KIDSPEACE

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

HISTORY OF THE HEALTHCARE COUNCIL

- The Health Care Council (HCC) of the Lehigh Valley was formed in 2011 by the Dorothy Rider Pool Trust in response to a requirement of the Affordable Care Act (ACA).
- KidsPeace and other providers conduct a community health needs assessment (CHNA) every three years to identify strengths and needs of the area related to healthcare.
- Using these findings providers create an implementation plan to address the needs identified in the CHNA.

DATA COLLECTION

- KidsPeace collected data for the needs assessment by surveying consumers who reside and receive services in the Lehigh Valley.
- Additionally, data was extracted from national and local entities including NAMI (National Alliance on Mental Illness), SAMHSA (Substance Abuse and Mental Health Services Administration), United States Census Bureau, NIMH (National Institute of Mental Health), National Council for Behavioral Health, and MHA (Mental Health America).

LEHIGH VALLEY

- Total estimated population – 728,793
- Male population – 49.03%
- Female population – 50.97%
- Veteran population – 5.36%
- Citizen US born – 87.25%
- Citizen not US born – 9.19%
- Not Citizen – 3.57%
- Median Age – 44

SOCIAL DETERMINANTS OF HEALTH

- Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. It is a dynamic and ongoing circle that includes both physical and mental health.
- Wellness has several dimensions that include:
  1. Emotional
  2. Environmental
  3. Physical
  4. Social

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- **Emotional** wellness is the ability to cope with life by effectively managing challenges and changes. It is an awareness, understanding, and acceptance of emotions.

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- In the U.S. nearly one in five adults live with a mental illness (46.6 million in 2017), which represents 18.9% of all U.S. adults.
- Nationally 56.4% (over 24 million) of adults with a mental illness received no treatment.
  - The state prevalence of untreated adults with mental illness ranges from 41.5% in Maine to 67.5% in Hawaii.
  - Pennsylvania ranks 23rd with 53.9%.

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- Nationally one out of five (20.6%) adults with a mental illness reported that they were not able to receive the treatment they needed due to barriers that include limited coverage, shortfall in psychiatrists, lack of treatment type, disconnect between primary care and behavioral health systems, and insufficient finances to cover costs.
  - The state prevalence of adults with mental illness reporting unmet treatment needs ranges from 15.8% in Hawaii to 26.3% in the District of Columbia.
  - Pennsylvania ranks 34th with 21.5%.

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- Nationally 12.2% (over 5.3 million) of adults with a mental illness remain uninsured.
  - State prevalence range from 2.2% in Massachusetts to 23.0% in Texas.
  - Pennsylvania ranks 18th with 8.3%
- Nationally 21.62% of adults with a disability were not able to see a doctor due to costs.
  - State prevalence range from 12.45% in Hawaii to 30.91% in Mississippi.
  - Pennsylvania ranks 27th with 20.17%.

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- Nationally 61.5% of youth with major depression did not receive mental health services.
  - Among the top ranked states almost 50% of youth are not receiving the mental health services they need.
  - The state prevalence of untreated youth with depression ranges from 45.8% in Connecticut to 71.3% in Texas.
  - Pennsylvania ranks 22nd with 59.8%
  - According to the 2017 PA Youth Survey, 40% of all students in Lehigh County reported feeling depressed or sad most days in the past 12 months.

SOCIAL DETERMINANTS OF HEALTH – **EMOTIONAL**

- Lehigh County ranks 19 out of 67 counties in PA for “Clinical Care” which includes several factors:
  - Primary care physicians – 990:1 (Lehigh) vs. 1,230:1 (Pennsylvania)
  - Mental health providers – 580:1 (Lehigh) vs. 530:1 (Pennsylvania)
  - Preventable hospital stays – 4,763 (Lehigh) vs. 4,534 (Pennsylvania)

SOCIAL DETERMINANTS OF HEALTH – **ENVIRONMENTAL**

- **Environmental** hazards can be physical (pollution, chemicals…) or social (poor housing, poverty…) factors external to a person. Interactions with the environment affect quality of life, years of healthy life lived, and health disparities.

SOCIAL DETERMINANTS OF HEALTH – **ENVIRONMENTAL**

- Lehigh County ranks 41 out of 67 counties in PA for "Quality of Life" which includes several factors:
  - Poor mental health days – 3.9% (Lehigh) vs. 4.3% (Pennsylvania)
  - Frequent mental distress – 12% (Lehigh) vs. 13% (Pennsylvania)
  - Life expectancy – 79.7 (Lehigh) vs. 78.3 (Pennsylvania)

SOCIAL DETERMINANTS OF HEALTH – **ENVIRONMENTAL**

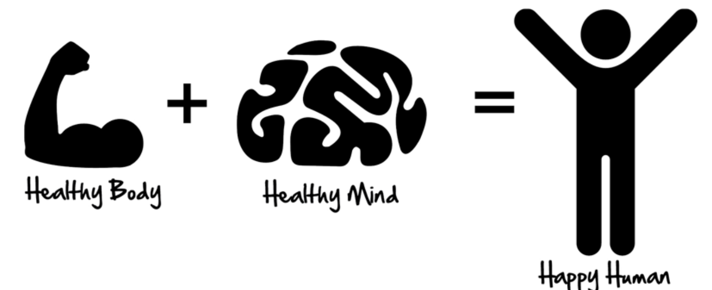
- Lehigh County ranks 37 out of 67 counties in PA for "Physical Environment" which includes several factors:
  - Air pollution – 11.2 (Lehigh) vs. 10.6 (Pennsylvania)
  - Severe housing problems – 17% (Lehigh) vs. 15% (Pennsylvania)
  - Unemployment rate – 4.2%

SOCIAL DETERMINANTS OF HEALTH – **ENVIRONMENTAL**

- Median household income - $60,871
- Poverty rate – 13.3%
- An estimated 396 homeless individuals live in Lehigh County.
- 33% of Lehigh residents live at or below the Federal Poverty Level.

SOCIAL DETERMINANTS OF HEALTH – **PHYSICAL**

- **Physical** health recognizes the need for physical activity, healthy foods, and sleep. It relates to maintaining a healthy body and seeking care when needed.



SOCIAL DETERMINANTS OF HEALTH – **PHYSICAL**

- Nationally, 39.8% of adults are obese, with rates increasing for all populations over the last several decades.
- According to BMI calculations over 30% of Lehigh residents are obese.
- Less than 20% of Lehigh residents reported regularly exercising (5 or more days/week) and over 25% reported no days of exercise per week.

SOCIAL DETERMINANTS OF HEALTH – **PHYSICAL**

- 9.79% of Lehigh County residents are without health insurance; 4.3% are under the age of 19.
- An estimated 10.5% of residents under the age of 65 live with a disability.
- 11% have asthma and 12% have diabetes.
- 85% of residents have visited a doctor for a routine checkup in the past 2 years.

SOCIAL DETERMINANTS OF HEALTH – **PHYSICAL**

- Lehigh County ranks 16 out of 67 counties in PA for "Health Behaviors" which includes several factors:
  - Adult smoking – 18% (Lehigh) vs. 18% (Pennsylvania)
  - Excessive drinking – 20% (Lehigh) vs. 21% (Pennsylvania)
  - Alcohol-impaired driving deaths – 32% (Lehigh) vs. 28% (Pennsylvania)

SOCIAL DETERMINANTS OF HEALTH – **SOCIAL**

- **Social** factors are impacted by an individuals sense of connection, belonging, and a well-developed support system.

SOCIAL DETERMINANTS OF HEALTH – **SOCIAL**

- Only around half of Americans (53%) say they have meaningful, daily face-to-face social interactions, including an extended conversation with a friend or spending quality time with family.
- More than a quarter of the US population (27%) live alone and over half the adult population is unmarried.
- The divorce rate in the US continues to hover around 40% of first marriages.

SOCIAL DETERMINANTS OF HEALTH – **SOCIAL**

- Pennsylvania divorce rate: One divorce per every 383 residents
- Northampton County rate: One divorce for every 391 residents (25th out of 57 counties counted)
- Lehigh County rate: One divorce for every 465 residents (43rd out of 57 counties counted)

SOCIAL DETERMINANTS OF HEALTH – **SOCIAL**

- Lehigh County
- Ranks 37 out of 67 counties in PA for "Social and Economic Factors" which includes several factors:
  - High school graduation – 87% (Lehigh) vs. 87% (Pennsylvania)
  - Children eligible for free/reduced lunch – 52% (Lehigh) vs. 48% (Pennsylvania)
  - Children in poverty – 18% (Lehigh) vs. 17% (Pennsylvania)
  - An estimated 41.4% of residents have a attended some college and/or hold a degree.

SOCIAL DETERMINANTS OF HEALTH – **SOCIAL**

- Nationally 7.36% of students are identified with emotional disturbance for an individualized education program. Early identification for IEPs is critical and inadequate education leads to poor outcomes such as low academic achievement, social isolation, unemployment, and involvement in the juvenile system.
  - The state rate of students identified as having an Emotional Disturbance (ED) for an IEP ranges from 27.72 per 1,000 students in Vermont to 1.97 per 1,000 students in Alabama
  - Pennsylvania ranks 5th with 15.13%

IMPROVING ACCESS TO CARE

IMPLEMENTATION PLAN - IMPROVING ACCESS TO CARE

- Since 1882, KidsPeace has been dedicated to serving the behavioral and mental health needs of children, families and communities.
- Our mission, "To give hope, help and healing to children, adults and those who love them" creates an atmosphere of teamwork, compassion and creativity.

IMPLEMENTATION PLAN - IMPROVING ACCESS TO CARE

- Lehigh County consumers from KidsPeace outpatient and hospital programs were surveyed to assist with the implementation plan.
- Over 400 consumers responded to questions regarding ease of access and length of time to receive services.

DATA – EASE OF ACCESS

- Within Lehigh County it is easy to access mental health services.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
22%	20%	58%

- Within Lehigh County it is easy to access a prescriber (MD, PA, or CRNP) for mental health treatment.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
39%	18%	43%

- Within Lehigh County it is easy to access substance abuse treatment.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
11%	56%	33%

DATA – LENGTH OF TIME

- Length of time to receive mental health services.

Less than one month	2 to 3 months	4 or more months
47%	44%	9%

- Length of time to access a prescriber.

Less than one month	2 to 3 months	4 or more months
37%	47%	16%

- Length of time to receive substance abuse treatment.

Less than one month	2 to 3 months	4 or more months
65%	28%	7%

IMPLEMENTATION PLAN - IMPROVING ACCESS TO CARE

- Three main priorities were identified:
  1. Increase the number of walk-in services to those in mental health crisis.
  2. Increase access to psychiatrists through the utilization of tele-medicine.
  3. Increase resources for individuals with substance abuse and dual diagnosis concerns.

WALK-IN CLINIC

IMPROVING ACCESS TO CARE **(WALK-INS)**

- Pennsylvania has a larger number of hospital beds and providers per capita compared to the rest of the U.S. However, the number of mental health care providers is not sufficient to serve the population with mental health needs.
- In Pennsylvania, 44 full-time providers are needed in addition to the current workforce in designated “shortage areas” to reach an acceptable provider-to-patient ratio.
- Ninety-six million Americans, or 38%, have had to wait longer than one week for mental health treatments and nearly half (46%) have had to or know someone who has had to drive more than an hour roundtrip to seek tre[illegible]t.

IMPROVING ACCESS TO CARE **(WALK-INS)**

- Of all states, Pennsylvania has one of the lowest Medicaid-to-Medicare fee ratios, which may further limit physician's willingness to accept Medicaid patients. This can be a barrier for these patients to obtain access to mental health care.
- A shortage in mental health providers has resulted in many individuals not accessing care and/or relying on emergency services for psychiatric care. The National Council for Behavioral Health reported during a recent three year period there was a 42% increase in the use of these emergency servic

IMPROVING ACCESS TO CARE **(WALK-INS)**

- KidsPeace began offering walk-in assessments in 2013. The goal was twofold; offer immediate access to any individual dealing with a mental health crisis and secondly, to decrease the use of emergency services.
- It has been well documented that immediate crisis response will decrease the likelihood of more restrictive services and each year thousands of Lehigh County consumers will wait hours in the emergency room for an evaluation, often being sent home without any recommendation.

IMPROVING ACCESS TO CARE **(WALK-INS)**

- During a walk-in the individual and/or the family meets with a master's level clinician who completes a safety screening, risk assessment, and a level of care assessment. A structured interview occurs and addresses any issues within the past 24-hours including history/plan of suicide or homicide, aggression, restraints, psychosis, medication issues, recent changes in mood, previous services, and medical issues.
- A safety plan is developed and linkage to appropriate resources; additionally, direct admission to an inpatient psychiatric hospital is arranged (if warranted).

IMPROVING ACCESS TO CARE (WALK-INS)

Year	Total walk-ins	% referred to an outpatient	% referred to an acute partial	% referred to an inpatient hospital	% other
2013	325	17%	32%	21%	30%
2014	410	38%	26%	21%	15%
2015	618	58%	16%	14%	12%
2016	691	63%	19%	11%	7%
2017	556	64%	19%	7%	10%
2018	708	52%	30%	6%	12%
2019 (January-October)	802	56%	25%	6%	13%

- % other are individuals who did not require additional services.

IMPROVING ACCESS TO CARE **(WALK-INS)**

- Between Q1 and Q3 of 2019 a total of 294 individuals completed post surveys about the walk-in experience.
  - 87% of individuals reported they strongly agree/agree that the service helped them avoid a potential crisis.
  - 96% of individuals stated that their experience with the walk-in service was positive.
  - 47% of the individual's noted that the walk-in service helped them avoid an emergency room visit.

TELE-MEDICINE

IMPROVING ACCESS TO CARE **(TELE-MEDICINE)**

- There are about 28,000 psychiatrists in the U.S. but more that 50% (3 in 5) are age 55 and older and will reach retirement by 2025.
- Moreover, the number of physicians willing to enter psychiatry continues to decline due to inadequate reimbursement by payers, pushing psychiatrists into private practices that do not accept insurance.
- Pennsylvania has only 62% of the psychiatrists it would take to fully meet the current need.

IMPROVING ACCESS TO CARE **(TELE-MEDICINE)**

- Rural areas often have few to no mental healthcare providers at all, let alone providers with specialties. Urban clinics and providers often have long waiting lists, and patients can suffer for months before they get a basic intake appointment.
- Only 7% of Americans have reported using telehealth as an option for treating mental health issues. However, almost half (45%) said they would be open to the idea of trying the service to address a current or future mental health need.

IMPROVING ACCESS TO CARE **(TELE-MEDICINE)**

- People living in mental health professional shortage areas: 111 million, according to the U.S. Department of Health and Human Services.
- Primary care physicians who reported difficulty referring patients for mental health care: 2 out of 3, the *Health Affairs* report notes; which is twice the number reported for any other specialty.
- Increase in patients going to emergency departments for psychiatric services over a recent 3-year period: 42%, the National Council for Behavioral Health.

IMPROVING ACCESS TO CARE **(TELE-MEDICINE)**

- KidsPeace was approved to utilize telepsychiatry in 2014 and over the past five years has expanded from one outpatient clinic to three outpatient clinics and one partial program in Lehigh County.
- The aim of telepsychiatry is to provide consumers with an alternative method and means to improve access and to improve health. Telepsychiatry can alleviate scheduling issues, decrease the length of time between medical appointments and decrease the length of time for initial consultation with a medical professional.
- Moreover, KidsPeace continues to advocate for the expansion of tele-medicine services to include physician extenders (PAs and CRNPs).

IMPROVING ACCESS TO CARE **(TELE-MEDICINE)**

- Since being approved in 2014, KidsPeace has completed 420 appointments.
- Between Q1 and Q3 of 2019 a total of 61 individuals completed post surveys about the experience.
  - 95% strongly agree or agree that using tele-psychiatry helped them schedule an appointment with a physician earlier than normal.
  - 87% strongly agree or agree that they would continue using tele-psychiatry.
  - 86% strongly agree or agree that the overall experience with tele-psychiatry was positive.

SUBSTANCE ABUSE

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- Over the course of their entire lives, 29.1% of US adults (18 and older) will meet criteria for an alcohol use disorder.
- 9.9% will meet criteria for another drug use disorder (e.g., opioid, cocaine, or marijuana use disorder)
- More than 90% of people with a substance problem began smoking, drinking or using other drugs before age 18.

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- 70,237 drug overdose deaths occurred in the United States in 2017. The age-adjusted rate of overdose deaths increased significantly by 9.6% from 2016 (19.8 per 100,000) to 2017 (21.7 per 100,000).
- Opioids are currently the main driver of drug overdose deaths. Opioids were involved in 47,600 overdose deaths in 2017 (67.8% of all drug overdose deaths).

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- In 2017, the states with the highest rates of death due to drug overdose were West Virginia (57.8 per 100,000), Ohio (46.3 per 100,000), Pennsylvania (44.3 per 100,000), the District of Columbia (44.0 per 100,000), and Kentucky (37.2 per 100,000).
- Pennsylvania drug overdose deaths increased by 16.9% from 2016 (37.9 per 100,000) to 2017 (44.3 per 100,000).
- Pennsylvania's annual averages in substance use prevalence are similar to national annual averages across most measures in youth and adults accept for one measure: heroin use.

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- In 2018, Pennsylvania coroners and medical examiners reported 4,491 drug-related overdose deaths (ruled accidental or undetermined).
- Lehigh County Rate – 27 per 100,000 in 2015, 37 per 100,000 in 2016, 47 per 100,000 in 2017 and 43 per 100,000 in 2018.
- In Pennsylvania between Jan 01, 2018 and Aug 10, 2019, 24,607 doses of Naloxone was administered by EMS and 15,987 ER visits were for opioid overdoses.

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- KidsPeace recognized the need to increase resources for individuals with substance abuse and dual diagnosis concerns.
- In early 2018, the outpatient program located on the grounds of Sacred Heart Hospital began the licensure process through DDAP (Department of Drug and Alcohol Programs) to serve consumers struggling with substance abuse and mental health issues.

IMPROVING ACCESS TO CARE **(SUBSTANCE ABUSE)**

- KidsPeace structured the new program around the Matrix Model, an evidence-based intensive outpatient treatment model drawn from CBT concepts.
- The goal of the Matrix Model is to provide stabilization, abstinence, maintenance, and relapse prevention.
- The Matrix Model has five core clinical areas that focus on individual and conjoint sessions, early recovery skills, relapse preventions, family education, and social supports.

KIDSPEACE DATA SOURCES

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