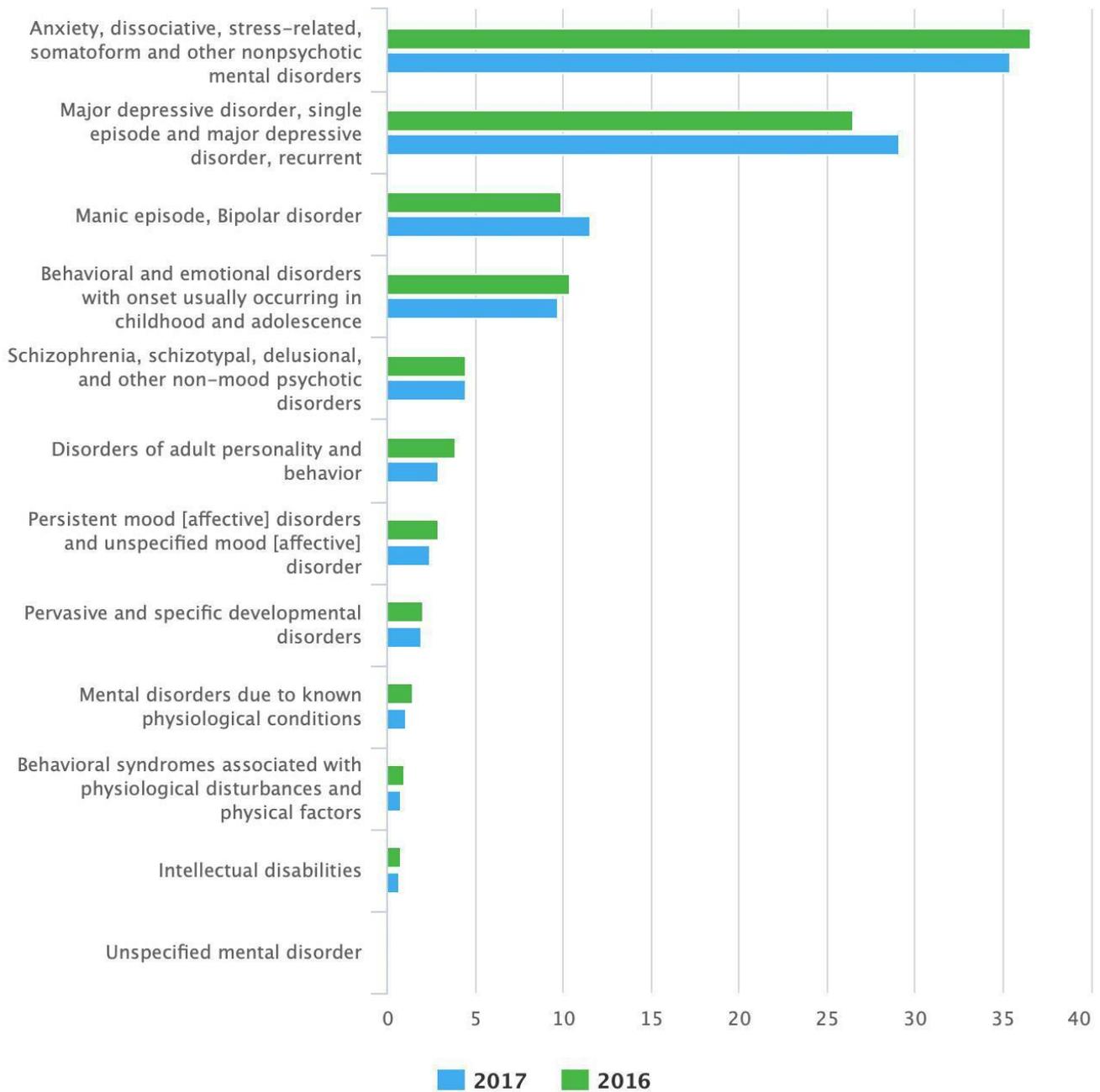


Inpatient Mix of Mental Health Diagnoses (by ICD-10 Code Group)





Outpatient Mix of Mental Health Diagnoses (by ICD-10 Code Group)



Efforts to improve crisis stabilization should develop system supports, provide direct services, and strengthen policy and procedure.

Domain 3: Access to Appropriate Care

This domain includes capacity and the availability of direct service providers, care coordination, and other system-level supports that facilitate efficient access to the health care system. This domain is concerned with people getting the right care, at the right time, in the right place.

In Our Community

Access to care is the first step in receiving quality health care. This includes having health insurance, having a usual source of care, and receiving care when needed. In Greene County, 15% of adults do not have health insurance, which affects access to health care.

Regarding access to mental health services, nearly 80% of interview respondent's that participated in this assessment identified the need for greater access to care. This did include expressing issues with long waiting periods to see a provider, a lack of mental health provider sites, uncertainty about how to access the healthcare system, and transportation challenges.



What is Needed

The community has a shortage of capacity; there are insufficient providers and hospital beds to provide adequate cover for mental health and substance abuse. According to the Missouri Department of Health and Senior Services, there is a shortage of inpatient psychiatric beds within the community, with 37.8 beds per 100,000 people, well below the national benchmark of 50⁷. While Springfield has a higher rate of overall mental health providers than the national average, there are several mitigating factors. Springfield serves as a regional hub, providing access to a far greater number of people than

just those living in Greene County. Springfield also lacks adequate psychiatrists—with 6.2 psychiatrists per 100,000, it is barely above the 10th percentile and is well short of the national average of 10.9 psychiatrists per 100,000. A commonly identified barrier and possible solution to increasing access to mental health care and addiction treatment documented throughout the assessment was addressing reimbursement inadequacies.

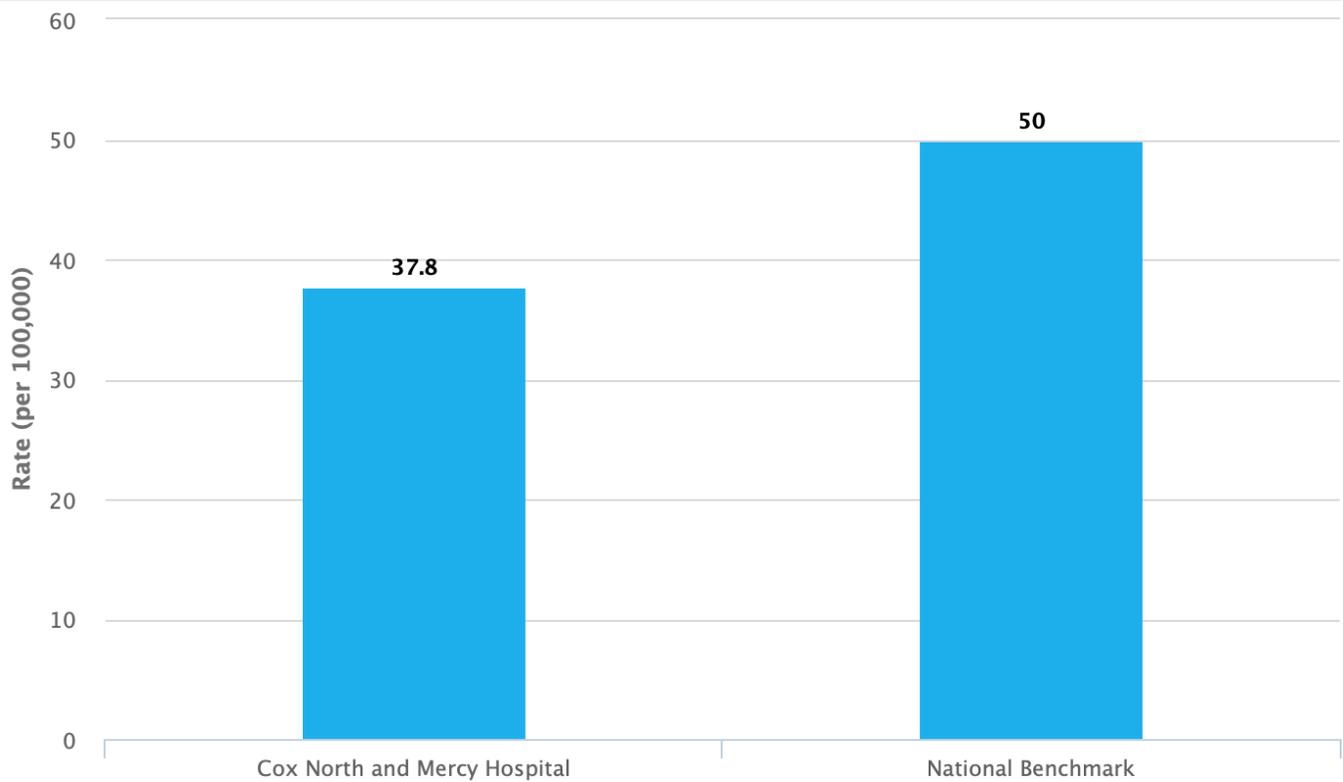


Efforts to address access to appropriate care should increase capacity, strengthen system supports, and improve policy and procedure.

⁷ <https://health.mo.gov/safety/healthservregs/pdf/MOospbyCounty.pdf>



Inpatient Beds (per 100,000)



Psychiatrists per 100,000 Residents	
Region	Data Point
Springfield, MO	6.2
National Average	10.9
90th Percentile	14.8
50th Percentile	8.5
10th Percentile	5.5



Community Improvement Efforts

Throughout this assessment, community providers have taken action to address concerns of mental health and substance abuse. Below are some of the actions that have been part of building solutions.

CoxHealth	Burrell Behavioral Health	Mercy Hospital	Jordan Valley Community Health Center
<ul style="list-style-type: none"> • CoxHealth is providing PDMP Leadership at the local and state levels. • The number of “psych safe” beds has doubled from four to eight. • Addiction treatment services have been expanded by establishing a new partnership with Hazeldine Betty Ford Clinic. • There has been a focus on increased training and protection for healthcare workforce. CoxHealth will be developing plans to work with Missouri Hospital Association and others on efforts to enhance workforce safety initiatives. 	<ul style="list-style-type: none"> • Increased access to mental health care. Specifically, efforts at Burrell have led to increased access to the walk in clinic and decreased wait time for appointments. • The partnership with the Springfield Public Schools system includes offering counseling services in schools. • Expanded PD Virtual mobile clinic services is planned. • Embedded access in primary care practices and Emergency Departments is underway. For example, Burrell is currently partnering with CoxHealth and Mercy Hospital to offer mental health access inside the hospitals’ Emergency Departments in an ongoing effort to integrate behavioral health in primary care. • There are expanded services at the JVCHC Integrated Clinic. For example, there is a clinic on the north side of Springfield serving as a partner clinic between Jordan Valley Community Health Center and Burrell Behavioral Health. • Certified Community Behavioral Health Clinics (CCBHC) expansion continues to be an active goal of Federal and State advocacy (Burrell is currently one of only ten CCBHCs in Missouri and the only one in the Springfield area). 	<ul style="list-style-type: none"> • Behavioral health unit in Emergency Department has been created for psychiatric patients. • Initiatives to reduce opioid use in pain management programs is underway. • Access to mental health services through telemedicine—especially in pediatrics – is increasing. • Partnership with Burrell has been established to provide mental health services seamlessly through the Emergency Department. The partnership also includes psychiatry coverage for the IP psychiatric unit. 	<ul style="list-style-type: none"> • ACES screening is beginning to take place in the clinical care environment. • Community Health Workers are increasingly being used to increase system capacity. • Medication Assistance Therapy Clinic currently operates five days per week (Monday – Friday). • Integrated, clinic-based care activities with Burrell Integrated Clinic have been expanded. • An addiction program for pregnant mothers is expanding.



Opportunities for Improvement

As a result of this report, the community is armed with knowledge and information needed to effectively address mental health needs and take ownership of efforts to reduce stigma, increase awareness, and improve access to mental health services.

To implement these interventions and more, community partners must collaborate and mobilize resources to carry out evidence-based strategies and/or innovative solutions. Because mental health and substance abuse affect multiple sectors to varying degrees, it is important that leaders from diverse fields lead efforts to address these needs within their respective fields of work.

Reimbursement

Assuring that adequate reimbursement for treatment of mental illness is available for substance abuse and mental health providers alike was identified by all providers and other interviewees through the assessment. The rate of reimbursement is not sustainable for adequately meeting demand for mental illness.

Specifically, items stated include:

- Addiction treatment services are often reimbursed at rates lower than the cost of care, or not covered by insurance.
- Medicaid:
 - The lack of expansion impacts uncompensated care in all settings.
 - There is a need for Medicaid suspension v. termination upon incarceration in Missouri.

Access to Appropriate Care

Emergency Departments are often the place where patients seek care for mental illness, especially in crisis situations. Identifying symptoms and preventing crises can offer diversion to other more appropriate care. Additionally, efforts to prevent and reduce the suicide rate in Greene County should be a priority.

Resources and Tools

Mental Health First Aid Training was identified as a valuable resource and necessary tool to be used to offer early intervention and prevention of crisis. Currently, Community Partnership of the Ozarks is offering training and education to reduce the incidence of mental illness and prevent crises. These efforts and others should be leveraged and should be used to train our community, specifically children, youth and young adults, some of our most vulnerable.

Provider Shortages

Mental Health provider shortages are prevalent in Springfield but also throughout the country. Efforts to seek options for alternative ways to treat patients such as telehealth and community health workers must be explored to expand care.