Access to behavioral health care was also identified as a challenge by community members, although population-level data were unavailable. Based on focus group findings, Kent County community members with a behavioral health problem face unique access issues. For this sub-population, the inability to get an appointment with a psychiatrist or inability to pay for needed medications led to deterioration in health.

HP2020: Increase the proportion of adults with serious mental illness who receive treatment from 58.7% to 64.6%.

Focus group participants reported using alcohol and drugs to self-medicate, and, some discussed losing a loved one to suicide because the loved one was unable to get necessary behavioral health care.

Focus group and interview participants discussed healthcare access and quality overall, and reported that the quality of healthcare in Kent County is excellent, if you can afford it. Kent County community members identified area hospitals, clinics, specialty providers, and the local health department as providing excellent service and care. However, the quality of healthcare community members received was dependent on their ability to pay for services and providers. Some of the issues that community members faced include:

- Inability to afford preventive health care;
- Using the emergency department to address deteriorating health;
- Inability to access dental and mental health providers;
- Lack of availability of low-cost and free providers;
- Lack of providers who serve patients who are insured through Medicaid;
- Provider location, availability, transportation, language, literacy, and services for individuals with special needs;
- Lack of information about what providers accept Medicaid;
- Inability to qualify for Medicaid or afford private healthcare, and a lack of jobs that provide health insurance;
- Cost of prescription medications;
- Lack of coverage for dental or vision care;
- Lack of care coordination or continuity in care; and
- Experiences that were demeaning or discriminatory when accessing care.

THE PLAN

Based on these data and their service system assessment, the Priority 1 and 2 workgroup drafted goals, objectives, strategies, and action plans to address access to healthcare issues in Kent County. In doing so, the workgroup considered the following:

1. The Patient Affordability Act will increase the number of people eligible in the State of Michigan by 500,000.
2. Medicaid Expansion: States may expand Medicaid eligibility as early as January 1, 2011. Beginning on January 1, 2014, all children, parents, and childless adults who are not entitled to Medicare and who have family incomes up to 133 percent of the Federal Poverty Level will become eligible for Medicaid. Medicaid rates will be increased to Medicare parity for FY 2013 and 2014 but there are no expectations for continued parity beyond 2014.
3. Once people are in a managed care environment, trends demonstrate appropriate utilization of care.
4. The trend in health care is for physicians to be employed by the health system. Employed physicians may increase the trend for accepting Medicaid patients.
5. The primary volume of people needing assistance with accessing care is the underserved population.

Priority 1 and 2 Goals, Objectives, and Strategies appear in Table 2. Priority 1 and 2 Action Plans appear in Appendix C. Partners from Kent County hospitals and hospital systems are developing additional action plans that align with these strategies, which will be incorporated as they are completed. The data sources for tracking objectives appear in the footnotes. The evidence-base underlying the selected strategies appears in footnotes, where appropriate.

Table 2. Goals, Objectives, and Strategies to Improve Access to Healthcare.

GOALS	OBJECTIVES[2]	STRATEGIES
1. Ensure community members have access to primary and specialty healthcare.	O1. By October 1, 2015, decrease from 10% to 9% the percentage of adults who report that they have no healthcare access.	S1. Streamline and strengthen supports for enrollment in public insurance plans in Kent County, including Medicare, Medicaid, VA, and Disability.
	O2. By October 1, 2015, reduce the disparity in healthcare access among adults in Kent County: • Decrease from 16.9% to 15.2% the percentage of African American adults without health care access • Decrease from 23.6% to 21.2% the percentage of adults with less than a high school education without health care access.	S2. Increase the capacity of providers to accept patients with Medicaid.
	O3. By October 1, 2015, decrease from 8.4% to 7.6% the proportion of adults who report that they do not have someone they think of as their personal doctor or healthcare provider.	S3. Increase public and private support for basic health services for the under/uninsured community members of Kent County.
	O4. By October 1, 2015, reduce the disparity between students who received a check up in the past 12 months by increasing from 52.4% to 57.6% the percentage of students with Ds/Fs who received a checkup.	S4. Strengthen and expand comprehensive school-based health services, including primary care services where appropriate (i.e. school nurses, school-based health centers).[3]
2. Ensure community members have access to dental healthcare.	O5. By October 1, 2015, increase from 74.2% to 81.6% the proportion of adults who report having visited a dentist in the past 12 months.	S5. Streamline and strengthen supports for enrollment in public insurance plans in Kent County, including Medicare, Medicaid, VA, and Disability.
	O6. By October 1, 2015, reduce the disparity between adults who report having visited a dentist in the past 12 months by increasing from 40.7% to 44.8% the percentage of adults with less than a high school education who have visited a dentist.	S6. Increase public and private support for dental health services for the under/uninsured community members of Kent County.
		S7. Support the agenda of the Oral Health Coalition.[4]

[2] The BRFSS is the data source for objectives O1, O2, O3, O5, & O6. The MiPHY is the data source for objective O4. Vital Records is the data source for objective O9. Objectives O7 & O8 require identifying a data source.

[3] Angin, T., Naylor, K., & Kaplan, D. (1996). Comprehensive school-based health care: High school students' use of medical, mental health, and substance abuse services. *Pediatrics*, *97*, 318-30.

[4] The Kent County Oral Health Coalition's workplan appears in Appendix C.

3. Ensure community members have access to behavioral healthcare.	O7. By October 1, 2015, develop a set of data-driven priorities for improving access to behavioral health care services for Kent County community members.	S8. Expand and coordinate data collection efforts to ensure the behavioral health care needs of Kent County community members are understood and can be tracked over time.
	O8. By October 1, 2015, decrease by 10% the proportion of adults who report that they need behavioral health services who report that they do not have access to these services.	S9. Streamline and strengthen supports for enrollment in public insurance plans in Kent County, including Medicare, Medicaid, VA, and Disability.[5]
		S10. Increase public and private support for behavioral health services for the under/ uninsured community members of Kent County.[6]
		S11. Expand the number of behavioral health providers in Kent County who take Medicaid.
		S12. Increase the capacity of providers to offer telemental health services.[7,8]
4. Ensure appropriate, timely, well-coordinated access to a continuum of health and social services.	O9. By October 1, 2015, reduce ER visits for conditions that can be prevented through access to quality primary care by 10%.	S13. Explore the implementation a Kent County Community Healthcare Hub.[9]
	O10. By October 1, 2015, reduce preventable hospital stays from 168.4/10,000 to 160/10,000.	S14. Educate Kent County community members on how to access and utilize healthcare and other services for which they are eligible.

[5] Guide to Community Preventive Services. Mental health & mental illness: mental health benefits legislation. www.thecommunityguide.org/mentalhealth/benefitslegis.html.

[6] Guide to Community Preventive Services. Interventions to reduce depression among older adults: clinic-based depression care management. www.thecommunityguide.org/mentalhealth/depression-clinic.html.

[7] Simon, G., Ludman, E., Tutty, S., Operskalski, B., & Von Korff, M. (2004). Telephone psychotherapy and telephone care management for primary care patients starting antidepressant treatment: A randomized controlled trial. *Journal of the American Medical Association*, *292*, 935-42.

[8] Grady, B., Myers, K., & Nelson E. (2009). *Evidence-based practice for telemental health: American Telemedicine Association guidelines*. American Telemedicine Association Publication.

[9] Community Care Coordination Learning Network, Agency for Healthcare Research and Quality. (2010). *Connecting those at risk to care: a guide to building a community "HUB" to promote a system of collaboration, accountability, and improved outcomes*. AHRQ Publication No. 09(10)-0088. Rockville, MD.