Health Forward FOUNDATION

MISSOURI BEHAVIORAL HEALTH SYSTEM ASSET MAPPING PROJECT

July 2022

Jackson County Regional Report Highlights

Summary

In partnership with the Missouri Foundation for Health in St. Louis, Health Forward Foundation commissioned the Behavioral Health System Mapping Project to better understand the assets and intersections of Missouri's behavioral health system with other social and health systems to identify opportunities for further collaboration, problem-solving, and coordination. In addition to the state level examination, consultants TriWest and Zia Partners conducted a regional study in Jackson County, via targeted interviews and focus groups, to identify opportunities for local and statewide stakeholders to build and support more effective and equitable community behavioral health systems. The state and regional assessments gathered information on all elements of the ideal behavioral health system (i.e., systems to treat mental health conditions and substance use disorders). Refer to the appendix for the "Executive Summary" excerpt of the Behavioral health System Mapping Project report for review of the state report findings.

The purpose of this brief is to summarizes the Jackson County region high-level findings and community identified opportunities gathered through in-depth interviews (87 key informants) and three focus groups for people with lived experience of recovery. While the state level mapping project report prioritizes *collaborations*, *primary health / behavioral health integration* and *behavioral health crisis system* findings for critical discussion, the Jackson County regional partners added insights on *equity / disparity*, *regional & local innovation* and *housing / homelessness* to the conversation.

What we heard: Disparity, equity, and inclusion

Of the approximately 700,000 people living in Jackson County, 77% are adults over the age of 18, and 8% are young children under the age of 6. These age groups are similar to the total population of Missouri, where 78% of the total population are adults above the age of 18, and 8% are young children. However, in contrast to the statewide estimates, Kansas City has a higher Black and African American population (23% compared to 12% statewide) and a higher Hispanic and Latino population (9% compared to 4% statewide).

The unique demographic makeup of Kansas City should be considered when planning behavioral health services for the region.

The following table shows estimates of various mental health and substance use disorders for Jackson County and Missouri statewide by age group. Based on the most local and recent prevalence data available, we estimate that about 6,000 youth ages 12 to 17 in Jackson County have had a major depressive episode, with about 700 also having co-occurring substance use disorders (SUD), and about 8,000 children and youth ages 6 to 18 have a serious emotional disturbance (SED). Among adults in the region, we estimate that about 22,000 have serious mental illness (SMI), of whom about 6,000 have co-occurring SUD. The estimated number of people who have first episode of psychosis each year is small—only 66 youth and adults ages 16 to 34. We also estimate that approximately 43,000 (41,000 adults and 2,000 youth) have one or more substance use disorder, including 31,000 people who have alcohol use disorder and 15,000 who have illicit drug use disorder.

Prevalence of Mental Health and Substance Use Disorders – Jackson County (2018)

Prevalence of Mental Health and Substance Use Disorders[1]	Jackson County	Missouri
Total Population (Ages 6 and Older)[1]	**643,359**	**5,678,749**
Population Ages 6 to 17	108,031	929,127
Population Ages 18 and Older	535,328	4,749,622
Mental Health Conditions – Children and Youth		
Major Depressive Episodes (Ages 12 to 17)	6,294	68,499
Co-Occurring SUD and MDE (Ages 12 to 17)[1]	719	7,828
Serious Emotional Disturbance (Ages 6 to 17)[1]	8,185	70,394
Bipolar I or II Disorder (Ages 12 to 17)[1]	1,217	10,810
Mental Health Conditions – Adults		
Serious Mental Illness (Ages 18 and Older)	21,600	232,973
Co-Occurring SUD and AMI (Ages 18 and Older)[1]	19,233	184,037
Co-Occurring SUD and SMI (Ages 18 and Older)[1]	6,063	65,396
Need Assertive Community Treatment (ACT) or Forensic ACT (Ages 18 to 64)[1]	388	3,352
Bipolar I or II Disorder (Ages 18 and Older)[1]	9,101	80,744
First Episode Psychosis (Ages 16 to 34)[1]	66	552

Prevalence of Mental Health and Substance Use Disorders[1]	Jackson County	Missouri
Substance Use Disorders	**42,953**	**381,112**
Adults (Ages 18 and Older)	40,984	363,629
Youth (Ages 12 to 17)	1,968	17,483
Alcohol Use Disorder	**31,391**	**278,524**
Adults (Ages 18 and Older)	30,406	269,774
Youth (Ages 12 to 17)	985	8,750
Illicit Drug Use Disorder	**14,938**	**132,546**
Adults (Ages 18 and Older)	13,532	120,064
Youth (Ages 12 to 17)	1,405	12,482
Needing but Not Receiving Substance Use Treatment	**38,520**	**341,780**
Adults (Ages 18 and Older)	36,622	324,922
Youth (Ages 12 to 17)	1,898	16,858

As in other urban regions in Missouri, the Jackson County/Kansas City region has significant challenges meeting the needs of diverse populations, including racial and ethnic minorities, LGBTQ+, and immigrant populations. Based on the available service data from the Missouri Division of Behavioral Health, a higher percentage of Black or African American individuals received treatment for mental illness compared to White individuals. With 26% living below the poverty level, this population is more likely to need safety net services than the White population in Jackson County. Further analysis of the data indicates that the penetration of services for Black individuals (12%) is still lower than for White individuals (14%).

An even smaller percentage of individuals who identified as Hispanic or Latino received treatment than are represented in the total population, despite also having a high percentage who are living below the poverty level. For this group, the penetration rate is dramatically lower (4%) than for the White population. This indicates that there may be disparities in mental health treatment access for the Hispanic/Latino population in Jackson County.

The percentage of individuals who were admitted to substance use treatment programs through the Missouri Division of Behavioral Health closely resembles the population breakouts by race. However, as also seen in the mental health treatment data, the penetration rates for substance use services among the poverty population is still lower for the Hispanic population (1%) and the Black population (3%) than it is for the White population (6%). Again, this indicates access disparities for the Hispanic/Latino population in Jackson County—and may approximate the disparities for other linguistic minorities in the region—as well as access disparities for the Black population in Jackson County.

Data on penetration of services for LGBTQ+ individuals were not available, which was an issue of concern for the people in the focus groups.

In addition, as in all regions in Missouri, there is notable lack of inclusion of the voices of people with lived experience in leadership roles at the system design or at the provider levels.

> WE ADVOCATE FOR CHANGE IN SYSTEMS DELIVERY IN MENTAL HEALTH SERVICES. OFTEN THE DECISIONS ABOUT FUNDING, TREATMENT, SERVICE DELIVERY AND MORE ARE MADE IN COMMITTEE MEETINGS AND PLACES WHERE THERE ARE FEW IF ANY PATIENT ADVOCATES INVOLVED.
>
> POETRY FOR PERSONAL POWER WEBSITE

One non-profit executive of color, with decades of experience in behavioral health care, described the equity issue as "There is a real disparity between the big guys and the little guys, particularly in KC.... There needs to be support for the little guys.... They are a major support for the services system, but they do not even know how to apply for resources and to compete. Part of the bridging the gap has to be about including the community-based organizations as part of the mix. We hope this message can be at the forefront of the report. For Health Forward, even the process of applying for funding can be too complicated. Diversity, Equity, and Inclusion need to be at the forefront.... Missouri hurts across the board. There is a need for improved equity for the services we provide."

Concerns about equity were echoed in the focus groups of people with lived experience with recovery. Multiple participants expressed a need to "decenter" or "de-platform" whiteness and cis-genderedness in service provision, pleading for providers who reflect and understand the communities in which they work.

Regional and Local Innovation

In the context of a state system that is hampered by a design that may be outdated for current needs and realities, particularly in urban areas, **there are remarkable collaborations**, **amazing and creative community leaders**, and **impressive projects**. Respondents describe the metropolitan Kansas City community in both states as collaborative, and several collaborative entities and projects were identified on the Missouri side related to housing, violence prevention, children's services, justice services, recovery supports providers, and crisis services. Collaborations between behavioral health providers and other types of human service providers serving children at the community level are impressive.

Community-Identified Opportunities: Regional/Local System Collaboration and Coordination

The collective impact of all funders moving together can be greater than what each can achieve unilaterally. Of note are opportunities to fund the infrastructure of collaboration (administration, coordination, data collection, quality improvement, technology, etc.) addressing behavioral health, trauma, and crisis systems.

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The Jackson County and Kansas City region have a variety of structures in place for managing public behavioral health services, but does not have a single entity responsible for behavioral health coordination for Jackson County or Kansas City as a whole, akin to Behavioral Health Network in the St. Louis region or Healthy Living Alliance in Greene County. Since 2018, several regional funders have been meeting semi-formally to coordinate efforts in behavioral health. **This collaboration provides a starting place for implementing significant improvements in the regional behavioral health system, through a more organized collaboration of regional behavioral health funders.** Each funder already has a degree of latitude to invest in collective efforts to move the needle on common priorities related to behavioral health and trauma.

Healthy Communities

There is great strength in existing: county violence and trauma-prevention initiatives; school-based trauma-informed, Healthy Schools and suicide prevention initiatives; and hospital-based population health efforts.

Creating a jointly funded and unified collective impact project with common metrics and activities can create scale and capacity, leading to a healthier, trauma-informed region, especially if informed by multiple partners (neighborhoods, agencies, voices of people with lived experience).

Violence and Trauma Prevention

Considerable effort has been invested in designing collaborative activities to prevent violence and trauma, as well as reducing the impact of violence and trauma on the community, so that people in the community can thrive. The existing efforts are much more extensive than in most communities but can be strengthened even further by comprehensive engagement of additional system partners in education, health, and behavioral health.

Healthy Schools: School System Wellness Initiatives

Several Kansas City school systems have implemented initiatives to implement trauma-informed schools, support Social and Emotional Learning, and provide a comprehensive continuum of services to support healthy families and children to prevent trauma and Child Protective Services/Juvenile Justice involvement. These system-wide initiatives can be significantly strengthened through bringing other partners and resources into the schools with a focus on upstream interventions that can have broad population impact.

Primary Health-Behavioral Health Integration:

The collective impact of funders can be leveraged through a regional learning community, with funders working with providers and payers to build capability for integration (and successful implementation of integration) as a

core system feature. Local systems (health, behavioral health, education) and existing collaborations provide a strong foundation for collective impact.

Although a few health and behavioral health providers have a more systematic approach to PHBHI, most providers are limited in their ability to deliver integrated services (outside of Health Home), either internally or with a designated partner. There may be value in engaging health systems, FQHCs, and behavioral health providers **separately or together** to work as supported learning communities (Project ECHO technology is an option) to engage in quality improvement activities to improve PHBHI in all settings

Each organization seems to be on its own figuring out how to maximize funding/reimbursement for PHBHI services. HBAI and other billing codes are not consistently used by providers and payers. This would be a helpful focus for learning. Medicaid managed care organizations (outside of Children's Mercy) tend not to be involved in supporting PHBHI development, even though they may have funds to invest and report that they are interested in partnering more effectively with providers.

Adult Specialty Care Continuum:

Jackson County has many strengths in criminal justice/behavioral health collaboration. Jackson is one of the few counties in Missouri that has organized a Sequential Intercept Mapping collaboration. Although this was several years ago and the collaboration is no longer active, this activity helped to initiate many of the following sustained partnerships and services (such as specialty courts).

Sustainable improvement of the Jackson County/Kansas City behavioral health/criminal justice systems can focus on integration of behavioral health services and therapeutic justice services as the expectation throughout the justice system, rather than for specialized programs. A data-focused, Sequential Intercept model-based approach can reduce service gaps as a result of system redesign.

Child, Youth, and Families Specialty Care Continuum

The Jackson County/Kansas City region can strengthen the system of care for children by developing a comprehensive collaboration to address the needs of children throughout the service continuum, wrapping services around schools and primary care. This can include a children's system of care coordinating committee, meeting at a leadership level, to design systemic approaches for the population.

Although Jackson County does not have a formal Children's system of care collaboration, some multi-system partnerships around services for children and families exist at the county and local levels. Partners include Children's Division, Juvenile Justice, Family Court, Office of the Guardian ad Litem, Child Protection Center (child advocacy center), Child Abuse Prevention Association, Children's Mercy, MOCSA, Missouri Department of Social Services (DSS) residential providers, schools (with trauma liaisons), and other service providers. Regular multidisciplinary team meetings take place in both the city and eastern Jackson County, and agency partners meet on collaborative problem solving and a bimonthly child abuse roundtable discussion. The collaboration has brought in funding from the Children's Trust Fund and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for various innovative program efforts. This is a strong foundation for further development of the service continuum, from prevention on up.

Crisis Continuum

Poetry for Personal Power (P3)

This organization is a unique peer-operated advocacy and support organization that provides a range of recovery support and advocacy services in the Kansas City region (in both Kansas and Missouri), as well as in other states. P3 has a particular focus on advocacy — both direct advocacy for improvement in peer services and peer inclusion in Missouri, as well as in teaching people how to be effective advocates when they are at leadership tables. This strength will greatly contribute to the effectiveness of bringing people with lived experience to participate with county officials, funders, and providers in leadership of an empowered regional behavioral health collaboration.

A high-level, coordinating entity for county-wide crisis system design can be developed to structure and empower regional coordination, planning, and continuing crisis system improvement. Comprehensive regional planning, implementation, and ongoing coordination for a comprehensive behavioral health crisis system is needed, and now is a timely opportunity, considering the availability of new state and federal funding connected to 988 implementation.

There is no co-occurring mental health/SUD collaborative (which could be a workgroup in the larger regional behavioral health collaborative recommended earlier) to help all providers develop co-occurring mental health/SUD capability.

Recovery and Peer Supports

Planning for regional behavioral health collaboration and system design (including recovery and peer supports) should be strengthened by the formalized engagement of the voices and leadership of people with lived experience. Jackson County has significant capacity to engage the voices of people with lived experience in system design and implementation efforts.

Housing and Homelessness

kc recovery coalition

Kansas City Recovery Coalition

(An affiliate of the Missouri Coalition of Recovery Support Providers)

Dismas House (a recovery support provider) plays a major leadership role in organizing and supporting the Missouri Coalition of Recovery Support Providers (DMH funding) and its strong local affiliate, the KC Recovery Coalition. Healing House is another leading provider with a large network of certified recovery residences (certified by the National Alliance of Recovery Residences). The organization of recovery support providers who focus on recovery residences, recovery coaching, employment support, and other re-entry supports is an effective collaboration for resource coordination, advocacy, and dissemination of limited self-directed DMH vouchers for recovery support. The coalition in Kansas City appears to be the most well organized in the state.

Affordable housing is a significant need for people experiencing behavioral health challenges, and many individuals with behavioral health challenges currently or formerly have experienced homelessness. People with lived experience of recovery noted that sober housing is scarce and that finding affordable housing after intensive inpatient treatment can be challenging. Generating data demonstrating return on investment to encourage future support would be valuable. Increased proactive partnering between specialty behavioral health service providers and housing/homeless services is needed.

Financial Resources and Funding Alignment

The region can build on the current collaborative efforts between local funders to create a strong resource coordination capacity for behavioral health, which may promote a mechanism for routine partnership between state and local resources to ensure that behavioral health services are comprehensive and accountable to their communities. The Jackson County/Kansas City region has multiple, viable local resources – funds and foundations, county tax levies, and county/city initiatives – to support mental health services.

Human Resources and Workforce Development

As in all parts of Missouri, the region faces workforce challenges in recruiting licensed professionals, case managers, and certified peer specialists, particularly those who can meet the needs of racial minorities, Hispanic communities, LGBTQ+ individuals, and immigrant populations. Our assessment did not include interviews with university or community college training institutions, but some informants commented on the need—and opportunity—to develop better organized workforce development collaborations to recruit community members into behavioral health careers. There is also a need for trainees to learn the skills relevant to the community: trauma-informed engagement, culturally humble interventions, crisis response for challenging and complex populations, and integration of health promotion, mental health, and SUD interventions for individuals and families with complex needs.

A regional, strategic plan for public workforce development can be created (possibly as a subcommittee of a regional behavioral health coordination entity), focusing on equity and priority/best practices such as integrated health/mental health/SUD services, crisis services, trauma-informed care, and peer-support certification.

Cross-Sector Data Sharing

Data sharing in the Jackson County/Kansas City region is, as everywhere, complicated and challenging. The region offered limited examples of cross-sector data sharing, including the current crisis data collected by CommCARE. But those data may underreport crisis response locally. Another example is the data collected by the Greater Kansas City Coalition to End Homelessness. There are immediate opportunities for more effective data-sharing collaborations.

The Jackson County/Kansas City region can capitalize on immediate opportunities for effective data-sharing through: 1) a focus on demonstrating a return on investment organizations realize via behavioral health integration in their own service continua and through investing resources in behavioral health and social determinants partners; 2) investigation of using the Roadmap to the Ideal Crisis System as a guide to regional crisis system assessment and planning; and 3) use of Sequential Intercept baseline and continuing data sharing.

Policy Alignment and Implementation Support

Regional entities (collaborations, continua, funders) can organize around an alignment opportunity (Ex: Behavioral Health Crisis System of Care for 988 implementation; or Integrated Population Health improvement across boundaries of public health, health centers, hospitals, mental health, SUD, etc.) to develop at the local level with local implementation support and state-level collaboration. Locally there is support for moving from project implementation to systemic improvement through large-scale collective impact.

Recommendations

Recommendation 1: Funding Collaboration for Collective Impact in Behavioral Health

The Behavioral Health Funder's Collaborative develop a working Collective Impact Model for a collaboration to achieve collective impact in behavioral health in the Jackson County/Kansas City service area. This collaboration can include a shared mechanism for funding and guidelines for how each partner can contribute effectively within their respective rules governing funding. Once the Collective Impact Model is established, other funders can be invited to join, further enhancing potential for system impact.

Recommendation 2: Collaborative Funding to Implement and Support a Sustainable Behavioral Health Collaboration (BHC) Entity for Jackson County

The Funder's Collaboration establish a planning process to design and implement a formal BHC entity in the region.

The overall goal is a sustainable BHC with empowered participation by people with lived experience and adequate infrastructure for continuous planning, implementation, data collection, evaluation, and improvement for the community as a whole. Including community leaders with decision-making authority and people with lived experience of recovery as active and empowered participants is essential. The design of the entity can build on effective models, but it should reflect the unique culture of Jackson County/Kansas City.

Early objectives should be to identify equity and inclusion as an ongoing goal of the collaboration, and to emphasize that all partners can play a role in making progress toward that goal.

Recommendation 3: Planning and Implementing an Excellent Crisis Continuum for Jackson County (Initial Objective for the BHC)

The BHC assess the current crisis system. The *Roadmap to the Ideal Crisis System* can be used to guide data collection, develop a shared vision, plan strategically for improvement, and develop mechanisms for quality oversight.

The vision of a community crisis system is one where every person gets the right response every time, and where state and local stakeholders (public and private) share contribution to make the system work for everyone. Developing such a crisis system requires a strategy for training all levels of the workforce - including peer support specialists - in best practices of trauma-informed, equity-focused behavioral health crisis response.

Recommendation 4: Collaboratively Funded Collective Impact Project - Integrating Health and Behavioral Health to Promote Healthy, Resilient, Violence-Free Communities for Children and Families - Taking it to Scale

Launch a collaboratively funded, multi-year collective impact project – *Integrating Health and Behavioral Health to Promote Healthy, Resilient, Violence-Free Communities for Children and Families* – with the ultimate goal of taking it to scale across the region. This recommendation builds on the previous three and regional assets (local initiatives, school-based health and behavioral health systems, and integrated population health efforts). There is significant opportunity to fully-align health/behavioral health services and funding, school health/behavioral health systems, and violence prevention/intervention efforts to create the highest level of collective impact over time, moving from disconnected projects to full-scale interventions in multiple systems to address the whole at-risk population.