



# The Leadership Institute: Preparing for the Future of Mental Health

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America  
The Leadership Institute | 5.18.18

**MHA**  
Mental Health America  
**B4Stage4**

**Policy is a Pain  
in the @\$\$! But  
Let's Start with  
Opioid Policy.**

**There's a  
Reason People  
Take Opioids,  
But You May  
Not Know It...**



# It's Called 42 CFR Pt. 2



**You can't treat a whole person  
with half a record.  
...Or you may get a surprise.**

# Presentation Overview

About Mental Health America

The National Policy Environment

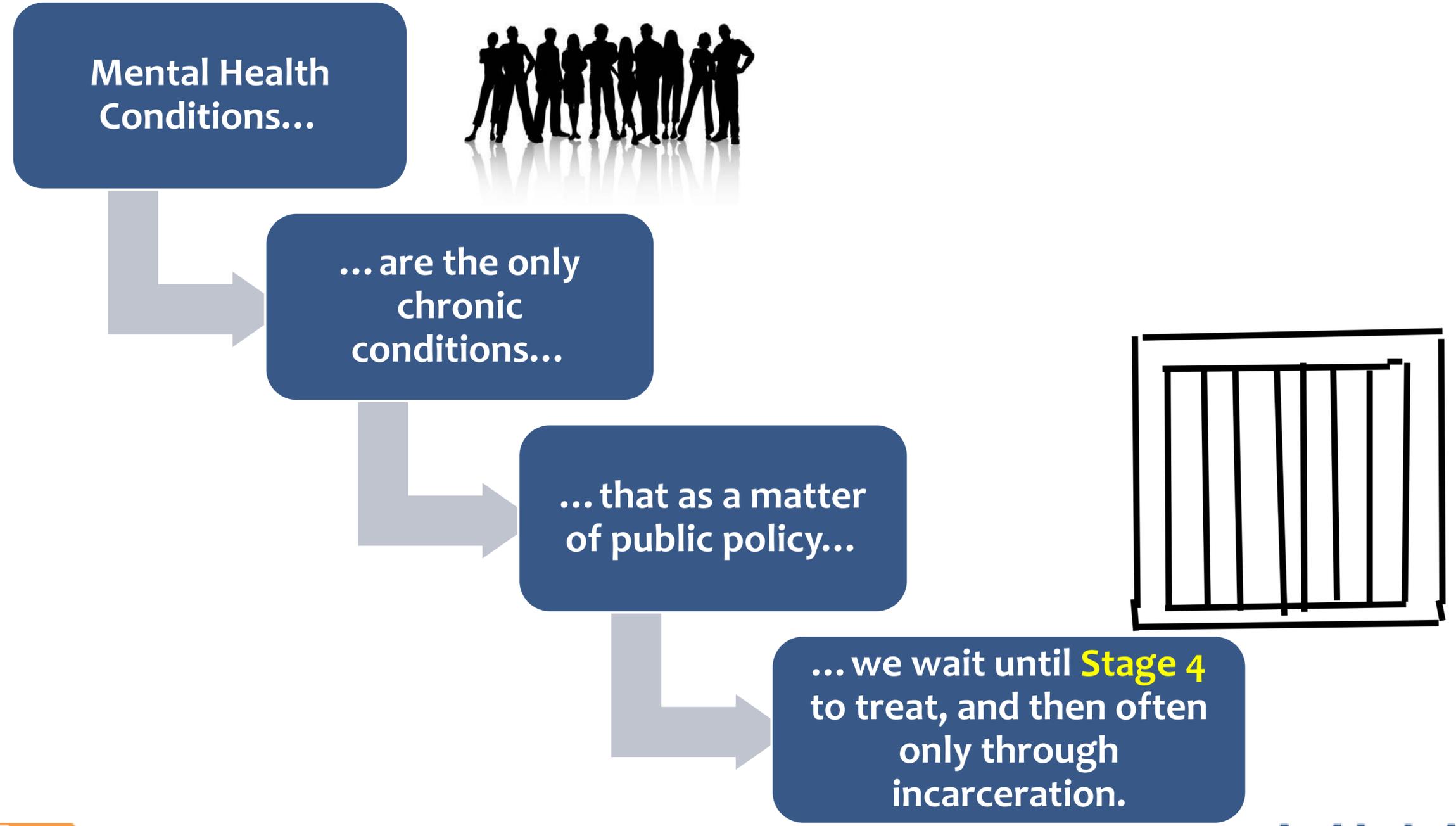
Screening and S2S

Peers in the Workforce

Workplace Mental Health

Partnering for the Future

# We've Been Trapped in Stage 4 Thinking



# MHA's Mission

Mental Health America (MHA) - founded in 1909 - is the nation's oldest community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans.

Our work promotes mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.





# Mental Health Month 2018



# Key Policy Issues: Still a Long To-Do List

Implementing  
21<sup>st</sup> Century  
Cures

Restoring Cuts  
to MH Services

SUD and Opioid  
Dependency  
funding

Implementing  
Mental Health  
Parity

Medicaid  
Reform

Conforming 42  
CFR Part 2 to  
HIPAA

Outcomes-  
based  
Reimbursement

IMD Exclusion

Jail Diversion

Children's  
Mental Health

# MHA Screening: 3.25 Million Served

Depression (PHQ-9)

Anxiety (GAD-7)

Bipolar (MDQ)

PTSD (PC-PTSD)

Youth Screen (PSC-YR)

Parent Screen (PSC)

Alcohol and Substance Use Screen (CAGE-AID)

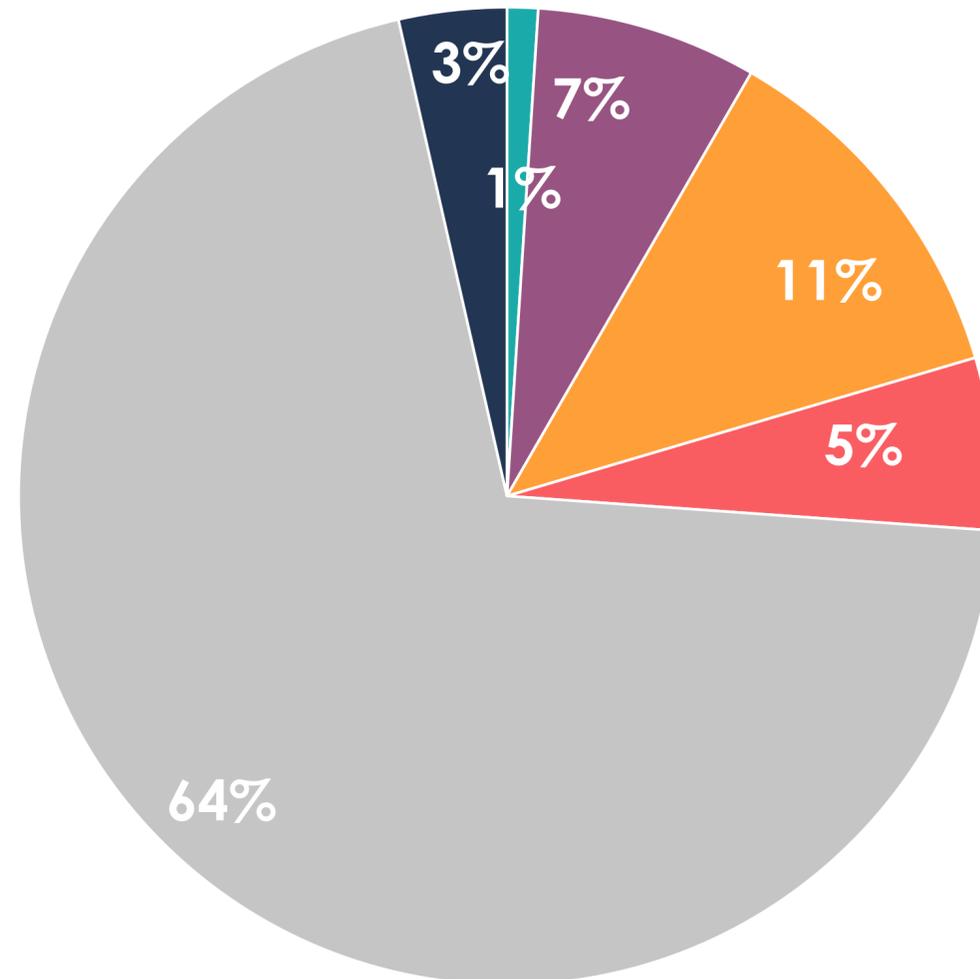
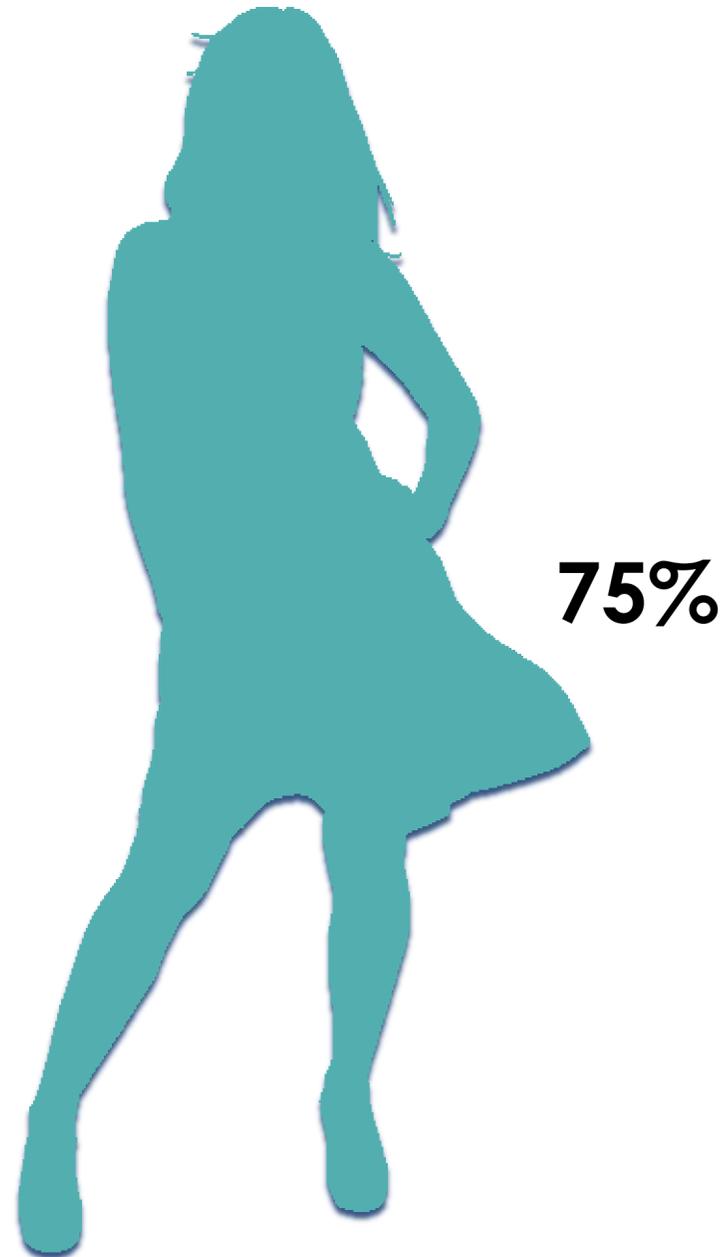
Psychosis Screen (Ultra-High Risk) (PQ-B)

Eating Disorders (added in 2017)

# [www.mhascreening.org](http://www.mhascreening.org): 2017

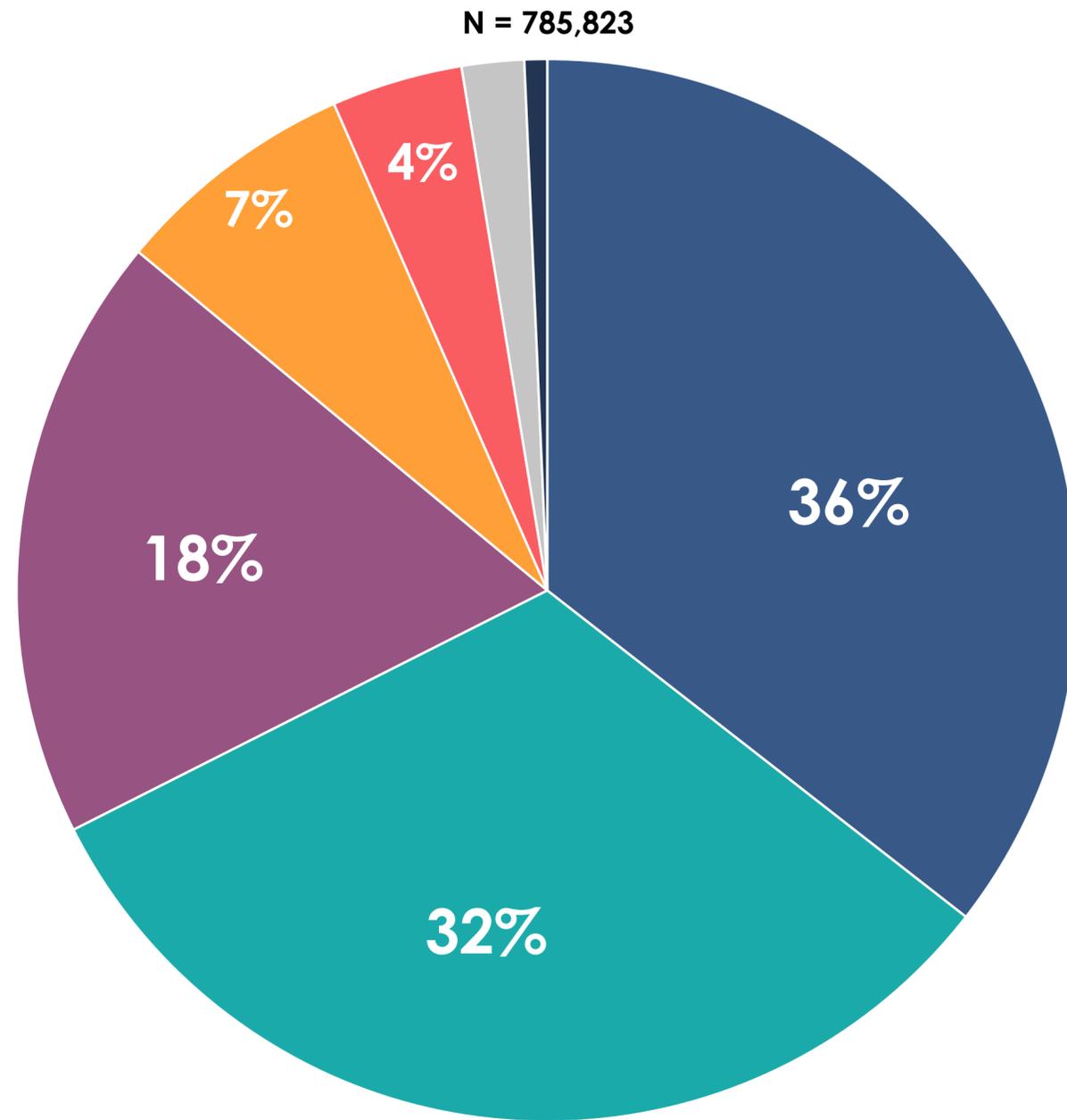
RACE/ETHNICITY  
N=785,823

- Asian or Pacific Islander
- Black or African American (non-Hispanic)
- More than one of the above
- Other
- Native American or American Indian
- Hispanic or Latino
- White (non-Hispanic)

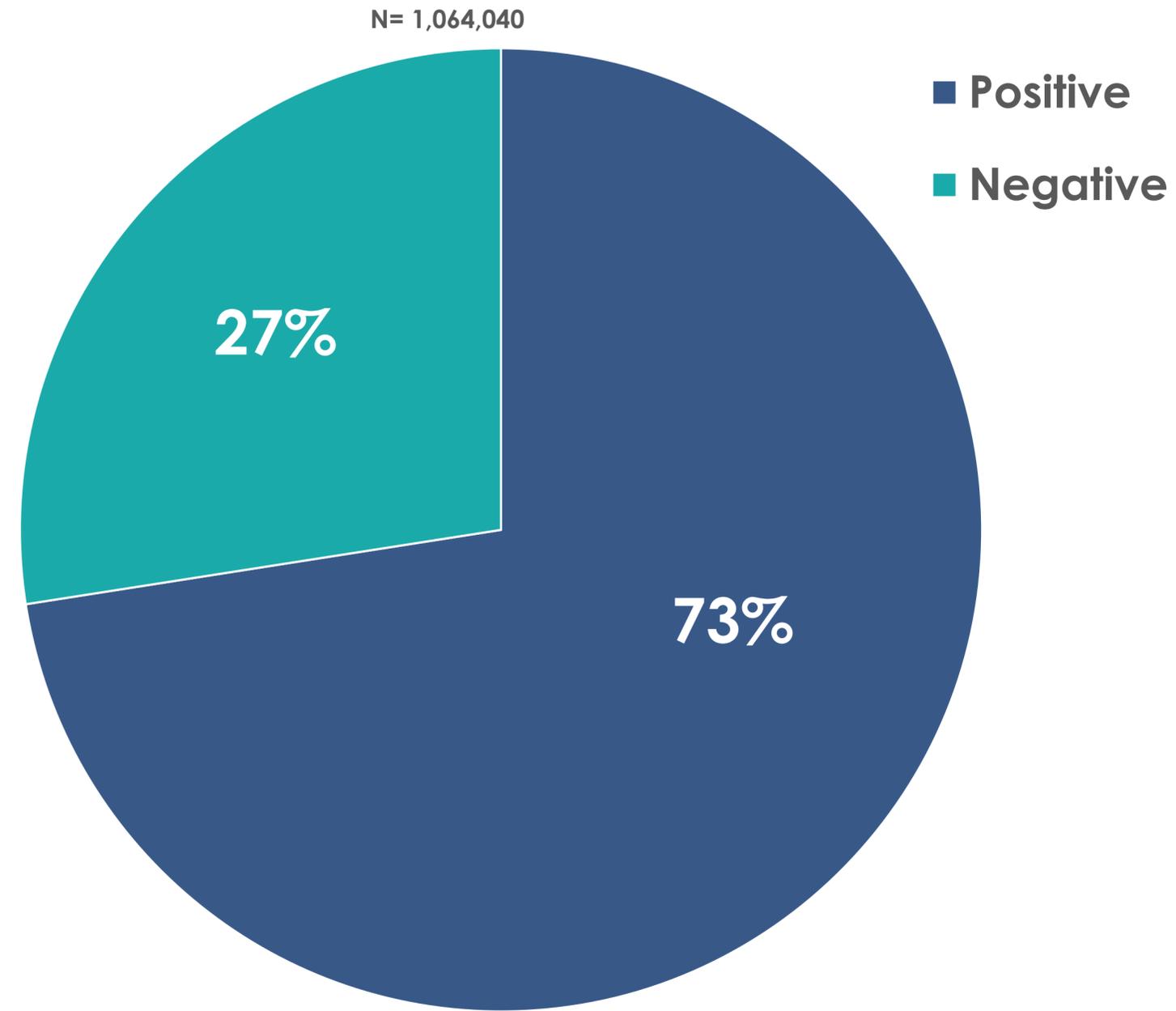


# MHA Screeners by Age, 2017

- "11-17"
- "18-24"
- "25-34"
- "35-44"
- "45-54"
- "55-64"
- "65+"

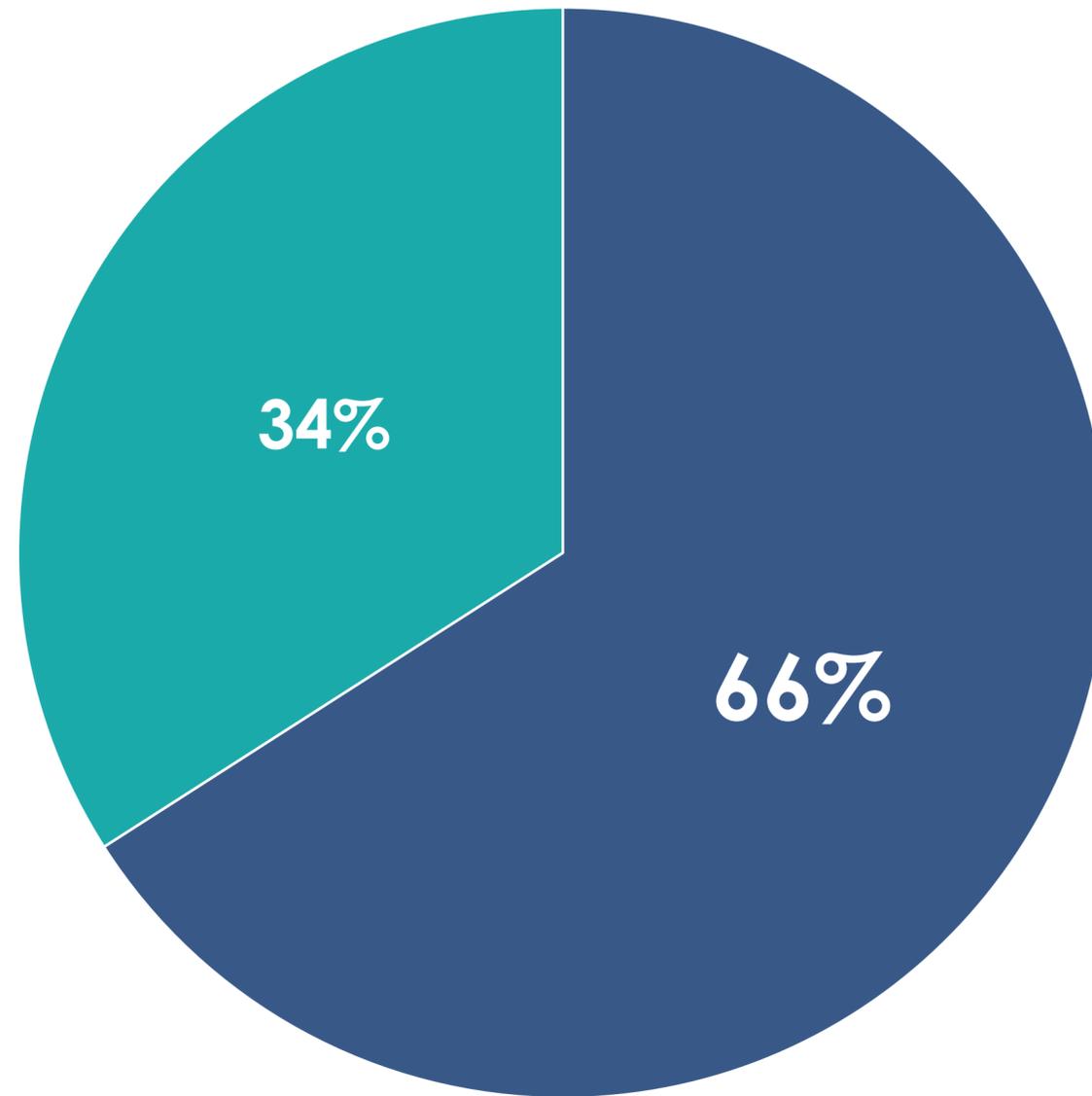


# MHA Screener Results, 2017



# MHA (Positive) Screeners: Ever Been Diagnosed?

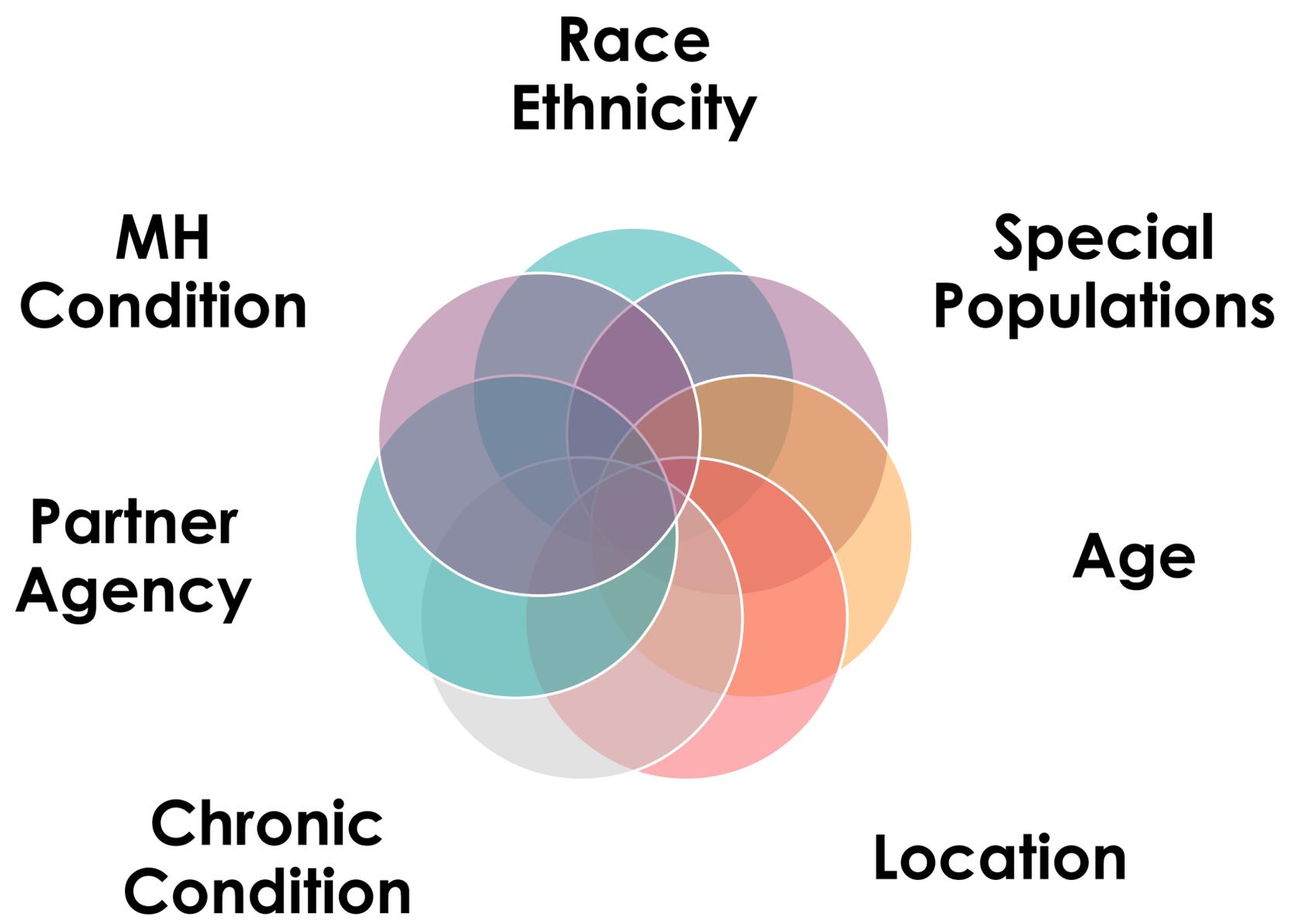
N = 580287



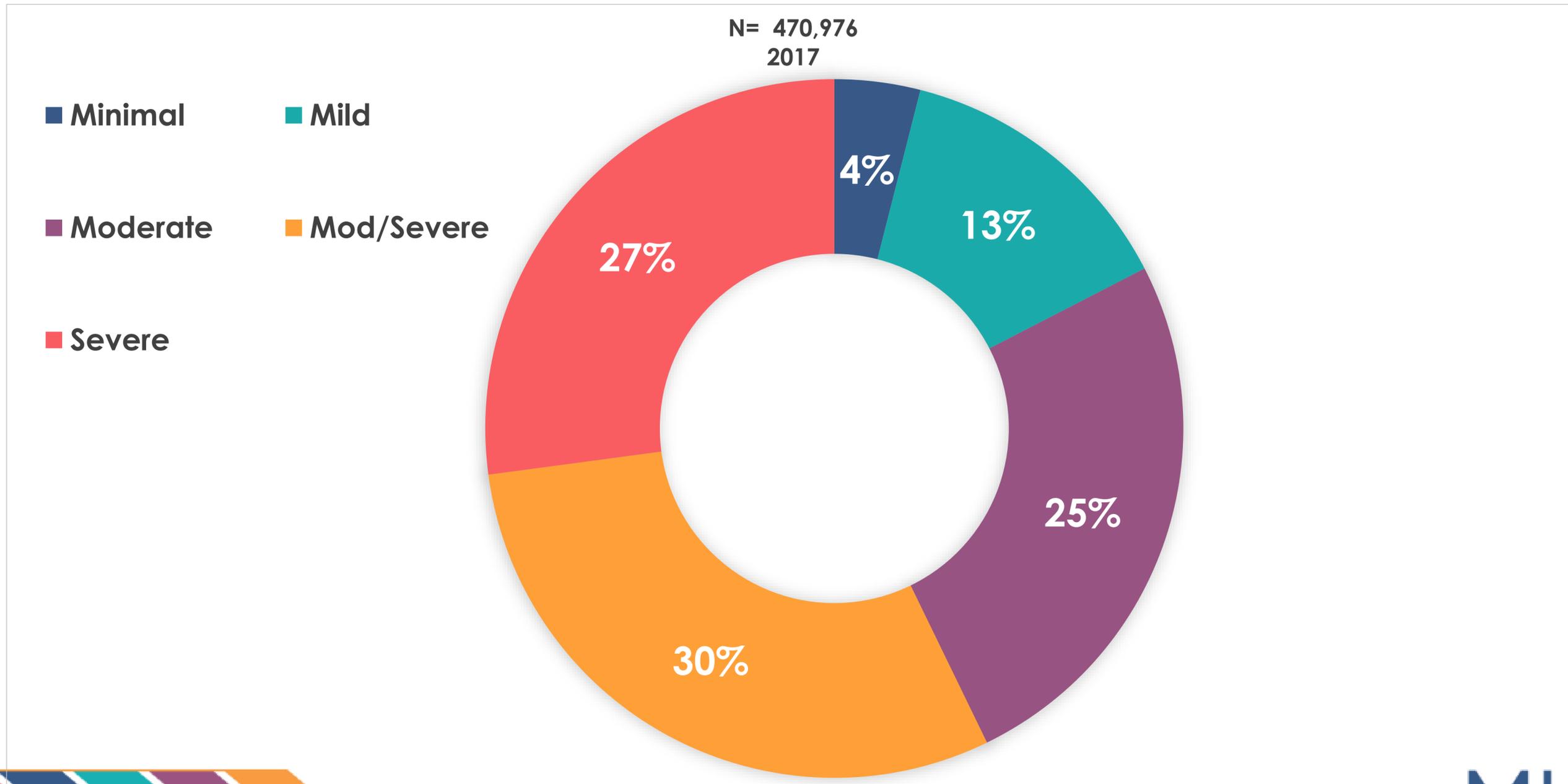
■ No ■ Yes



# MHA Can Analyze Screening Results By...



# Examples: Depression Screening Results



# Severe Depression, 2017

Older depression screeners: more likely to be male, white than younger cohort.

55% of individuals with severe depression report household incomes under \$40,000 per year.

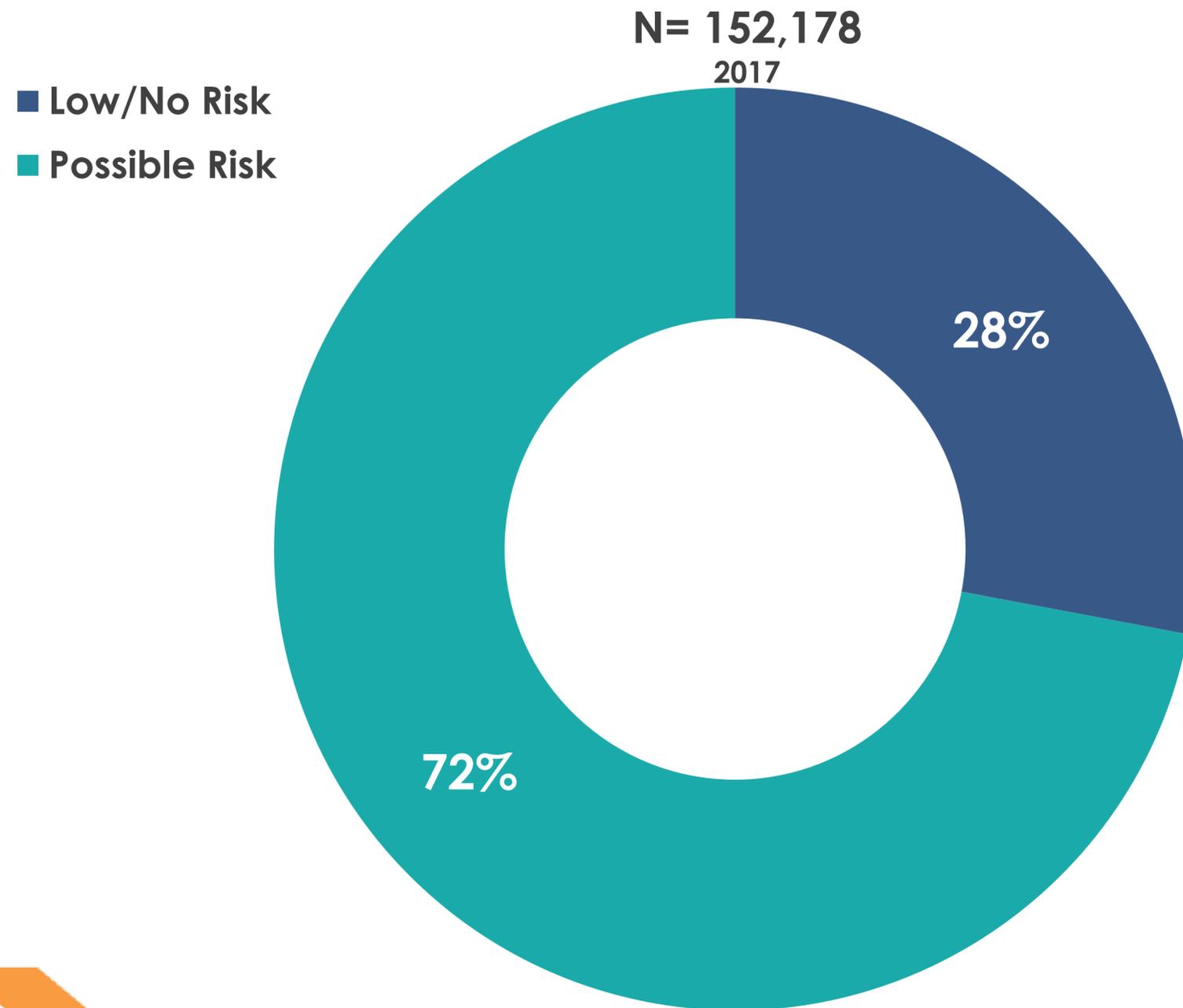
18% of those age 55+ identify as caregivers.

9% of severely depressed adults and 16% of all severely depressed people report another health condition.

58% of those reporting another health condition were under 25.

68% of those over 65 report a comorbid condition.

# Psychosis Screening Results



**About 100,000 people are diagnosed with schizophrenia in the U.S. each year.**

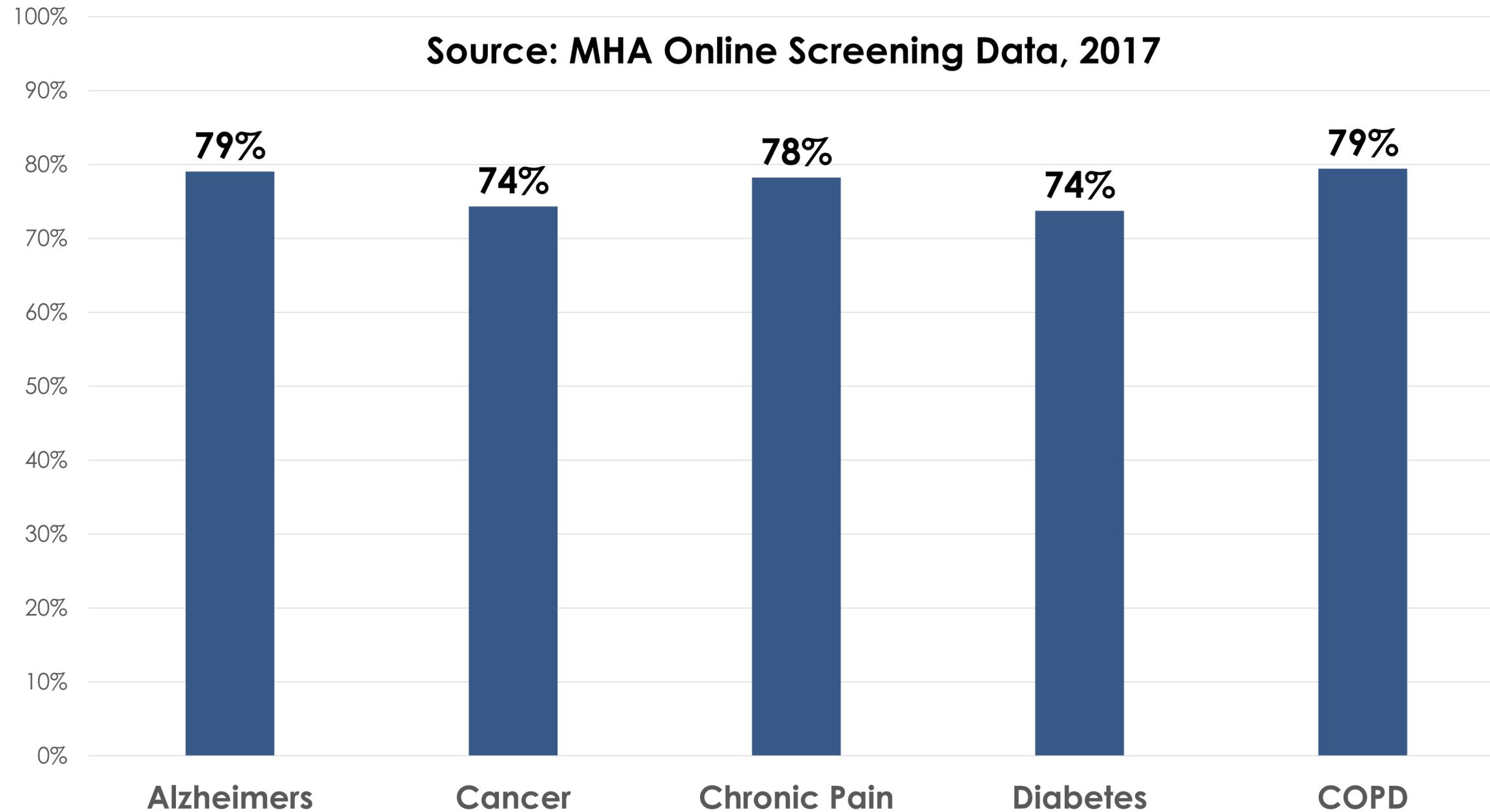
# Of the 100,000+ (72%) At Risk for Psychosis in 2017...

26% percent of individuals over 45 have household incomes over \$80,000 versus 16% of those under 45.

29% report arthritis or chronic pain as a comorbid health condition.

29% of individuals say they're planning on taking no next step, and 29% say they plan to discuss the results with another person.

# MHA Screeners With Chronic Conditions Who Are Positive For Mental Illness



# New or Expecting Mothers, 2017

Compared to the national average new or expecting mothers are:

- More likely to screen likely substance use (91% vs 78%).
- Most interested in discussing the results with someone (36% vs. 28%).
- More likely to find treatment (27% vs 18%).
- More likely to have comorbid health problems (22% vs 13%).

# Millennials, 2017

In 2017, MHA had nearly 1.1 million screens.

Millennials made up half of all screeners who reported an age (397,140 screens).

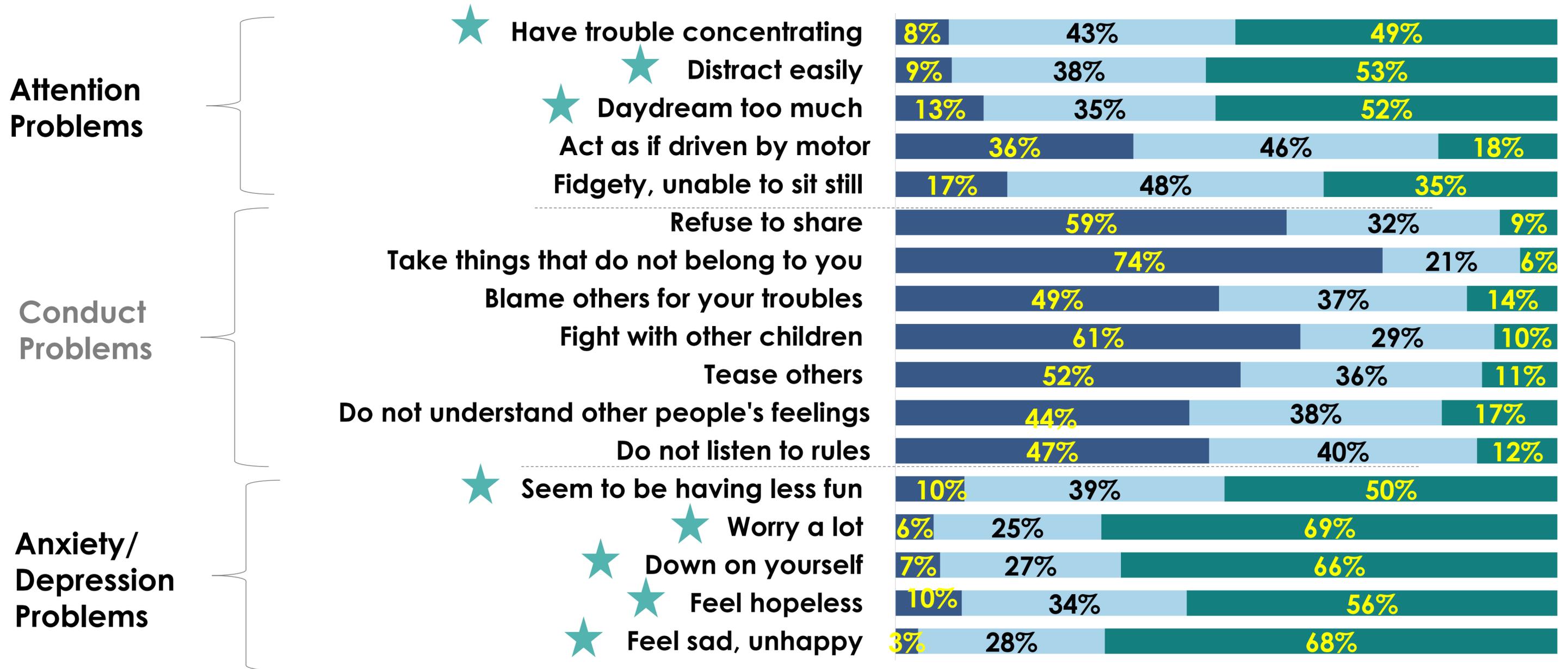
Compared to the national average millennials are:

More likely to find treatment (22% v. 18%).

Less likely to take no next step (25% v. 30%)



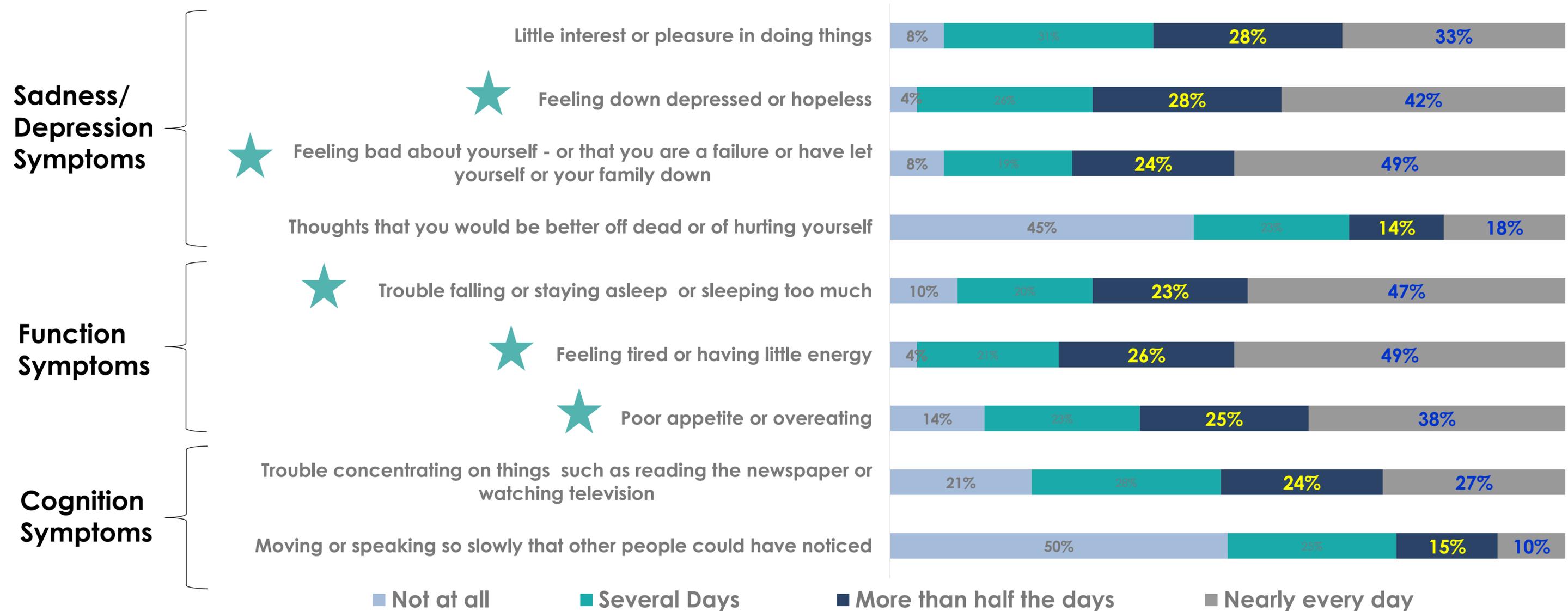
# Deep Dive: Youth Screening



■ Never ■ Sometimes ■ Often

# Deep Dive: PHQ-9 (Depression) Question Breakdown

Depression screeners show difficulty in functioning, sadness, and cognition.



# MHA Screening Results Create Value



**Big Data: New Insights into Help-Seeking, Not-Yet-Diagnosed Populations.**

**Planning and Evaluation: Special URLs for Population Tracking.**

**Anticipating the Needs of Individuals and Delivering Targeted Services (s2s).**

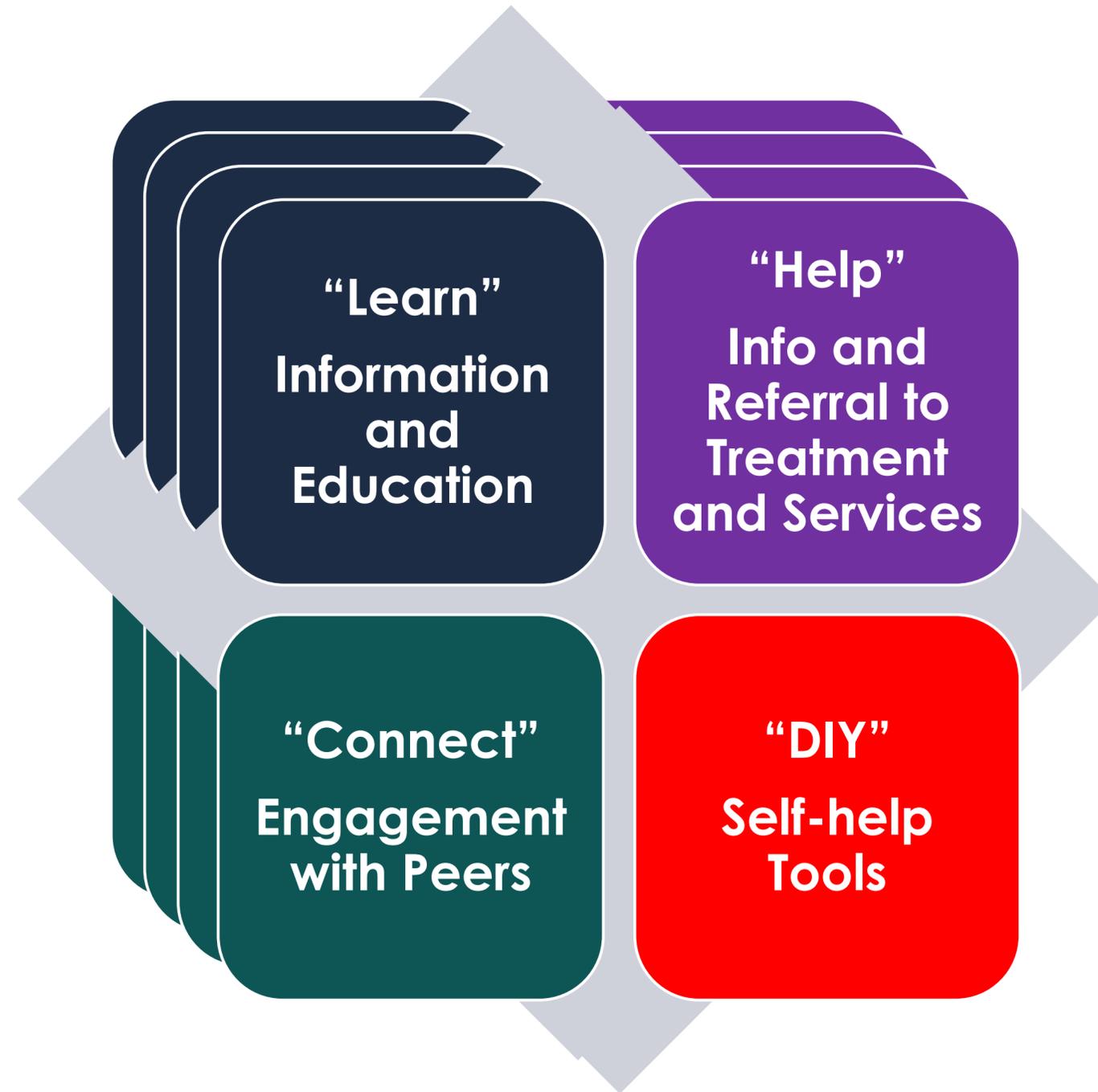
# What is S2S?

**S2S is a new post-screening online environment.**

**S2S anticipates services and resources a help-seeking population will need as it moves to diagnosis.**

**S2S delivers a customized set of suggested resources to every person who screens.**

# (S2S): Different from Search Engines



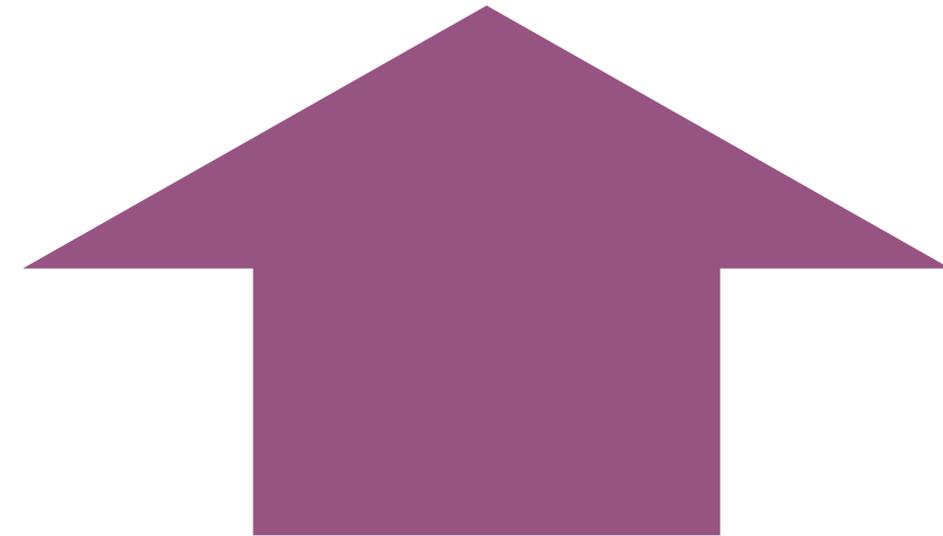
# S2S: The Role of Partners



**Each domain  
populated with  
MHA and partner  
resources.**



**Partners refer to  
screening; S2S  
refers back to  
partner resources.**



# Peers in the Workforce: MHA Peer Specialist Certification, 2017



# The MHA Credential in Action: Peers Empowering Peers (PEP), 2017

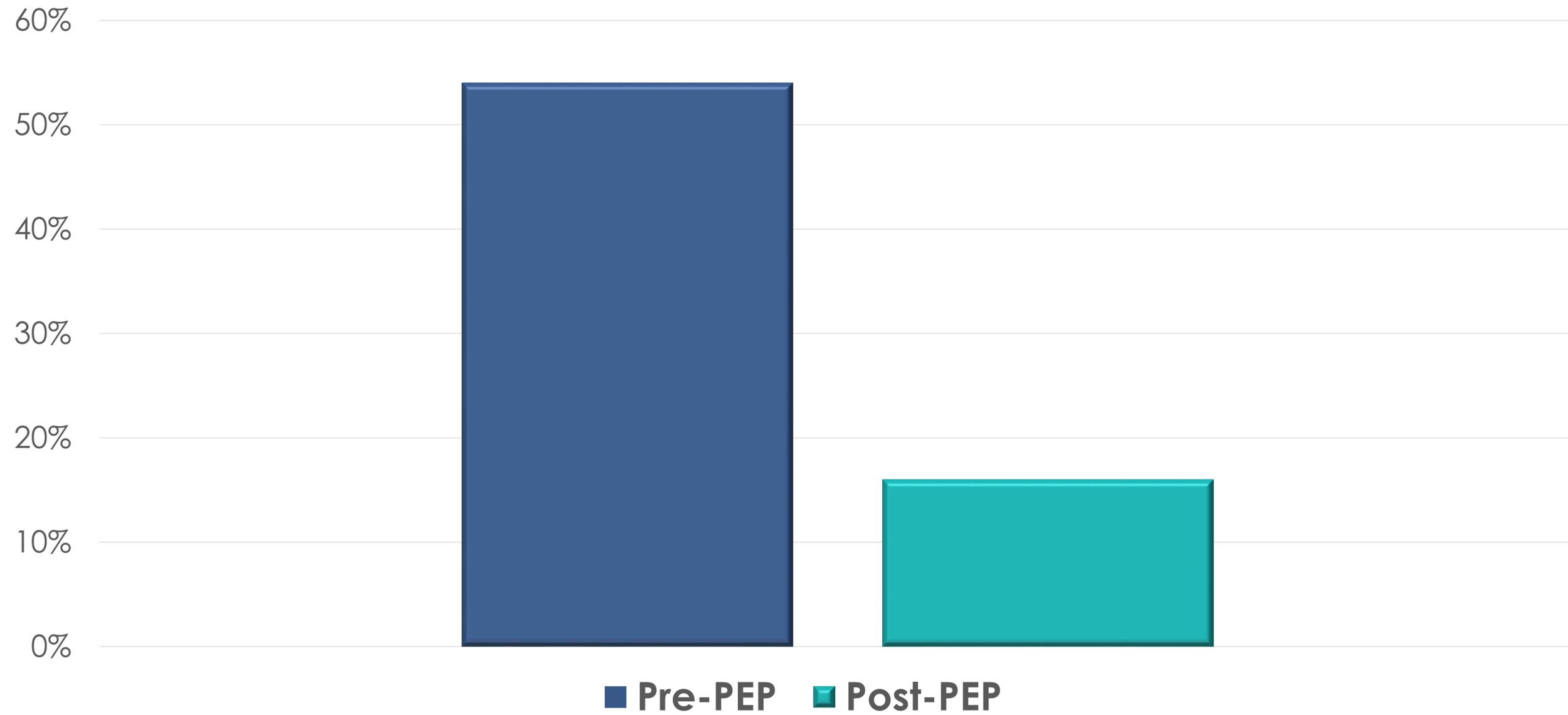
- 106 patients in Palm Beach County, FL;
- Hospitalized with mental illness;
- No other case manager;
- Meet with trained peers while they are in the hospital;
- Peers offer support, encouragement;
- Continue to meet after discharge;
- Help clients build a wellness recovery plan;
- Connect them to community resources.



**Peer  
Services  
Matter!**

# PEP Outcomes

## 90-Day Rehospitalization Rates



**N=106**

# Three (Present and Future) Options for Funding Peer Support

**General Revenue:** offset expenses associated with uninsured/underinsured frequent flyers.

**Medicaid:** most states include peer specialists in Medicaid programs (e.g., AZ, GA, PA).

**Medicare (2017):** Collaborative Care Models (G0502, G0503, G0504) for highly-trained professionals; General, for other BHI Models (G0507).

# G0507: General Care Management for BHI

The following elements must be satisfied:

- Initial assessment or follow-up monitoring w. validated rating scales;
- Behavioral health care planning relating to psychiatric problems;
- Facilitating and coordinating care;
- Continuity of care with a designated member of the care team.

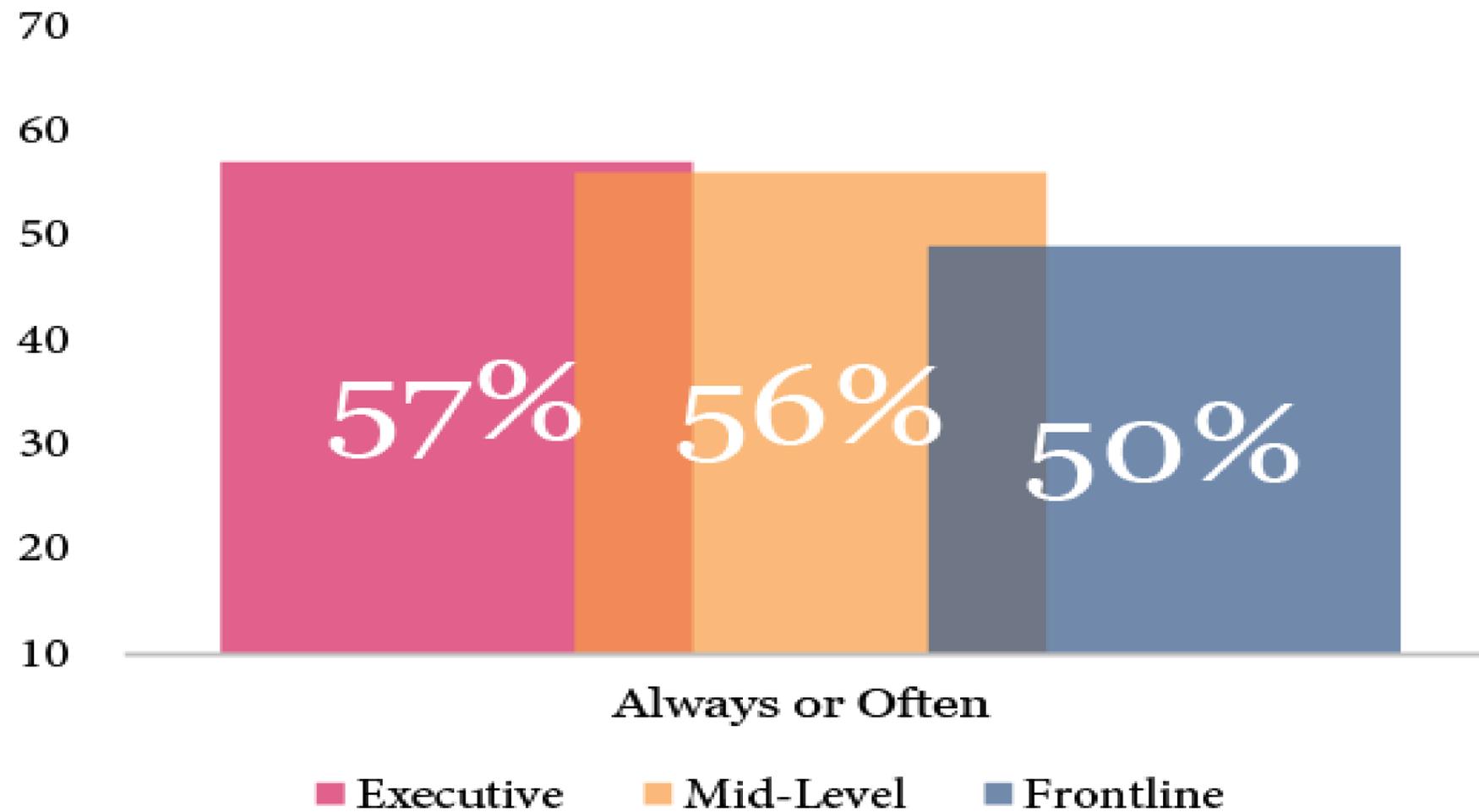
Can be used by the treating physician for services furnished when the patient needs assessment, planning, and interventions.

Services may be provided by physician or staff under his/her direction.

Staff members providing services need not meet qualifications for a behavioral health care manager or psychiatric consultant.

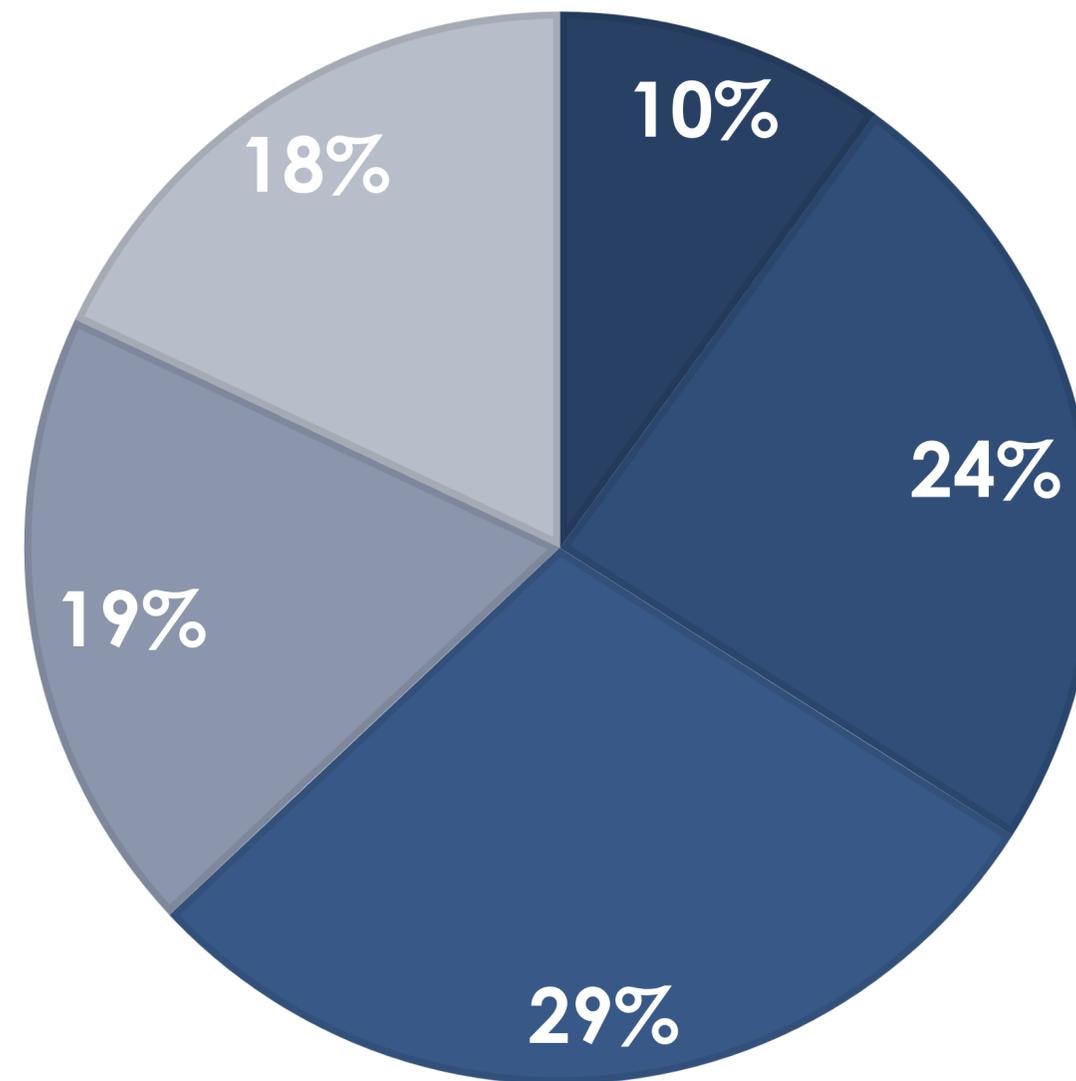
# What Are We Doing for Our Workforce in General?

**THE STRESS FROM MY JOB AFFECTS MY RELATIONSHIPS WITH MY FRIENDS OR FAMILY**

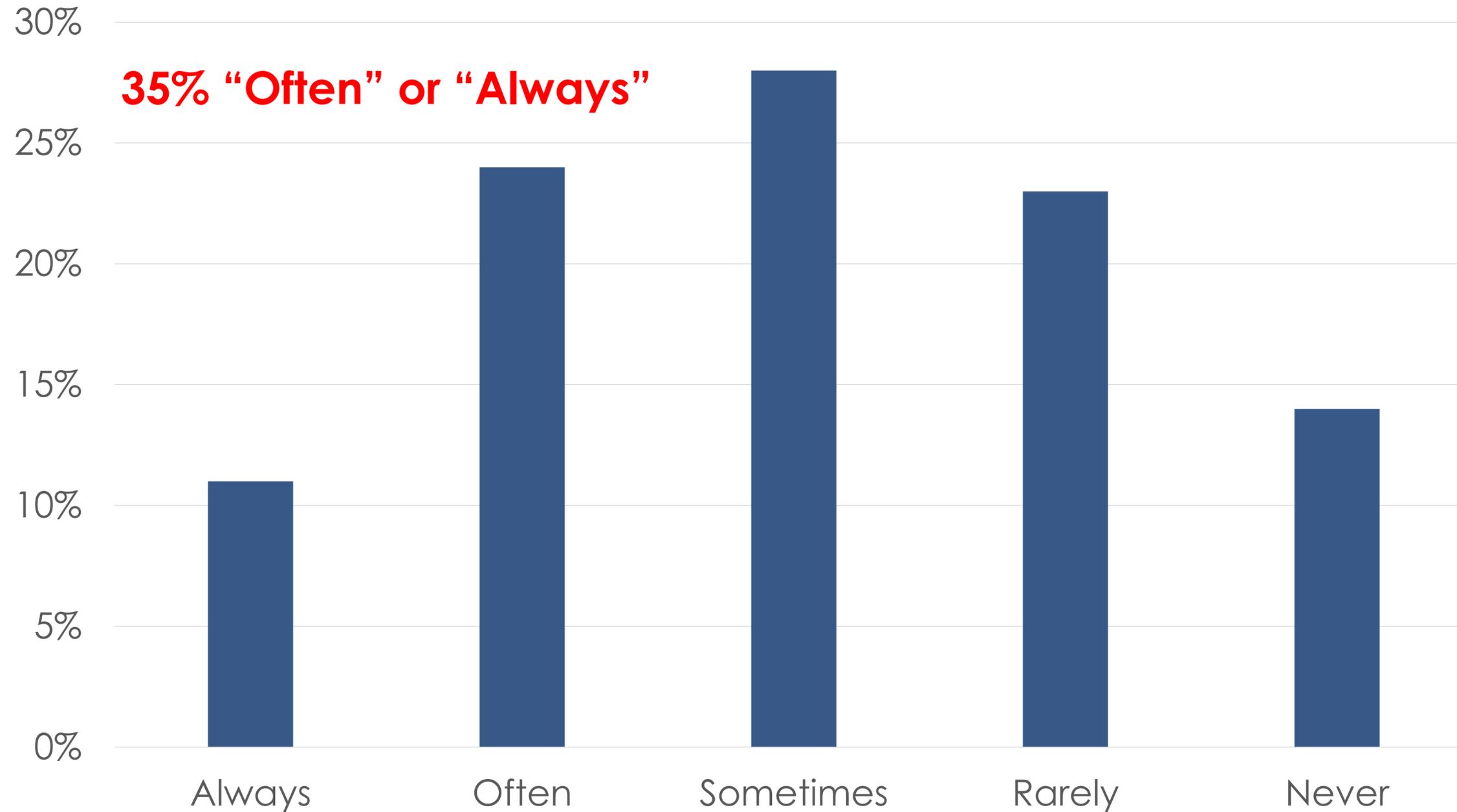


# “Job Stress Causes Me to Engage in Unhealthy Behaviors”

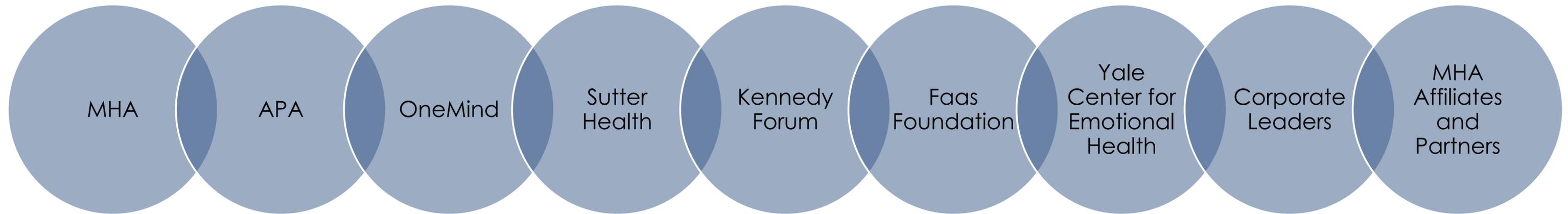
■ Always ■ Often ■ Sometimes ■ Rarely ■ Never



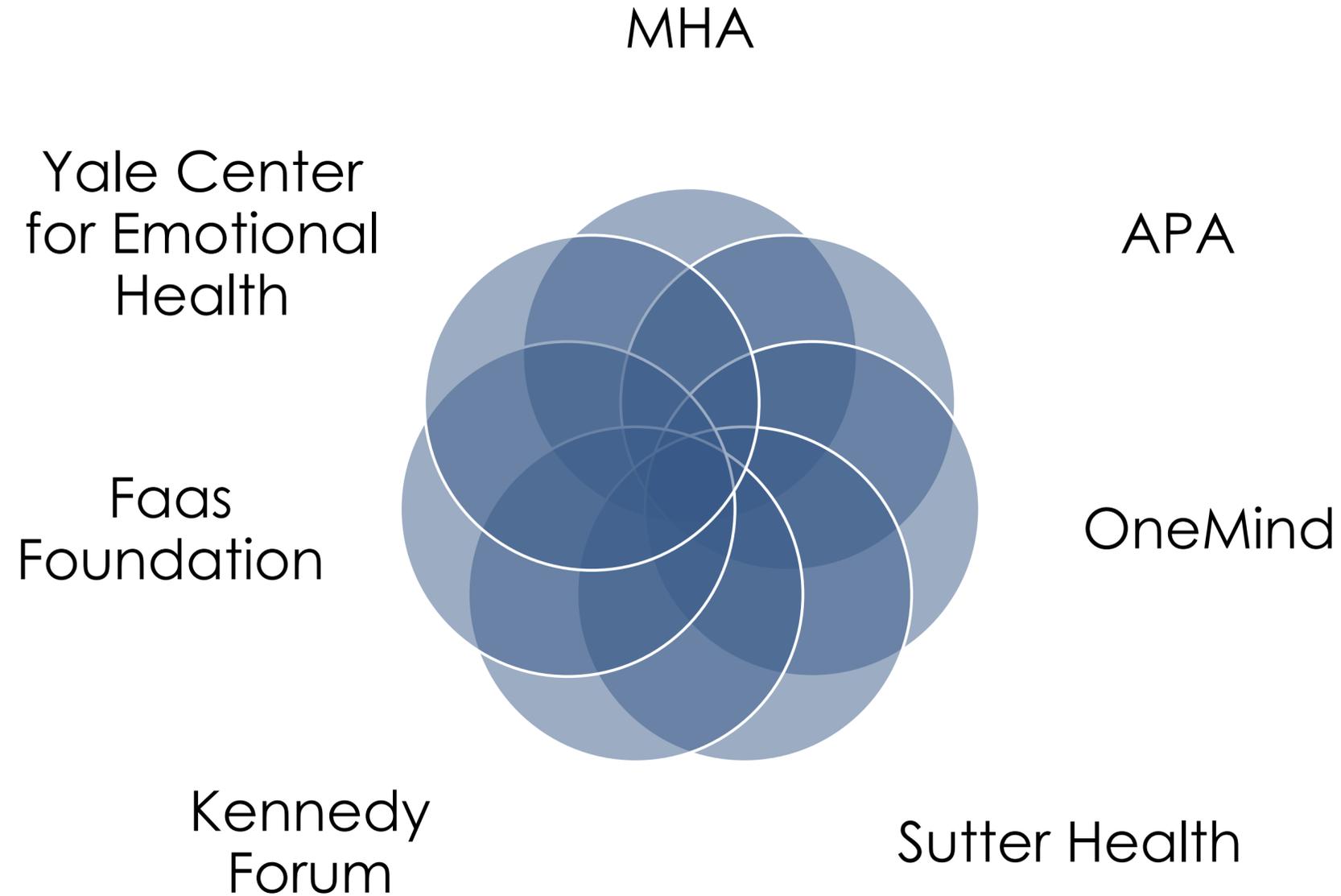
# Workplace is Unhelpful or Hostile



# Workplace Systems Support: An Emerging Workplace Collaboration



# Workplace Systems Support: An Emerging Workplace Collaboration



# Partnering for the Future: MHA and Sutter Health ...and You?

Collaboration around policy, screening, S2S, peer workers, and workplace mental health.

Focused use of MHA tools, programs, and referrals in and on behalf of the local community.

Support for partners; invest in community health and betterment.

Save dollars; invest B4Stage4; promote recovery and wellness.

# Contact Us



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#alwayshope