

Systems, Foundations, and Behavioral Health: Views from Alaska

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The Mat-Su Health Foundation (MSHF) serves the Matanuska Susitna Borough (Mat-Su) in Alaska, an area the size of West Virginia with a population of 98,000 residents. The foundation has chosen to focus on promoting optimal behavioral health within our community and is examining the structure and performance of the behavioral health treatment system. Research conducted by the foundation revealed that the local emergency department is the primary provider of crisis behavioral health care in the borough serving 2,391 behavioral health patients in 2013 with charges totaling \$23 million (McDowell Group et al. 2014). The hospital does not provide inpatient or outpatient mental health services, and a behavioral health professional from the local community mental health center will do an assessment in the emergency room to determine if an involuntary commitment is necessary.

This situation is only the tip of the proverbial behavioral health iceberg for Mat-Su:

- Mat-Su has a suicide rate two times the national average.
- Alcohol and substance abuse are suspected in almost half of all suicides and homicides in Mat-Su.
- Twenty percent of Mat-Su middle school students said they seriously considered suicide in the last year (MSHF 2013).

Mat-Su is like many other communities across the country facing complex behavioral health issues, such as substance abuse, depression, suicide, and healing from trauma. In 2010, 6.4 million (5 percent) visits to emergency rooms nationwide involved a primary behavioral health diagnosis, an increase of 28 percent since 2006 (Creswell 2013). The trend in increased emergency room use is often seen as a proxy measure for the failure of the outpatient behavioral health system to meet the complex needs of patients (Pasic et al. 2005). The insufficiency of the mental health care system is further evidenced by the increasing frequency at which patients with mental health needs are “boarded” in the emergency room when inpatient beds are unavailable (Simpson et al. 2014).

MAT-SU'S SYSTEMS APPROACH

MSHF's response to our crisis behavioral health system has been informed by research on systems approaches and emergent philanthropic strategy. Social problems related to behavioral health issues are incredibly complex and often need to be addressed using a “systems approach” that involves many internal and external factors, as well as diverse stakeholders interacting in a unique configuration in a specific setting (Snowden 2007). Philanthropic approaches have evolved over the years to incorporate this type of systems response, moving from responsive, to strategic, to emergent strategy. Emergent strategies can recognize the complexity of social problems and generally propose three key principles:

- Co-create strategy with other involved stakeholders and organizations.
- Work to amplify positive influences and dampen negative influences.
- Change the “system” to create a sustainable solution rather than a one-time band aid (Kania 2014).

Additionally, P.Z. Stroh (2012) describes a systems approach as including the following processes: “engaging multiple stakeholders to identify an initial vision and picture of current reality” and “integrating the diverse perspectives into a map that provides a more complete picture of the system and root causes of the problem.” This approach involves using research and analysis to understand the system and a continuous process where actors within the system identify and drive the solutions.

MSHF is incorporating this approach in its efforts to improve the behavioral health treatment system starting with a comprehensive analysis of the system in collaboration with treatment providers and referrers. In 2014 the first of three reports was released (<http://www.healthymatsu.org/focus-areas/BHES>). The baseline research included a service gap analysis informed by interviews with 65 behavioral health providers and referrers into the Mat-Su system; interviews with 50 community residents; a review of area population health data; an inventory of state and national policies that

affect local providers; a review of funding for the system; and an analysis of the cost and usage of the local emergency department by individuals with behavioral health needs. The research was guided by a steering committee composed of local and statewide leaders in the field, as well as constant consultation with the local behavioral health coalition.

The findings reveal a system where the emphasis is on addressing individuals with severe needs rather than on early intervention and prevention. Crisis care is provided in the most expensive setting by staff who are not specifically trained in behavioral health care. Providers and referrers do not have a clear idea of the resources that are in the system for patients. State funding is distributed disproportionately, while state and national policy and funding at times can inhibit local providers from working collaboratively. Although research is still ongoing, the release of these preliminary findings has already started to drive collaboration and change. Natural allies who participated in the planning and research process have come together to review the findings and discuss solutions.

LESSONS LEARNED

Utilizing a systems approach to solving a social problem incorporates research and solutions that affect and involve the entire system. This process includes developing and reconfiguring relationships between actors, recognizing gaps, adapting policies, and possible reallocation of resources. This type of approach is perfectly suited to foundations that are uniquely situated to facilitate and support this process. Often no other entity has the motivation or resources to pursue these activities. State governments employ their limited resources by addressing certain priority populations and often do not consider the entire system. Similarly, providers in the community often join forces due to grant requirements or specific needs that preclude them from considering the whole system. For example, the only behavioral health coalition in Mat-Su is composed of state grantees that are required to meet on a monthly basis, while the provider team does not involve private providers, first responders, or other emergency providers in their meetings on a regular basis.

The process required by this type of approach includes the participation of a comprehensive and diverse list of stakeholders. This not only ensures high-quality findings in the research process, but also creates an interest and investment on the part of these actors in the results—ensuring that the findings and recommendations will be utilized. For example, the captain of the local State Trooper division participated in the project steering committee and was interviewed for the report. Subsequent to the publication of the findings, he took the initiative to take the recommended Crisis Intervention Team (CIT) training and saw so much value in the training that he organized all the first responders in the borough to form a CIT. While not driving this system improvement, MSHF has supported this effort by funding a facilitator for the coalition. This is the ideal—actors within

the system drive the necessary change rather than a top-down approach driven by outside actors.

In summary, foundations are in a unique position to have a birds-eye view of systems that cause or address complex social problems. This view, which is created by the collective participation of many stakeholders and uses system assessment, holds tremendous promise for providing a strategic planning field populated with the key actors from which to create ongoing strategy for addressing improved behavioral health care and other complex social problems.

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