

**Understanding Healthcare Trends:  
Jackson County Community Mental Health Fund**

## **EXECUTIVE SUMMARY**

### **Engagement**

From December 2014 to June 2015 the National Council for Behavioral Health (National Council), working under contract with the Jackson County Community Mental Health Fund (Levy), performed an environmental scan and summary of the mental health care delivery system in the county in conjunction with an analysis of the capabilities and challenges confronting organizations that receive Levy funding.

### **Scope of the Report and Obtaining More Information**

This report provides an overview of the processes used and information obtained by the National Council. This Summary Report, Environmental Scan presentation, ancillary products and related materials can be found on the Future Oriented Planning section of the Levy's website. Please direct questions about this report's findings to Charles Ingoglia MSW, at: [Chucki@theNationalCouncil.org](mailto:Chucki@theNationalCouncil.org), or Dr. Bruce Eddy, executive director of the Jackson County Community Mental Health at: [baeddy@jacksoncountycare.org](mailto:baeddy@jacksoncountycare.org).

### **Methods**

The National Council's analysis of Levy grantee organizations involved a three-teared approach. **Mental health system survey:** The National Council produced and distributed a service line assessment to 37 grantee provider organizations. **Affinity group calls** were used to obtain qualitative feedback from Levy grantees to obtain information about current practices and future organizational plans. **Synergy with other funders** was investigated by convening a conference call with peer-grant making organizations to obtain information about local mental health funding priorities. **Additional resources** and information were collected by the National Council to inform its final review of JCCMHF-supported mental health services. This included a review of all electronic record keeping systems utilized by JCCMHF grantees, analysis of local population demographics, and examination of state and local health care policy considerations.

### **Findings**

**Medicaid Billers** made clear that Levy funds represented a significant percentage of their operational budgets for uninsured clients. Levy support is critical in caring for several populations, such as children that are non-Medicaid eligible. For Medicaid-enrolled clients, Levy funds fill payment gaps for services that are not reimbursable. No reliable funding sources for long-term coverage of uninsured clients exists outside of Levy funding. Many new clients would be eligible for Medicaid coverage if Missouri were to expand its Medicaid program. But if faced with expanded Medicaid, most would struggle to adapt without competing for staff with other local agencies. Several significant gaps were reported. Additional financial support for enrollment could help providers obtain more Medicaid-billable services. Expanding Health Home services is of strong interest. Providers would

like to offer comparable whole-person care to individuals without Medicaid coverage, as their psychiatric and medical complexity is comparable.

**Specialty Providers.** For grantees that do not have the capacity to bill Medicaid or other benefits, implementing billing capacity is not currently a priority. Service metrics, levels of care, and measuring demand for services are not standardized. Specialty Providers also identified gaps in their service line offerings around treatment support services. Because most do not deliver mental health services exclusively, clients often lack access to medications and other treatment supports, including access to housing or addiction recovery services. Providers in this group reflected on the successful implementation of several Levy-supported practice improvement initiatives, particularly around trauma-informed care and cultural competency. Without support from JCCMHF many would face significant budget shortfalls and would consider restructuring of service line offerings.

**Local behavioral health funders** see mental health services as a continuing priority. They look to the JCCMHF as a leader in mental health investments and priorities. Many are supportive of Levy initiatives. Funders view coordinated care as a priority, critical for citizens with co-occurring conditions and extensive health care needs. Several potential areas of shared investment were suggested: evaluating electronic record keeping, increasing providers' ability to adopt shared metrics of care, and monitoring the health status of Jackson County residents. A few groups also indicated interest in increasing supportive services for justice-involved individuals and families.

### **Conclusions**

Although this project found major differences between Medicaid-billing agencies and specialty providers, several common themes emerged. Levy grantees are generally not involved in risk-sharing arrangements with other health care providers. While broadening coverage, Medicaid expansion would also pose challenges upon agencies, their staffing and their service capacity. The Levy provides the most consistent funding stream for uninsured. However, needs for treatment and support services for uninsured populations outpace available funding. Among the most pressing ongoing service needs, providers identified case management, medication management, engagement and outreach, housing, transportation services, crisis services, and Assertive Community Treatment.

Ultimately, the National Council's summary indicates that even in the midst of the ever-changing tides of the health care industry, the JCCMHF's support of mental health services is critical for maintaining a robust mental health service system in Jackson County and is paramount in fostering community resilience.