

# Community Health Needs Assessment

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2016



Menninger®

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*The Menninger Clinic:  
26 consecutive years  
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## Executive Summary

The Menninger Clinic is one of the nation's leading psychiatric health systems. Founded in 1925, Menninger is dedicated to treating individuals with complex mental illness, including severe mood, personality, anxiety and addictive disorders. Menninger is guided by a set of values that helps faculty and staff members provide high quality care, research and training while creating a culture that attracts and retains the best faculty and staff:

- **Excellence:** The best people doing their best work
- **Teamwork:** Accountable to each other to do our best
- **Hope:** Inspiring people to reach their potential
- **Integrity:** Doing the right thing
- **Caring:** Respect and compassion for self and others

Menninger desires to continue providing innovative programs in treatment, research and education, to meet the needs of patients and the communities it serves, while also pursuing continuous improvement in existing and future programs. As such, Menninger has conducted a Community Health Needs Assessment (CHNA), using primary and secondary data, to ensure community benefit programs and resources are focused on significant health needs for persons seeking treatment for mental illness.

As discussed in more detail below, for the purposes of this CHNA, Menninger has defined its “CHNA community” by focusing on the unique patient population served by Menninger as well as its specialized services and strategic priorities. This has resulted in two primary segments for which data will be assessed, community input obtained and needs identified. The community served by Menninger will be broken out between patients served through Menninger’s *inpatient* services and patients served through Menninger’s *outpatient* services. Defining two distinct communities for this CHNA will allow Menninger to more effectively gather input and focus its resources to address identified significant health needs, targeting areas of greatest need.

The *inpatient community* will be defined by focusing on the complex and unique mental health needs of the patients treated at Menninger as opposed to a geographic area. Although 21% of the inpatients reside in the Houston nine-county area, Menninger’s inpatient programs serve patients from across the United States and internationally. For patients who seek inpatient treatment at Menninger, the severity of their mental illness as well as the types of disorders most commonly treated provide a better definition for “community served by the hospital.” Efforts have been made to include primary input for specific treatment programs and services provided at Menninger, including research and education activities which impact services provided at many organizations across the country and seek to improve mental health in the broader community.

The *outpatient community* will be defined as Harris County, Texas as over 50% of the outpatients served by Menninger reside in Harris County. While Menninger serves outpatients across a broader region, defining Harris County as its primary community will allow Menninger to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and mental health disparities.

Menninger conducted a patient survey in order to obtain input regarding barriers with obtaining care and needs specific to the patient population served by Menninger. Input was also solicited regarding improvements Menninger should make to improve health of the inpatients served by the organization. A total of 17 surveys were gathered.

In addition, Menninger obtained input from 10 key stakeholders representing public health, mental health providers, universities, other hospitals providing psychiatric care, local government, and state and national organizations focused on mental health. Stakeholders were identified for input specific to *inpatient* or *outpatient* services.

Secondary data was assessed including:

- Demographics of patients served by Menninger
- Socioeconomic indicators (household income, poverty, unemployment, educational attainment, housing)
- Community mental health statistics and indicators (rates for mental illness, severe mental disorders and substance abuse, access to mental health services, mental health expenditures, mental health workforce availability, etc.).
- Availability of health care facilities and resources

Information gathered in the above steps was reviewed and analyzed to identify mental health issues in the community.

Based on the information gathered through this Community Health Needs Assessment, the health needs below have been identified as needs that impact persons with mental illnesses in the CHNA communities.

Inpatient	Outpatient
<ul style="list-style-type: none"> <li>• Access to Care - Lack of Funding for Mental Health Services</li> <li>• Shortage of Mental Health Providers</li> <li>• Linkages to Care</li> <li>• Lack of Integration with Primary Care and Support Services</li> <li>• Challenges with Insurance Coverage</li> <li>• Stigma Associated with Mental Illness</li> <li>• Lack of Knowledge Regarding Mental Health/Mental Illness</li> <li>• Post-discharge Coordination of Care</li> <li>• Lack of Knowledge Regarding Available Resources and Services</li> <li>• Lack of Coordination through Continuum of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Care - Lack of Funding for Mental Health Services</li> <li>• Shortage of Mental Health Providers</li> <li>• Lack of Collaboration, Planning and Infrastructure for Harris County and Houston Area</li> <li>• Lack of Supportive Housing for Persons with Mental Illness/Addiction</li> <li>• Challenges with Insurance Coverage</li> <li>• Stigma Associated with Mental Illness</li> <li>• Lack of Knowledge Regarding Mental Health/Mental Illness</li> <li>• Post-discharge Coordination of Care</li> <li>• Lack of Knowledge Regarding Available Resources and Services</li> <li>• Lack of Integration with Primary Care and Support Services</li> </ul>

A review of existing community benefit and outreach programs was also conducted as part of this process and opportunities for increased community collaboration were explored. Opportunities for health improvement exist in each area. Menninger's Leadership will work to identify areas where Menninger can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017 through 2019.

The 2016 Menninger Clinic CHNA has three main goals:

1. Gain a better understanding of mental health care needs for patients served by Menninger.
2. Ensure alignment of mission and charitable resources with its services and expertise to address identified needs in the two communities identified in the CHNA.
3. Support the development of plans to improve mental health for the communities served by Menninger as well as the broader community.

## How the Assessment was Conducted

Menninger conducted a community health needs assessment to support its mission responding to the needs in the communities it serves and to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements. Identified health needs were prioritized in order to facilitate the effective allocation of hospital resources to respond to the identified health needs.

Menninger engaged **BKD, LLP** to assist with conducting the community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from March 2016 through June 2016.

Based on current literature and other guidance from the U.S. Treasury and the IRS, the following steps were conducted as part of the Menninger's CHNA:

- Community benefit initiatives which were implemented over the course of the last three years were evaluated.
- The two “communities” served by Menninger were defined focusing on specialized programs and services provided by the organization. Inpatient and outpatient data regarding patient origin was also used to define the communities served by the organization; primarily for outpatient services. This process is further described in *Communities Served by Menninger*.
- Demographics and socioeconomic characteristics of the communities were gathered and assessed utilizing various third parties.
- The mental health status of the community was assessed by reviewing community health status indicators from multiple sources. Health indicators with significant opportunity for improvement were noted.
- Input was obtained through a patient survey. Findings are described in *Primary Data Assessment - Patient Survey*.
- Community input was also obtained through key stakeholder interviews of 10 community leaders. See *Appendix A* for a listing of organizations that provided input through telephone interviews.
- An inventory of psychiatric facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.
- Significant health needs were then identified taking into account community perception regarding the significance of each identified need as well as the ability for Menninger to impact overall health based on alignment with Menninger's mission and services provided.

***Limitations and Information Gaps***

This assessment was designed to provide a comprehensive and broad picture of the mental health in the communities (*inpatient* and *outpatient*) served by Menninger; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless and institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.



## General Description of The Menninger Clinic

The Menninger Clinic is one of the nation's leading health care systems for psychiatric issues. Menninger is dedicated to treating individuals with complex mental illness, including severe mood, personality, anxiety and addictive disorders. The Clinic is located in Houston, Texas and provides treatment programs and services described below.

### **Summary of Programs**

The Menninger Clinic's **Compass Program** for Young Adults serves young adults, ages 18 to 30, who are having problems managing the transition from adolescence to adulthood.

The program is designed for young adults who struggle with one or more mental health issues, especially those co-occurring with addiction or substance abuse, including: mood disorders such as depression or bipolar disorder, anxiety, posttraumatic stress disorder (PTSD), gender identity and sexual issues, emerging personality disorders such as borderline and narcissistic, attention-deficit disorder (ADD), dysfunctional reactions to developmental and life problems, self-harm behavior such as cutting, past suicide attempts or ideation, and self-esteem issues.

The **Hope Program** for Adults helps men and woman with complex psychiatric issues that have hindered their capacity to meet important vocational, personal and interpersonal goals. The intensive hospital-based program offers a comprehensive approach to treat men and women with: mood disorders, including major depressive and bipolar disorders, anxiety disorders such as generalized and social anxiety disorders, substance abuse or other addiction disorders, personality disorders such as borderline, narcissistic or dependent, psychotic disorders beyond the acute phase of stabilization, and trauma-related disorders.

The **Professionals in Crisis (PIC) Program** serves high-performance business professionals, lawyers, medical personnel, entrepreneurs and other high-achieving individuals who are experiencing difficulty managing their careers and relationships because of a psychiatric disorder, addiction, demands or stress. This intensive hospital-based program is designed for professionals who struggle with a variety of disorders and often co-occurring illnesses, including: depressive disorders, anxiety or panic disorders, personality disorders, impulsive or disruptive behavior, anger, self-injury history, addictive disorders, including gambling, sexual compulsivity, Internet, spending, drug or alcohol addiction, dual or co-existing disorders (both psychiatric and addictive disorders), impaired concentration and memory, severe burnout and stress, professional boundary violations, career decisions and transitions, disciplinary action or loss of license, and impaired ability to skillfully and safely perform job tasks.

The **Comprehensive Psychiatric Assessment and Stabilization Program (CPAS)** offers two distinct services: stabilization for acute symptoms and discharge planning, and comprehensive assessment, diagnosis and recommendations for next steps. CPAS works closely with adults and their families who are dealing with challenging psychiatric issues or crisis, particularly patients who have not responded to previous attempts at treatment and medication. The CPAS also works with patients who require a comprehensive assessment or second opinion. Our patients in the program for stabilization struggle with a variety of issues, including depression, anxiety, mania and cognitive issues.



Menninger's **Adolescent Treatment Program (ATP)** treats adolescents ages 12-17 who have complex psychiatric disorders or co-occurring disorders, that is, a psychiatric disorder coupled with substance abuse or dependence. With its wide-ranging clinical expertise, the program's interdisciplinary treatment team stabilizes acute symptoms to help identify core issues and determine next steps in treatment. The team offers in-depth assessments when an adolescent's diagnosis is unclear or when a second opinion is needed. The team administers extensive psychological testing, and neuropsychological testing is also available. Specialized on-site consultation, when appropriate, addresses either addictions or substance abuse and eating disorder behaviors.

**Pathfinder** is a community integration program designed to provide therapeutic support to clients with a history of mental illness that may include addiction to help them prepare to live independently. Clients receive individual, family and group therapies, as well as rehabilitation, and social and vocational treatment, to create a highly individualized approach to treatment. Clients reside in a nearby apartment with support and coaching from resident advisors or in their own residence near the end of the program.

**Outpatient Services** offers a four and one-half-day (4.5-day) outpatient assessment for anyone seeking a greater understanding of their symptoms and current issues in their personal or work life. The outpatient assessments team takes a look at the questions posed by the client and the medical, genetic, psychological and social issues that may affect his/her current situation, health and well-being. We offer a range of outpatient therapy services for children, adolescents, adults, couples and families at The Menninger Clinic, including: individual, group, marital and family psychotherapy, medication management, dialectical behavior therapy, cognitive behavioral therapy, psychological testing, substance abuse assessment, counseling and education, and vocational assessment and education, plus career counseling.

In the fall of 2010, **The Gathering Place**, a psychosocial clubhouse, joined the array of Menninger programs. It is located about one mile from The Menninger Clinic. The Gathering Place provides free psychosocial rehabilitative services, from charity care funds, to more than 300 clubhouse members with severe and persistent mental illness. The most prevalent diagnoses among our members are schizophrenia, schizoaffective disorder, bipolar disorder and depression. The program provides support to its adult members through: vocational skills training, employment assistance, a wellness program, and recreational and social activities.

### **Supportive Services**

**Addictions Services:** At Menninger, roughly 65 percent of patients have an addiction or substance abuse issue in addition to their primary psychiatric diagnoses. For these patients, the treatment teams and their addictions counselors integrate treatment for the co-occurring disorders simultaneously rather than treating the disorders sequentially. Our master's-prepared addictions counselors are an integral part of each program's interdisciplinary treatment team. They help develop individualized treatment plans and counsel adolescents and adults with co-occurring disorders, following patients from assessment through discharge planning for substance-related, gambling, sexual, spending, technology and other addictions.

**Eating Disorders Services:** Our Eating Disorders Services are designed to support Menninger patients who have a co-existing eating disorder that is secondary to other symptoms, or whose eating disorder behaviors have resurfaced during inpatient treatment another mental illness.

**Wellness:** Exercise is an important aspect of treatment, as it's been proven to reduce stress, improve mood, improve sleep habits and influence self-esteem. To encourage patients to engage in exercise, Menninger offers a Wellness Center with an array of features that offers something for everyone. The Wellness Program also offers lectures on healthy eating, stress management, cardiac care and other topics related to mental and physical health.

**Spiritual Services:** Pastoral counseling for individual patients, groups for exploring spiritual values and meaning, services in the Menninger Interfaith Chapel, and an outdoor labyrinth and garden for meditation are available to inpatients at Menninger.

### ***Training and Research***

Menninger is a training hospital of Baylor College of Medicine, teaching future mental health professionals in psychiatry and psychology. Menninger offers the Betty Ann Stedman Nurse Residency Program and social work internships and fellowships. In addition, The Clinic provides continuing education for practicing clinicians and trainees.

Menninger is actively engaged in a variety of collaborative research projects designed to advance effectiveness of patient care. The researchers participate as principal investigators and co-investigators of various studies, the focus of which currently are treatment outcomes measurements and suicide prevention in inpatient treatment. The Menninger Clinic's website ([www.menningerclinic.com](http://www.menningerclinic.com)) provides the most up-to-date treatment outcomes.

## **Menninger's Response to 2013 CHNA**

Throughout the past three years, Menninger has extended its reach to serve more individuals in its community through a number of different programs. Community benefit dollars invested in the programs described below totaled \$851,000 (1.6% of Net Patient Revenue) for the year ending June 30, 2015.

- Menninger has provided community integration services for adults through a psychosocial clubhouse program called The Gathering Place. More than 300 active members of The Gathering Place received free programming to support greater independence through vocational training, employment assistance and development of health living and social skills in fiscal year 2015.
- Menninger psychiatrists and residents have treated and assessed children and adolescents in Texas Children's Pediatrics Community Care Program since 2011. In fiscal year 2015, there were more than 900 psychiatry visits in three pediatric practices in medically under-served areas of Houston. The Texas Children's Pediatrics practices included, Corinthian Pointe Medical Home, Gulfton Medical Home and Cullen Medical Home.
- Windsor Village United Methodist Church is a large congregation in close proximity to Menninger's campus. Since 2010, Menninger staff has provided individual assessments and therapy to community members. In fiscal year 2015 more than 600 visits were provided.
- Menninger also contracted in the Houston area with several Federally Qualified Healthcare Centers (FQHC) to provide a child and adolescent psychiatrist. Mental health services for children, adolescents and adults were provided one day per week at three FQHCs including El Centro de Corazon, Hope Clinic and Good Neighbor Healthcare Center.

## Communities Served by The Menninger Clinic

As previously discussed, Menninger defined its “CHNA community” by focusing on the unique patient population served by Menninger as well as its specialized services and strategic priorities. This resulted in the community served by Menninger being comprised of two primary segments. The community served by Menninger will be broken out between patients served through Menninger’s *inpatient* services and patients served through Menninger’s *outpatient* services. The *inpatient community* will be defined by focusing on the complex and unique mental health needs of the patients treated at Menninger as opposed to a geographic area. Although 21% of the inpatients reside in the Houston nine-county area, Menninger’s inpatient programs serve patients from across the United States and internationally. See *Exhibit 1* on the following page. For patients who seek inpatient treatment at Menninger, the severity of their mental illness as well as the types of disorders most commonly treated provide a better definition for “community served by the hospital.” Efforts have been made to include primary input for specific treatment programs and services provided at Menninger, including research and education activities which impact services provided at many organizations, and seeks to improve mental health in the broader community.

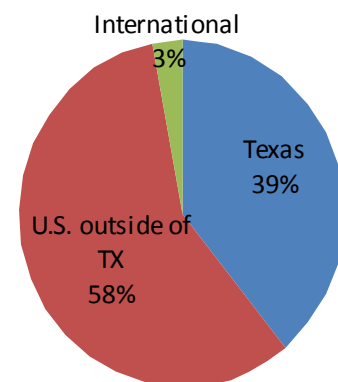
The *outpatient community* will be defined as Harris County, Texas as over 50% of the outpatients served by Menninger reside in Harris County. While Menninger serves outpatients across a broader region, defining Harris County as its primary community will allow Menninger to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

### ***Inpatient Community***

Menninger’s inpatient programs serve patients from across the United States and internationally. Texas is the most common state of origin; although in fiscal year 2015, almost 61% of patients came from outside of Texas. The primary markets for The Menninger Clinic’s inpatient and step-down programs are adolescents ages 12 to 17 and adults ages 18 and older with severe mental illnesses and/or addictions who have a substantially compromised quality of life to the extent that they require intensive inpatient care. It is estimated that fewer than 5% of all psychiatric hospital beds nationwide are devoted to lengths of stay beyond the typical three- to seven-day hospitalization at acute psychiatric treatment facilities.

Menninger’s inpatient programs serve a unique national population that includes individuals who experience treatment-resistant psychiatric conditions that have been unable to respond to previous treatment efforts and can benefit from a longer length of inpatient treatment.

### **FY15 Inpatient Program Patient Origin**



Menninger's inpatient services are broken out between five primary programs included on *Exhibit 1*, below.

**Exhibit 1**  
**The Menninger Clinic**  
**Summary of Inpatient Programs 07/1/2014 -6/30/2015**

Inpatient Programs	Houston 9-county MSA	Texas (excluding Houston)	Outside of Texas	Total
Adolescent Treatment Program (ages 12-17)	36	20	56	112
Comprehensive Psychiatric Assessment Service (CPAS) (ages 18+)	66	47	167	280
Compass (ages 18-30)	31	35	135	201
Hope (ages 18+)	28	36	103	167
Professionals in Crisis (ages 30+)	21	23	83	127
<b>Total Inpatient Programs*</b>	<b>161</b>	<b>146</b>	<b>475</b>	<b>782</b>
	<b>21%</b>	<b>19%</b>	<b>61%</b>	<b>100%</b>

Source: *The Menninger Clinic*

\* Total Inpatient Programs does not equal total of all programs due to shifts from one program to another.

The following is a summary of the patients treated at Menninger by age and gender in fiscal year 2015:

**Exhibit 2**  
**The Menninger Clinic**  
**Clinic Patient Age and Gender**

Age	Patients	Percent of Patients
Less than 18 years old	104	14.0%
18-29	316	42.6%
30-39	109	14.7%
40-49	79	10.7%
50-59	70	9.4%
60 and over	63	8.5%
<b>Total</b>	<b>741</b>	<b>100.0%</b>
Male	380	51.3%
Female	361	48.7%
<b>Total</b>	<b>741</b>	<b>100.0%</b>

Source: *The Menninger Clinic*

Menninger's outcomes data for 1,636 adult patients treated between July 1, 2012, and June 1, 2015, show Menninger's patients are typically severely ill; in fact, on average, 80 percent had three psychiatric disorders. Prior to arriving at Menninger:

- They averaged three prior psychiatric hospitalizations.
- They had been treated by an average of three prescribing psychiatrists.
- They had been in psychotherapy with the same or different therapist an average of four times.

Menninger's treatment outcomes data and quality indicators demonstrate the type of individual who is best served in its inpatient programs, although Menninger's inpatient programs are not suited to all patients with treatment resistant psychiatric illness. Admissions coordinators assess each potential admission to ensure they meet admissions criteria.

- Since the treatment involves significant group and individual therapy within a patient community, all patients must admit voluntarily to Menninger. Adults under involuntary commitment or guardianship are not appropriate for admission. Likewise, patients who are unwilling to participate in treatment are not appropriate for admission.
- Cognitive functioning is important because the treatment at Menninger is group based and individuals must be able to interact within a community. Patients must have an IQ of 80 or above.
- Patients with a history of physical aggression toward others, including sexually threatening behaviors or a history of violence towards staff in other treatment facilities, will not be admitted.
- Pending felony charges can lead to exclusion from the programs.
- Menninger physicians and nursing staff are able to handle a wide array of medical issues. However, because The Clinic is licensed as a psychiatric hospital and not a general medical facility, patients must be medically stable (*e.g.*, may have chronic or mild medical conditions that are managed with medications and minor treatments; not at risk of physical deterioration without acute medical interventions such as IV fluids, IV medications, surgical interventions, or 1:1 physical assistance). The Clinic can manage many detoxifications from addictive substances for medically stable patients with the exception of detox requiring IV fluids.
- Patients who have active suicidal or homicidal ideation, or who are at risk of severe self-harm, may be referred to a secure acute-care setting for stabilization or may be admitted with an appropriate level of monitoring to minimize risk for harm.
- An unstable eating disorder may require treatment in a primary eating disorder program.

### **Outpatient Community**

Based on the patient origin of outpatient visits from October 1, 2015 to April 30, 2016, management has identified the CHNA community for outpatient services to be Harris County. Harris County makes up over 50% of outpatient visits and the city of Houston represents almost 42% of the outpatient population reflected in *Exhibit 3*, below. Other counties in Texas comprise an additional 28.5% of outpatient visits.

**Exhibit 3**  
**The Menninger Clinic**  
**Summary of Outpatient Visits 10/1/2015 - 4/30/2016**

City	Outpatient Visits	Percent of Total Visits
<b>Harris County, Texas</b>		
Houston	1,813	41.7%
Spring	128	2.9%
Bellaire	96	2.2%
Humble	45	1.0%
Kingwood	43	1.0%
Katy	42	1.0%
Cypress	26	0.6%
Huffman	6	0.1%
Tomball	4	0.1%
La Porte	2	0.0%
<b>Total Harris County</b>	<b>2,205</b>	<b>50.7%</b>
Other Texas Counties	1,237	28.5%
Other States	905	20.8%
<b>Total</b>	<b>4,347</b>	<b>100.0%</b>

Source: *The Menninger Clinic*



**Population and Demographics for Both Communities Served by Menninger**

As previously described, Menninger's inpatient programs serve a unique national population that includes individuals who have severe mental illness that experience treatment resistant psychiatric conditions that have been unable to respond to previous treatment efforts and can benefit from a longer length of inpatient treatment. The approximate numbers of adults with mental illness and adults with **serious** mental illness is summarized below in *Exhibit 4*.

**Exhibit 4  
The Menninger Clinic  
Clinic Patient Age and Gender**

Adults in America suffering with mental illness	61.5 million *
Adults in America with serious mental illness	13.6 million *
Adults in Texas with mental illness	7 million **
Adults in Texas with serious mental illness	1 million **
Adults in Harris County, TX with mental illness	1.1 million **
Adults in Harris County, TX with serious mental illness	150,000 **

\*National Institutes of Health, National Institute of Mental Health. (n.d.). Statistics: Any Disorder Among Adults. Retrieved March 5, 2013, from [http://www.nimh.nih.gov/statistics/1ANYDIS\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml)

\*\* Meadows Mental Health Policy Institute, *Overview of Texas Mental Health Landscape*, February 10, 2016.

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 5*, on the following page, shows the total population of the CHNA inpatient and outpatient community. It also provides the breakout of the outpatient community between the male and female population, age distribution and race/ethnicity.

**Exhibit 5  
The Menninger Clinic  
Demographic Snapshot**

**DEMOGRAPHIC CHARACTERISTICS**

	<b>Total Population</b>		<b>Harris County</b>
Harris County	4,269,608	<b>Total Male Population</b>	49.75%
Texas	26,092,032	<b>Total Female Population</b>	50.25%
United States	314,107,083		

**POPULATION DISTRIBUTION**

<b>Age Group</b>	<b>Age Distribution</b>					
	<b>Harris County</b>	<b>Percent of Total</b>	<b>Texas</b>	<b>Percent of Total TX</b>	<b>United States</b>	<b>Percent of Total US</b>
<b>0 - 4</b>	340,571	7.98%	1,940,753	7.44%	19,973,712	6.36%
<b>5 - 17</b>	834,714	19.55%	5,049,335	19.35%	53,803,944	17.13%
<b>18 - 24</b>	426,393	9.99%	2,675,215	10.25%	31,273,296	9.96%
<b>25 - 34</b>	689,712	16.15%	3,766,749	14.44%	42,310,184	13.47%
<b>35 - 44</b>	612,031	14.33%	3,556,741	13.63%	40,723,040	12.96%
<b>45 - 54</b>	556,980	13.05%	3,451,540	13.23%	44,248,184	14.09%
<b>55 - 64</b>	437,957	10.26%	2,801,943	10.74%	38,596,760	12.29%
<b>65+</b>	371,250	8.70%	2,849,756	10.92%	43,177,963	13.75%
<b>Total</b>	<b>4,269,608</b>	<b>100.00%</b>	<b>26,092,032</b>	<b>100.00%</b>	<b>314,107,083</b>	<b>100.00%</b>

**RACE/ETHNICITY**

<b>Race/Ethnicity Distribution</b>						
<b>Race/Ethnicity</b>	<b>Harris County</b>	<b>Percent of Total</b>	<b>Texas</b>	<b>Percent of Total TX</b>	<b>United States</b>	<b>Percent of Total US</b>
<b>White Non-Hispanic</b>	1,369,752	32.08%	11,562,452	44.31%	197,159,492	62.77%
<b>Hispanic</b>	1,766,483	41.37%	9,962,643	38.18%	53,070,096	16.90%
<b>Black Non-Hispanic</b>	789,802	18.50%	3,015,767	11.56%	38,460,597	12.24%
<b>Asian &amp; Pacific Island Non-Hispanic</b>	274,666	6.43%	1,072,204	4.11%	16,029,364	5.10%
<b>All Others</b>	68,905	1.61%	478,966	1.84%	9,387,534	2.99%
<b>Total</b>	<b>4,269,608</b>	<b>100.00%</b>	<b>26,092,032</b>	<b>100.00%</b>	<b>314,107,083</b>	<b>100.00%</b>

Source: Community Commons (ACS 2010-2014 data sets)

## Socioeconomic Characteristics of the Communities

The socioeconomic characteristics of a geographic area influence the way residents access mental health services and perceive the need for mental health services within society. The economic status of an area may be assessed by examining multiple variables within the community. Those variables also have an impact on community mental health, including household income and poverty, employment, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the Harris County to the state of Texas and the United States in order to assess the socioeconomic status for both the inpatient community and outpatient community.

While assessing socioeconomic indicators described above is important to understanding certain needs within the communities served by Menninger, there are additional factors that impact an individual's mental health. An individual's mental health risk takes into effect genetic, behavioral and experiential factors. Mental health disorders affect all aspects of society.

### ***Inpatient***

Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation and geographic location. Other social conditions, such as interpersonal, family and community dynamics, housing quality, social support, employment opportunities, and work and school conditions, can also influence mental health risk and outcomes, both positively and negatively.<sup>1</sup>

### ***Outpatient***

**Household Income and Poverty:** *Exhibit 6* presents household income statistics for the CHNA outpatient community. Median family income for Harris County is similar to the state rate and slightly lower than national rates. Poverty rates for Harris County compare negatively to state and national rates with the number of children at or below 200% of the federal poverty level (FPL) nearly 10% higher than the national rate.

**Exhibit 6**  
**The Menninger Clinic**  
**Household Income and Poverty**

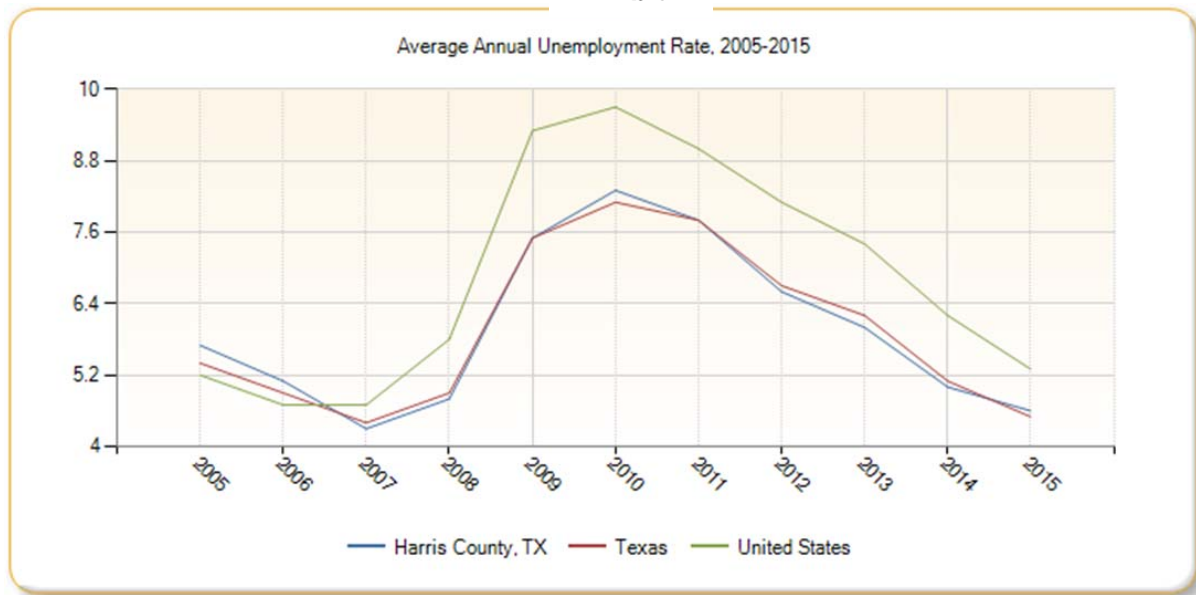
	Median Family Income	Population with Income at or Below 200% of FPL	Population Under Age 18 at or Below 200% FPL
Harris County	\$61,556	39.97%	52.87%
Texas	\$61,958	38.75%	49.87%
United States	\$65,443	34.54%	44.21%

*Data Source: US Census Bureau, American Community Survey. 2010-14: Tract*

<sup>1</sup> Determinants of Mental Health-Healthy People 2020

**Employment:** The unemployment rate was relatively stable until 2009 when the community sustained tremendous unemployment; however, it has since improved through 2015 until the energy industry downturn resulted in recent job loss and diminished fiscal health for significant numbers of energy-related businesses. Historically, both Harris County and Texas have had lower rates of unemployment than the national average per *Exhibit 7*, below.

**Exhibit 7**



Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - March. Source geography: County

**Insurance Coverage:** *Exhibit 8* reports the percentage of the total civilian noninstitutionalized population without health insurance coverage and the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). The uninsured population is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, behavioral health services and other health services that contribute to poor health status.

The Medicaid indicator is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows over 1,000,000 persons are uninsured in Harris County based on the most recent five-year estimates produced by the U.S. Census Bureau, 2010 through 2014 American Community Survey. However, the 2015 uninsured rate for Harris County is estimated to be 16%<sup>2</sup>, which indicates the uninsured population has further decreased by almost 400,000 persons in Harris County; primarily the result of the *Affordable Care Act*.

<sup>2</sup> [www.enrollamerica.com](http://www.enrollamerica.com)

**Exhibit 8  
The Menninger Clinic  
Harris County- Insurance Coverage**

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Harris County, Texas	4,248,603	1,071,534	25.22%	805,447	25.35%
Texas	25,613,334	5,610,908	21.91%	4,412,903	22.06%
United States	309,082,272	43,878,140	14.20%	55,035,660	20.75%

*Data Source: U.S. Census Bureau, American Community Survey. 2009-14. Source geography: Tract*

The percentage of Harris County residents who are uninsured is higher than state and national percentages. Over 25% of the population is insured through Medicaid. However, for persons with serious mental illness, qualifying for Medicaid coverage is challenging. Major disorders including schizophrenia, bipolar disorder, major depression and posttraumatic stress syndrome do not qualify a Texas adult for disability and Medicaid, until the individual cannot work or is expected to die. This means only a fraction of the most gravely impaired Texans with mental illness qualified for comprehensive medical care. Texas adults with severe or moderate mental health may be judged able to work if their symptoms come and go, thus denied Social Security Income and Medicaid. As a result, those who might benefit most/have the most robust recovery from ongoing mental health treatment and a medical home do not get either.<sup>3</sup>

**Educational Attainment:** *Exhibit 9* presents the population with an associate's level degree or higher in Harris County versus Texas and the United States. Adults with serious mental illness are more likely to have less than a high school education than adults without serious mental illness and much less likely to have received a college degree than adults without serious mental illness. These factors may indirectly influence community's mental health.<sup>4</sup>

<sup>3</sup> Center for Public Policy Priorities for Cover Texas Now, June 2016

<sup>4</sup> Pratt LA, Dey AN, Cohen AJ. Characteristics of adults with serious psychological distress as measured by the K6 scale: United States, 2001–04. Advance data from vital and health statistics; no 382. Hyattsville, MD: National Center for Health Statistics. 2007.



**Exhibit 9  
The Menninger Clinic  
Education Attainment**

	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma	Population Age 25+ with Associates Degree or Higher	Percent Population Age 25+ with Associates Degree or Higher
Harris County, Texas	2,667,930	556,988	20.88%	928,435	34.80%
Texas	16,426,730	3,025,336	18.42%	5,529,495	33.66%
United States	209,056,128	28,587,748	14.20%	77,786,232	37.21%

Data Source: U.S. Census Bureau, American Community Survey. 2009-14. Source geography: Tract

**Housing:** Exhibit 10 reports the total number of U.S. Department of Housing and Urban Development-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households)

**Exhibit 10  
The Menninger Clinic  
Assisted Housing**

	Total Housing Units (2010)	Total HUD- Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing
Harris County, TX	1,598,698	36,628	229.11
Texas	9,977,436	277,654	278.28
United States	133,341,676	5,038,578	377.87

Data Source: U.S. Department of Housing and Urban Development. 2015. Source geography: County

## **Mental Health Status of the Communities Served by Menninger**

Mental health refers to positive emotional and psychological well-being that allow individuals to contribute to their community, work and cope with normal stresses of life.<sup>5</sup> On the other hand, mental illnesses are health conditions that are characterized by changes in thinking, mood or behavior that are associated with distress and/or impaired functioning. Mental illnesses can cause severe impairment in one's ability to cope with daily life and can impact physical health, ability to work and have enriching social and family relationships. Some mental illnesses, such as depression and eating disorders, may lead to death. According to the Centers for Disease Control, mental and emotional illnesses rank among the top ten causes of disability in the United States.

Indicators and statistics relevant to mental health of the communities served by Menninger are reported below at the national, state and county level in order to assess needs for the inpatient and outpatient communities.

### **National Mental Health Statistics**

- One in four adults, approximately 61.5 million Americans, experiences mental illness in a given year.<sup>6</sup>
- One in 17, about 13.6 million, live with a serious mental illness (SMI) such as schizophrenia, major depression or bipolar disorder.<sup>7</sup>
- Approximately 20% of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13%.<sup>8</sup>
- An estimated 27.0 million people ages 12 or older (10.2% of population) were current illicit drug users in 2014.<sup>9</sup>
- In 2014, 15.7 million adults ages 18 or older (6.6% of population) had at least one major depressive episode in the past year, and 10.2 million adults ages 18 or older (4.3% of population) had a major depressive episode with severe impairment in the past year.<sup>9</sup>
- Only 41% of individuals with any mental illness report receiving treatment.<sup>9</sup>
- The national 180-day readmission rate (non-forensic) is 19.6%, which indicates a significant lack of available community-based services.<sup>10</sup>

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<sup>5</sup> [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/) Updated August 2014

<sup>6</sup> National Institutes of Health, National Institute of Mental Health. (n.d.). *Statistics: Any Disorder Among Adults*. Retrieved March 5, 2013, from [http://www.nimh.nih.gov/statistics/1ANYDIS\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml)

<sup>7</sup> National Institutes of Health, National Institute of Mental Health. (n.d.). *Statistics: Any Disorder Among Adults*. Retrieved March 5, 2013, from [http://www.nimh.nih.gov/statistics/1ANYDIS\\_ADULT.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml)

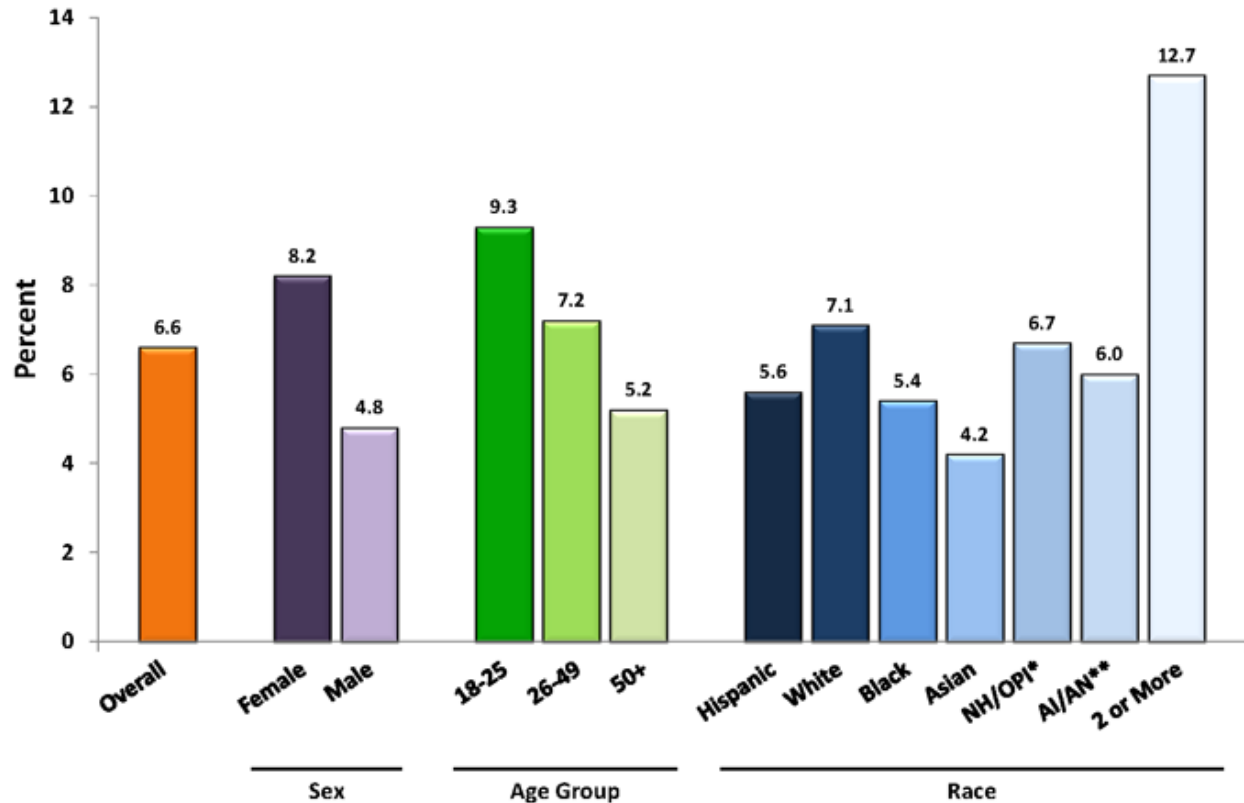
<sup>8</sup> National Institutes of Health, National Institute of Mental Health. (n.d.). *Any Disorder Among Children*. Retrieved March 5, 2013, from [http://www.nimh.nih.gov/statistics/1ANYDIS\\_CHILD.shtml](http://www.nimh.nih.gov/statistics/1ANYDIS_CHILD.shtml)

<sup>9</sup> Mental Health America: "Parity or Disparity: The State of Mental Health in America", 2015





### 12-month Prevalence of Major Depressive Episode Among U.S. Adults (2014)



Data courtesy of SAMHSA

\*NH/OPI = Native Hawaiian/Other Pacific Islander  
\*\*AI/AN = American Indian/Alaska Native

**Texas Mental Health Statistics and Indicators**

Mental Health America's 2015 report "Parity or Disparity: The State of Mental Health in America" report the following statistics and indicators regarding Texas Mental Health data indicators in *Exhibit 11*, below:

<b>Exhibit 11</b> <b>The Menninger Clinic</b> <b>Texas Mental Health Statistics</b>					
Indicator	Texas			United States	
	Percent	Number	Rank	Percent	Number
Adults with Mental Illness	16.86%	3,104,000	6	18.19%	42,546,000
Adult Dependence or Abuse of Illicit Drugs or Alcohol	8.07%	1,484,000	16	8.46	19,777,000
Youth with At Least One Major Depressive Episode	8.45%	191,00	21	8.66	2,161,000
Adults with Any Mental Illness and Uninsured	4.50%	811,00	39	3.50	8,127,000
Adults with Mental Illness who Received Treatment	36.10%	1,083,000	44	41.40%	17,410,000
Adults with Any Mental Illness Reporting Unmet Need	19.30%	583,00	14	20.80%	8,771,000
Adults with Disability Who Could Not See a Doctor Due to Costs	37.00%	1,074,372	46	30.30%	13,238,519
Mental Health Workforce Availability		1 mental health worker per 1,757 persons	50		

*Data Source: Mental Health America, Parity or Disparity: The State of Mental Health in America 2015*

The Meadows Mental Health Policy Institute for Texas (MMHPI) is a nonpartisan, nonprofit working to change the condition of mental health in Texas. According to MMHPI, one in five Texans have mental health needs; up to one in three have mental health and/or substance use disorders.<sup>10</sup>

MMHPI recommends focusing on **potential treatment subgroups**:

- Super-utilizers: 65,000 adults are at the highest risk for repeat use of jails, emergency rooms, hospitals and homeless services, including: (1) 40,000 adults with serious mental illness—22,000 in poverty – who are the highest utilizers of inpatient hospital beds, jails and emergency rooms and (2) 25,000 adults with SMI – 15,000 in poverty – who are even higher utilizers of the criminal justice system.

<sup>10</sup> MMHPI, *Overview of Texas Mental Health Landscape* report, dated February 10, 2016



- First episode Psychosis: Where do super-utilizers come from? Each year, 4,000 Texas adolescents and young adults first experience a psychosis. Most have health insurance through their parents, but do not receive effective care for years. If best practice care starts within 17 months of onset, significant improvement is possible.
- Children at highest risk of jail and prison: 30,000 Texas children with severe mental health needs are at high risk of ending up in the juvenile justice system; today, mental health systems can serve only a few hundred children with the needed level of treatment intensity. Children of color face harsher punishments at school than their white counterparts (three times more likely to be expelled /suspended for the same behavior), a key factor driving their incarceration rates.

Additional statistics are provided below from a variety of sources.

- National statistics recommend 50 to 70 inpatient beds per 100,000 people; however, Houston falls short with 23 beds per 100,000 people, seven of which, are public beds.<sup>11</sup>
- Texas ranks 48th in funding per capita expended on mental health. The state's annual spending for mental health services is \$40.65 per capita, 39 percent of the national average of \$119.62 per capita.<sup>12</sup>
- Texas is facing a critical shortage of mental health care workers. Texas has 333 mental health care health professional shortage areas, which means they have a ratio of 30,000 people in the population per one psychiatrist. This represents over 8% of the 3,968 designations for the United States.<sup>13</sup>
- Key findings from the Texas State of Mind - 2015 Texas Mental Health Survey conducted among randomly selected Texas voters by Baseline and Associates, Inc. for the Meadows Mental Health Policy Institute (Texas 2015 - The Mental Health Landscape) indicate:
  - 76 percent of Texans have a friend or family member who has experienced a mental health issue.
  - 9 in 10 Texans believe it is harder for people to talk about a mental health condition or situation than a physical health issue.
  - 67 percent of Texans believe that more state and local dollars should be spent addressing mental health.
  - 31 percent of Texans would not know where to go if they or a family member needed help with a mental health condition.
  - 33 percent of Texans would consider a career as a mental health professional.

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<sup>11</sup> Mental Health America-Texas; University of Texas School of Public Health 2009

<sup>12</sup> SMHA Mental Health Actual Dollar and Per Capita Expenditures by State (FY2004 - FY2013), accessed May 15, 2015

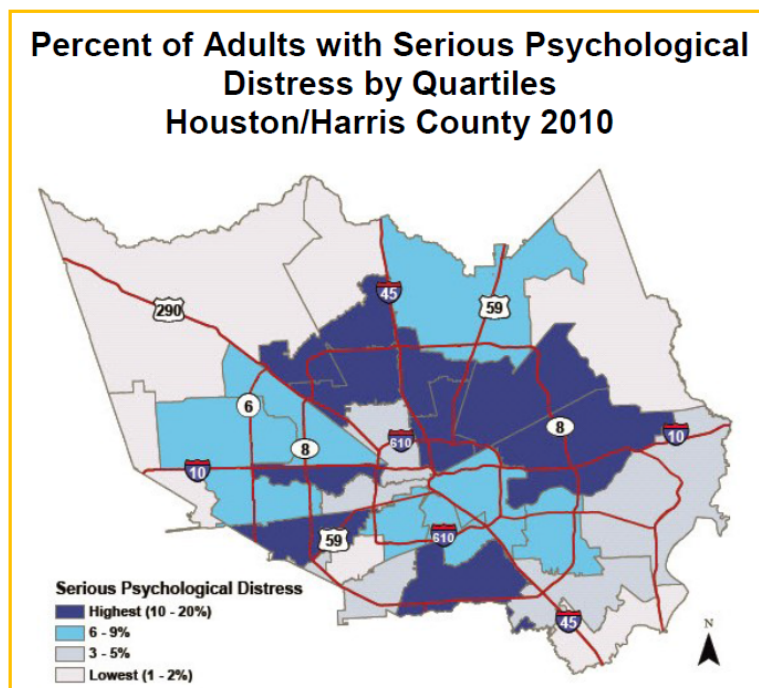
<sup>13</sup> Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, HRSA Data Warehouse: Designated Health Professional Shortage Areas Statistics, as of April 28, 2014

### ***Harris County Mental Health Statistics and Indicators***

The Mental Health and Mental Retardation Authority of Harris County (MHMRA) provided the following 2010 Harris County estimates<sup>14</sup>:

- Nearly 500,000 adults suffer from a mental illness, 137,000 of which have a severe mental illness.
- Nearly 150,000 children and adolescents between 6 and 18 years old have a mental illness, 89,000 of which have a serious emotional disturbance.
- According to the MHMRA, the high rate of uninsured residents in Harris County has resulted in many untreated mental health illnesses. In 2012, over half of severely mentally ill adults could not access treatment from public or private health systems and 74% of children and adolescents with a serious emotional disturbance did not receive needed services from the public mental health system.
- The 2013 Behavioral Risk Factor Surveillance System data for the Houston-Baytown-Sugar Land MSA shows that women more frequently reported five or more days of poor mental health (18.7%) compared to men (10.0%). In addition, those with incomes of \$50,000 or more were less likely to report poor mental health (11.5%), compared to those with incomes below \$25,000 (21.5%).

The map below shows areas where serious psychological distress (SPD) is most prevalent in Houston/Harris County.



Source: UT School of Public Health, Health of Houston Survey

<sup>14</sup> The State of Health in Houston/Harris County 2015-2016. Harris County Healthcare Alliance, Houston, Texas.

As previously stated, The Meadows Mental Health Policy Institute for Texas is a nonpartisan, nonprofit working to change the condition of mental health in Texas.

*Exhibit 12*, below, shows recent estimates of both the incidence (new cases) and the prevalence (all cases) of mental illness in Texas and Harris County prepared by the Meadows Mental Health Policy Institute February 10, 2016. Estimates that follow draw on the work of Dr. Charles Holzer, a leading psychiatric epidemiologist and Galveston resident.

<b>Exhibit 12</b> <b>The Menninger Clinic</b> <b>Mental Health Incidence and Prevalence-Harris County</b>		
<b>Population (2013)</b>	<b>Texas</b>	<b>Harris County</b>
<b>Total Population</b>	<b>26,400,000</b>	<b>4,300,000</b>
<b>All Mental Illness</b>	7,000,000	1,100,000
Mild	3,000,000	460,000
Moderate	2,500,000	400,000
Severe	1,500,000	240,000
Serious Mental Illness (SMI - Adults)	1,000,000	150,000
Adults with SMI below 200% Federal Poverty Level (FPL)	500,000	85,000
Super-Utilizers of Hospitals, ERs, Jails	40,000	6,200
Super-Utilizers below 200% FPL	<b>22,000</b>	<b>3,700</b>
Severe Emotional Disturbance (SED - Children)	500,000	90,000
Children with SED below 200% FPL	300,000	55,000
<b>Annual Incidence</b>		
First Episode Psychosis (FEP)	<b>3,900</b>	<b>700</b>
<b>Common Diagnoses</b>		
Schizophrenia	97,000	16,000
All Mood Disorders	2,500,000	400,000
Major Depression	1,400,000	200,000
Bipolar Disorder	270,000	40,000
All Anxiety Disorders	4,800,000	780,000
Posttraumatic Stress Disorder	680,000	110,000
Alcohol and Drug Dependence	45,000	73,000
Antisocial Personality Disorder	120,000	20,000

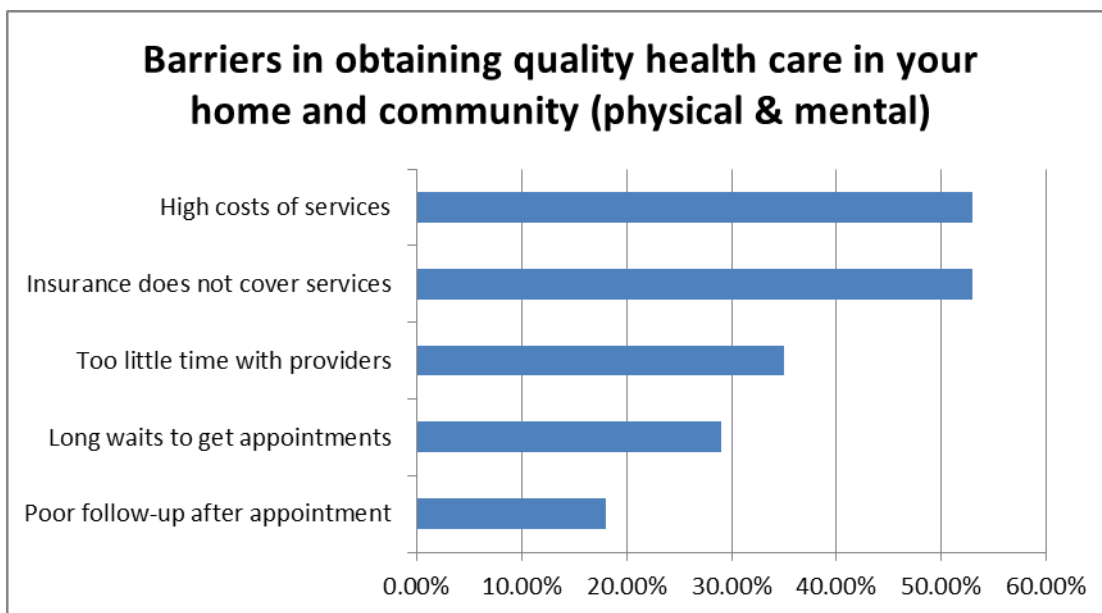
Source: *The Meadows Mental Health Policy Institute, February 10, 2016.*

## Primary Data Assessment-Patient Survey

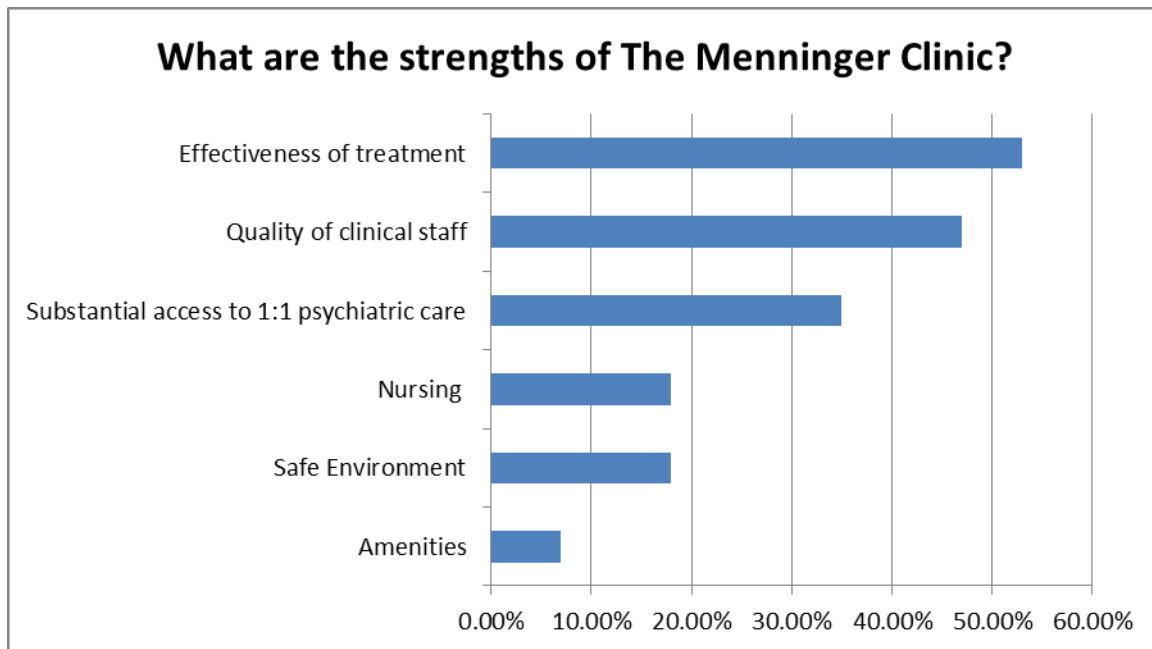
Menninger conducted a patient survey to obtain input regarding barriers to obtaining care and needs specific to the national inpatient population served by Menninger. Input was also solicited regarding improvements Menninger should make to improve health of the patients served by the hospital. A total of 17 surveys were gathered.

Patients were asked what barriers they faced in obtaining quality health care in their home community (both physical and mental). Patients indicated that insurance barriers, high cost of treatment and too little time with providers were the primary barriers with obtaining quality health care in their community.

The majority of patients indicated that greater access to health care providers (both frequency and duration of appointments) would improve healthcare in their community.



Stakeholders were also asked to provide their opinions regarding the strength and weakness of The Menninger Clinic. Strengths included the effectiveness of treatment and the quality of the clinical staff while the restrictive environment and locked units was noted as the main weakness.



Lastly, patients were asked to provide input regarding how Menninger could improve its services. Patients recommended Menninger provide more individual psychotherapy, improve amenities, such as food services, provide improved psychoeducation offerings and expand health and wellness offerings.



## Primary Data Assessment-Key Stakeholder Interviews

Interviews were performed with 10 key stakeholders (see *Appendix A* for a list of organizations as well as the interview guide). All interviews were conducted by BKD personnel. The stakeholders provided insight into the mental and behavioral health needs of the CHNA communities through a seven-question survey. Stakeholders were identified to provide input for the *inpatient* community or *outpatient* community. Findings for each community are summarized below.

### **Key Stakeholder Interview Results**

As stated earlier, the survey questions for each key stakeholder were identical. The questions on the interview instrument are grouped into three major categories for discussion:

1. Significant mental health issues in the community
2. Barriers to improving mental and behavioral health in the community
3. Opinions and suggestions regarding what needs to be done to improve mental health in the community

A summary of the stakeholders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

### **Inpatient**

#### **Significant Mental Health Issues**

Key stakeholders were asked to identify significant issues related to mental health and mental health services for the United States as a whole related to the unique patient population that Menninger serves. All stakeholders indicated there is a severe shortage of mental health professionals serving the state of Texas as well as the country which has resulted in many people not accessing mental health services in a timely manner. They also all agreed that funding for mental health services in the state of Texas is inadequate to serve persons needing treatment. Stakeholders also noted that many providers do not take insurance, which makes it very difficult for persons with low-income to access treatment due to costs.

The factors described above have resulted in persons with mental illness going untreated for many years. Often persons who develop severe mental health issues due to lack of access may go five to six years before getting treatment. The lack of access to treatment is resulting in crowded jails and emergency rooms and increased violence, addiction and suicide.

Stakeholders also noted that another issue is the fact that persons with mental illness are often misdiagnosed and struggle for years before getting the treatments for the correctly identified illness.

*“The lack of mental health services is leading to violence, addiction and suicide.”*

### **Barriers**

Some of the main barriers to improving mental and behavioral health in the community included the fact that insurance does not cover the length of stay to complete an inpatient program at Menninger. All stakeholders applauded the services provided by Menninger noting Menninger's approach to treating patients results in improved outcomes for its patients. However, there are not a lot of facilities that can provide similar treatment due to what insurance covers.

Another barrier noted by key stakeholders was lack of integration of mental health services with primary care and other services. For example, there currently is not a routine screening for behavioral health in primary care (similar to blood pressure screening) where primary care physicians could identify behavioral health conditions earlier as well as link patients to providers.

The last barrier noted by stakeholders is the overall stigma that is associated with mental illness. Fear of the resulting consequences of being treated for mental illness often prevents persons from seeking help.

*"Insurance companies have restricted how much they will pay mental health providers."*

*"We are treating patients more and more with psychiatric medication and isolation instead of giving them services."*

### **Suggestions for Ways to Improve Mental Health in the Community**

Stakeholders recommended that better integration with primary care, including screenings, more awareness and support from community leaders for programs to respond to mental health needs, are ways to improve the community's mental health. The shortage of clinicians and funding for mental health services must also be addressed.

Stakeholders also expressed concerns regarding care prior to admittance to Menninger as well as care post-discharge. Stakeholders felt that referral networks need to be established whereby persons who need stabilization prior to Menninger could be referred to certain facilities to improve care coordination. Additionally, before Menninger opened outpatient services in 2015, when patients were ready to leave Menninger, they had to start over with an entirely new team and coordinated step-down programs and or residential treatment facilities. Having better coordination while moving patients through the different levels of care is seen as something that could improve patient outcomes even more. This includes integration of the team of professionals who is treating the patient including physicians, therapists and social workers.

**Outpatient****Significant Mental Health Issues**

Key stakeholders were asked to identify significant issues related to mental health and mental health services for Harris County and surrounding areas as well as the state of Texas. All stakeholders indicated that access to mental health services due to lack of insurance covering treatment was a significant issue. They stated that insurance companies dictate how much and what types of treatment they will cover for persons with serious mental illness and they do not rely on provider's recommendations as they do with serious physical illnesses, such as cancer.

Affordable, stable, supportive housing was also mentioned as a significant issue impacting persons with mental illness.

Stakeholders also reported that persons with mental illness, generally, do not know where to go for help and what services they may be eligible for. Persons are left to navigate the health system on their own, and they often stop trying to get help due to frustration and road blocks.

Stakeholders also agreed unanimously that lack of access to care was a significant issue for the community noting insufficient funding of public health services, shortage of inpatient beds, shortage of psychiatrists and other providers, and lack of substance abuse treatment facilities are main concerns.

On a broader scale, stakeholders representing the outpatient community also noted the stigma around mental illness that keeps people from talking about it and accessing services.

*"Parity for mental health is not functioning as it should yet."*

*"A lot of folks can't get into a stable lifestyle because they do not have stable housing."*

*"If you have cancer, social workers will help you. If you have mental illness, you are on your own."*

**Barriers**

For Harris County, some of the biggest barriers related to improving the mental health of the community, noted by key stakeholders, surround issues with insurance not covering mental health services which leads to providers not taking insurance which makes treatment non-accessible for persons with low income. The shortage of providers makes access difficult for persons utilizing any payer.

Lack of integrated care between primary care and mental health is also a barrier. Utilizing a team approach to providing mental health care centered on the patient is recommended to improve mental health in the community. Additionally, lack of follow-up once patients leave Menninger is seen as a barrier to improving mental health of the community. When persons are discharged from inpatient care, they often are isolated and don't have a good transition to the necessary support services and outpatient treatment.

*"When patients leave Menninger, there may not be enough supportive services afterwards."*

### **Suggestions for Ways to Improve Mental Health in the Community**

Stakeholders were asked for input regarding what needs to be done address issues noted above to improve mental health in the community. All stakeholders agreed that insurance companies need to treat mental illness the same way they treat physical ailments.

Efforts to reduce stigma associated with mental health were also suggested, such as marketing campaigns and public service announcements. Other ideas included increasing the number of community events at Menninger to educate the public on mental illness and to consider an annual Mental Health Day in Houston.

Better coordination of care post discharge was also recommended by stakeholders. Additionally, stakeholders recommended Menninger continue to focus on outpatient programs. An increased focus on prevention and treatment of substance abuse was also noted.

One of the stakeholders recommended more integrated clinics in schools where health needs of students could be addressed in a single location where students already are and that mental health services could be integrated into this care model.

Stakeholders recognize the importance of research, and they appreciate the research activities that Menninger conducts. Research will be very important in making great strides in helping persons with mental illnesses. Currently, the symptoms of mental illness are treated. Once the causes are discovered, effective treatments will be easier to determine.

Lastly, stakeholders recommended more collaborative efforts and partnerships should be established within the community to develop a coordinated approach to addressing issues surrounding mental health in the community as well as creating the infrastructure to support it.

*“Menninger should focus on being at the table with other providers, working on public policy with partners.”*

*“At some point, we need to get rid of the stigma of mental illness.”*

## Existing Health Care Facilities and Other Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers not only impact the access to services but also the timely delivery of services.

### ***Hospitals Nationally***

The exhibit below summarizes hospitals nationally which provide specialty programs similar to Menninger.

**Exhibit 13**

**Summary of Psychiatric Facilities in U.S. Inpatient Programs Similar to The Menninger Clinic**

Facility	City, State	Bed Size
McLean Hospital	Belmont, MA	328
Sheppard Pratt Health System	Baltimore, MD	350
Silver Hill Hospital	New Canaan, CT	44
Lindner Center of Hope	Mason, OH	48

### ***Hospitals in Harris County***

The primary service area has 1,022 licensed inpatient beds as seen in the exhibit below.

**Exhibit 14**

**Freestanding Private Inpatient Psychiatric Facilities in Harris County**

Facility	Address	City	Beds
West Oaks	6500 Hornwood	Houston	144
Cypress Oaks	17750 Cali Drive	Houston	96
Kingwood Pines	123 McClellan Road	Kingwood	116
Intracare North Hospital	1120 Cypress Station Drive	Houston	90
Behavioral Hospital of Bellaire	5314 Dashwood Drive	Houston	124
Houston Behavioral Healthcare Hospital	2801 Gessner Drive	Houston	88
Lone Star Behavioral Health Cypress	16303 Grant Road	Cypress	24
The Menninger Clinic	12301 Main	Houston	120
Oceans Behavioral Hospital of Katy	455 Park Grove Lane	Katy	48
Recovery Innovations- Recovery Response Center	17506 Red Oak Drive	Houston	24
SUN Behavioral Houston	7601 Fannin	Houston	148

*Source: Texas Department of State Health Services Regulatory Services*

## **Federally Qualified Health Centers**

Twenty-four areas within Harris County have been designated as Medically Underserved Areas by the Health Resources and Services Administration (HRSA). *Exhibit 15* lists Federally Qualified Health Centers which have been established to serve underserved areas or populations where behavioral health services are provided.

### **Exhibit 15**

#### **Federally Qualified Health Centers in Harris County**

<b>Facility</b>	<b>City</b>
Central Care Community Health Center (South Central Houston Action Council)	Houston
Harris County Hospital District- Healthcare for the Homeless	Houston
Healthcare for the Homeless	Houston
El Centro de Corazon	Houston
Good Neighbor Healthcare Center (Fourth Ward)	Houston
Pasadena Health Center	Pasadena
Spring Branch Community Health Center	Houston
Houston Community Health Centers, Inc.	Houston
Legacy Community Health Services, Inc.	Houston
Houston Area Community Services, Inc.	Houston
Hope Clinic (Asian American Health Coalition)	Houston
Bee Busy Wellness Center	Houston
Saint Hope Foundation	Houston

*Source: Texas Department of State Health Services*

## **Health Departments**

The Mental Health and Substance Abuse Division (MHSA) of the Texas Department of State Health Services (DSHS) supports the agency-wide mission of improving the health and well-being of Texans through the provision of information and services related to behavioral health.

The Mental Health and Substance Abuse Division activities include:

- Effectively administering mental health and substance abuse programs and contracts.
- Providing hospital care services through the State Hospital system.
- Ensuring administrative policies and practices are consistent with the goals of the Texas Department of State Health Services.
- Mental Health Consumer and Substance Abuse Client Rights.

DSHS contracts with 37 Community Mental Health Centers (also known as Local Mental Health Authorities - LMHAs) to provide mental health services to adults with serious mental illness and children with severe emotional disturbance.

The Mental Health Mental Retardation Authority of Harris County (The Harris Center for Mental Health and IDD) provides the following mental health services for adults residing in Harris County:

- Medication Related Services
- Counseling and Psychotherapy
- Medication Training and Support
- Employment Related Skills Services
- Housing Related Skills Services
- Coordination of Services
- Other Independent Living Skills Services



## Identified Health Needs

The following data was assessed to identify health needs for the community:

- Socioeconomic Indicators
- Community Mental Health Status Indicators
- Primary Data

Based on the information gathered through this Community Health Needs Assessment, the health needs below have been identified as needs that impact persons with mental illnesses in the CHNA communities.

Inpatient	Outpatient
<ul style="list-style-type: none"> <li>• Access to Care - Lack of Funding for Mental Health Services</li> <li>• Shortage of Mental Health Providers</li> <li>• Linkages to Care</li> <li>• Lack of Integration with Primary Care and Support Services</li> <li>• Challenges with Insurance Coverage</li> <li>• Stigma Associated with Mental Illness</li> <li>• Lack of Knowledge Regarding Mental Health/Mental Illness</li> <li>• Post-discharge Coordination of Care</li> <li>• Lack of Knowledge Regarding Available Resources and Services</li> <li>• Lack of Coordination through Continuum of Care</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Care - Lack of Funding for Mental Health Services</li> <li>• Shortage of Mental Health Providers</li> <li>• Lack of Collaboration, Planning and Infrastructure for Harris County and Houston Area</li> <li>• Lack of Supportive Housing for Persons with Mental Illness/Addiction</li> <li>• Challenges with Insurance Coverage</li> <li>• Stigma Associated with Mental Illness</li> <li>• Lack of Knowledge Regarding Mental Health/Mental Illness</li> <li>• Post-discharge Coordination of Care</li> <li>• Lack of Knowledge Regarding Available Resources and Services</li> <li>• Lack of Integration with Primary Care and Support Services</li> </ul>

Menninger's next steps include developing an Implementation Strategy to address these needs. Priorities will be based on the information gathered through this CHNA. Opportunities for health improvement exist in each area; however, Menninger Leadership will work to identify areas where Menninger can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2017 through 2019.

## **APPENDICES**

## **APPENDIX A**

### **ACKNOWLEDGEMENTS AND KEY STAKEHOLDER INTERVIEW QUESTIONS**

## **Acknowledgements**

Thank you to the following organizations that participated in our key informant interview process:

*Meadows Mental Health Policy Institute*

*Baylor College of Medicine*

*National Alliance for Mental Illness - Houston*

*Mental Health America of Greater Houston*

*Depression Bipolar Support Alliance – Houston*

*Harris Health System*

*Harris County Judge's Office*

*Camden Center*

*The Menninger Clinic – Board of Directors*

## **Key Stakeholder Interview Questions**

1. In your opinion what are some of the significant mental health issues in the state of Texas? Nationally?
2. What barriers, if any, exist to improving the mental health of patients similar to those served by The Menninger Clinic?
3. What needs to be done to address the issues identified in questions #1 and #2 above?
4. How could services provided by The Menninger Clinic be improved to better meet the needs of patients and patient families?
5. Please describe your familiarity with educational outreach and research conducted at The Menninger Clinic?
6. In your opinion, what is the best way for the community, as a whole, to address the mental health needs of the community?
7. In your opinion, what is the most critical mental health for The Menninger Clinic patients as well as the public at large?
8. If Menninger had to choose one issue that you have identified above to focus on, which one would it be?