Behavioral Health Crisis Services: The National Perspective

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Why behavioral health crises are routine

for people with SMI…

DEINSTITUTIONALIZATION

COMMUNITY MENTAL HEALTH

Predictions of the Future of the State Hospital

"The national program for mental health is centered on a wholly new emphasis and approach—care and treatment of most mentally ill persons in their own home communities…Our state hospitals will still have a major role to play *during a period of transition…*"

"The individual's understanding or lack of understanding of… [community mental health] will have come down by way of Congressional committees, Congress as a whole, the Department of HEW, the NIMH, and its Washington and regional office employees, professional associations, state mental health authorities, state legislators, county and city officials, hospital boards, influential laymen, and administrators, clinical directors and chiefs of service of mental health facilities. Thus there are abundant opportunities for the original intention of the program to be understood or misunderstood, inculcated or lost sight of, observed or disregarded"

THE COMMUNITY MENTAL HEALTH CENTER, AN INTERIM APPRAISAL, APA AND NAMH, 1969

Mental Health Systems Act of 1980

1. Inpatient, Emergency & Outpatient Services
2. Assistance to courts and other agencies in diverting hospital admissions
3. Post Discharge Followup
4. Consultation & Education
   a. To individuals, professionals, schools, courts, law enforcement, correctional settings, clergy
   b. To promote coordination, awareness of mental health & services available, promote prevention of sexual abuse
5. Day care and partial hospitalization
6. Specialty Children's services
7. Comprehensive Older Adult Programs
8. "Half-Way Houses" Post-Discharge
9. Alcoholism and S.A. Prevention & Treatment
10. "Assuring the availability for each…chronically mentally ill individual who needs both mental health and support services, of an individual to assume responsibility for seeing to it that the individual receives any such service that the individual needs"
11. Coordinating mental health and other services (including Housing and Employment)
12. Affiliations with Health Care Centers
13. Prevention of Mental Illness and Promotion of Mental Health

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What was left…

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Discharges Destined for Failure

Routine encounters with police

The Emergency Room

The *Crisis Industry*:
People as commodities.

Chicago Tribune

September 29, 1998

BED BROKERS' HIT THE STREET: WAREHOUSING THE MENTALLY ILL IN NURSING HOMES

Higher vacancy rates in the nursing home industry have led Chicago-area facilities to troll the shelters and hospital wards for patients, according to nursing home owners and shelter employees. This little-known taxpayer-funded pipeline is generating tens of thousands of dollars for private owners.

Rev. Leo Barbee, director of the men's program at Pacific Garden, said he has accepted "appreciation gifts," including a free dinner, baseball tickets, and Chicago Bulls tickets, from brokers seeking to convert shelter residents into instant nursing home patients, but he has declined offers of cash.

"Confounding and complicating the prevalence of trauma in public mental health service recipients is the fact that mental health services themselves are often experienced as traumatic…

…The use of coercive interventions such as seclusion and restraint, forced involuntary medication practices, and philosophies of care based on control and containment vs. empowerment and choice often cause unintentional re-traumatization in already vulnerable populations."

National Association of State Mental Health Program Directors (2005)
Position Statement
on Services and Supports to Trauma Survivors

The problem with ACT.

The problem with prevention

The Politics of Heroism

The Civil Rights context for current reforms…

Institutionalized Segregation.


5921
ASYLUM FOR INSANE PONTIAC
PESHA PHOTO

The "Cottage for Colored Women"

(Maryland Hospital for the Insane c. 1906)


The Back Ward.

Institutional Reforms

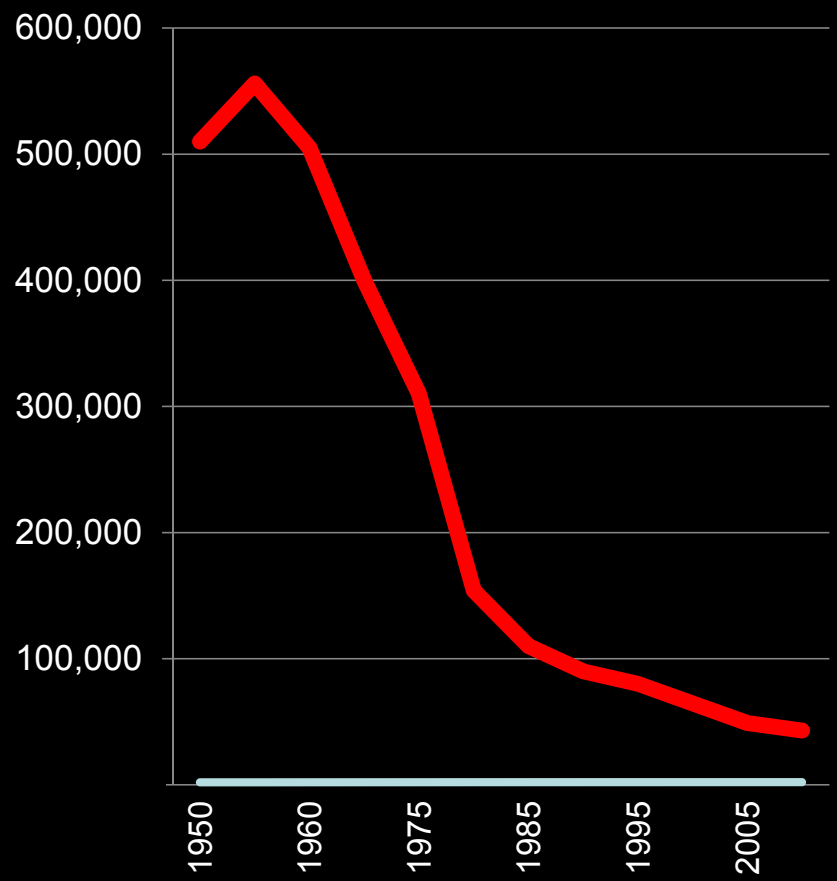
What's wrong with this facility?

Common Elements of Court-Ordered Institutional Reforms

- **Multidisciplinary Teams**
- **Professional and Direct-care Staffing Ratios**
- **QA/UR/PI**
- **Risk Reduction**
- **Seclusion/Restraint Use**
- **Patient Rights Systems; Dignity & Respect**
- **Discharge Planning**

The Civil Rights Advocacy Agenda

- **Ensuring that hospital care met basic constitutional standards**
- **Least-restrictive services**
- **Making hospitals very expensive to operate**



Deinstitutionalization

The ADA

"…individuals with disabilities are a discrete and insular minority … subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness in our society… resulting from stereotypic assumptions not truly indicative of the individual ability of such individuals to participate in, and contribute to, society; … the Nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency…"

The Olmstead Decision

"Institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life."

"Unjustified isolation, we hold, is properly regarded as discrimination based on disability.."

Olmstead Reforms

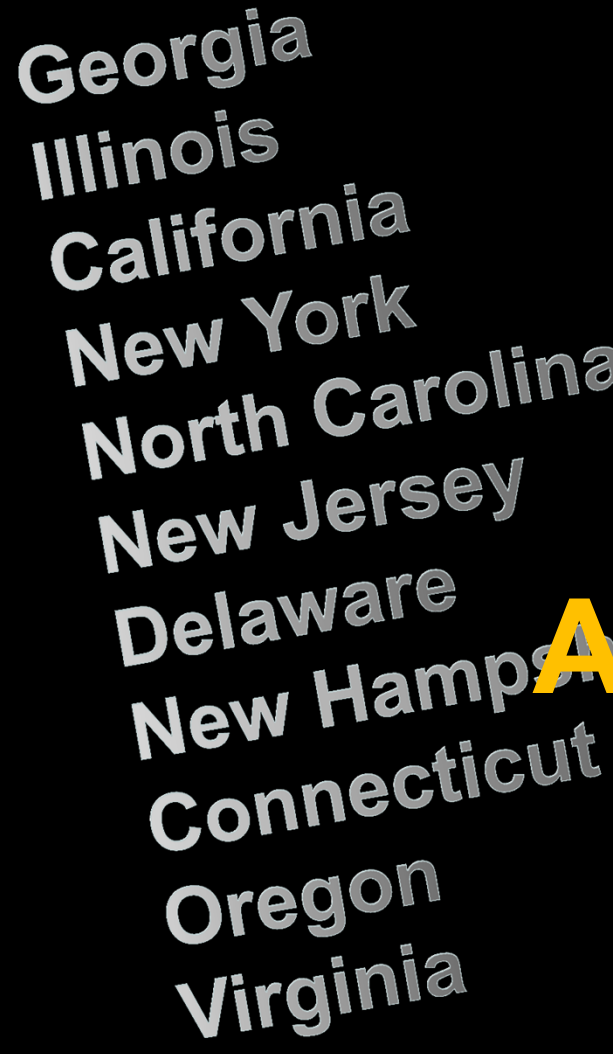
Why are people in this facility?

Today's Civil Rights Advocacy Agenda

- **Access to services & supports that reduce the risk of segregation and level the playing field**

  (Crisis related services are relevant here)

- **Measures of meaningful community integration**
- **Demonstrating that this can be achieved without presenting an undue financial burden**



A New Era of Civil Rights Litigation

- Hospital Services
- QA/UR/PI/Risk Reduction
- Community Role in Discharge Planning
- ACT, Intensive Case Management
- Mobile Crisis Services
- Peer Supports
- Crisis Respite
- Targeted Care Management
- Mainstream Supported Employment
- Scattered-Site Supported Housing

What's OLD is NEW again….

1. **Inpatient, Emergency & Outpatient Services**
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11. **Coordinating mental health and other services (including Housing and Employment)**
12. **Affiliations with Health Care Centers**
13. **Prevention of Mental Illness and Promotion of Mental Health**

Priority for receipt of services will be given to the following individuals within the target population due to their high risk of unnecessary institutionalization:

a. People who are currently at Delaware Psychiatric Center, including those on forensic status for whom the relevant court approves community placement;

b. People who have been discharged from Delaware Psychiatric Center within the last two years and who meet any of the criteria below;

c. People who are, or have been, admitted to private institutions for mental disease ("IMDs") in the last two years;

d. People with SPMI who have had an emergency room visit in the last year, due to mental illness or substance abuse;

e. People with SPMI who have been arrested, incarcerated, or had other encounters with the criminal justice system in the last year due to conduct related to their serious mental illness; or

f. People with SPMI who have been homeless for one full year or have had four or more episodes of homelessness in the last three years;

Adverse Outcomes (i.e., *Crises*) Experienced by Individuals on the TPPL

• Treatment at DPC	10.9%
• Treatment in an IMD	33.4%
• Criminal justice contact	16.2%
• Homeless	18.2%
• ER use for mental health	50.0%

Crisis Hotline

i. The crisis hotline is a toll-free statewide telephone system that people can use to access information about and referrals to local resources.

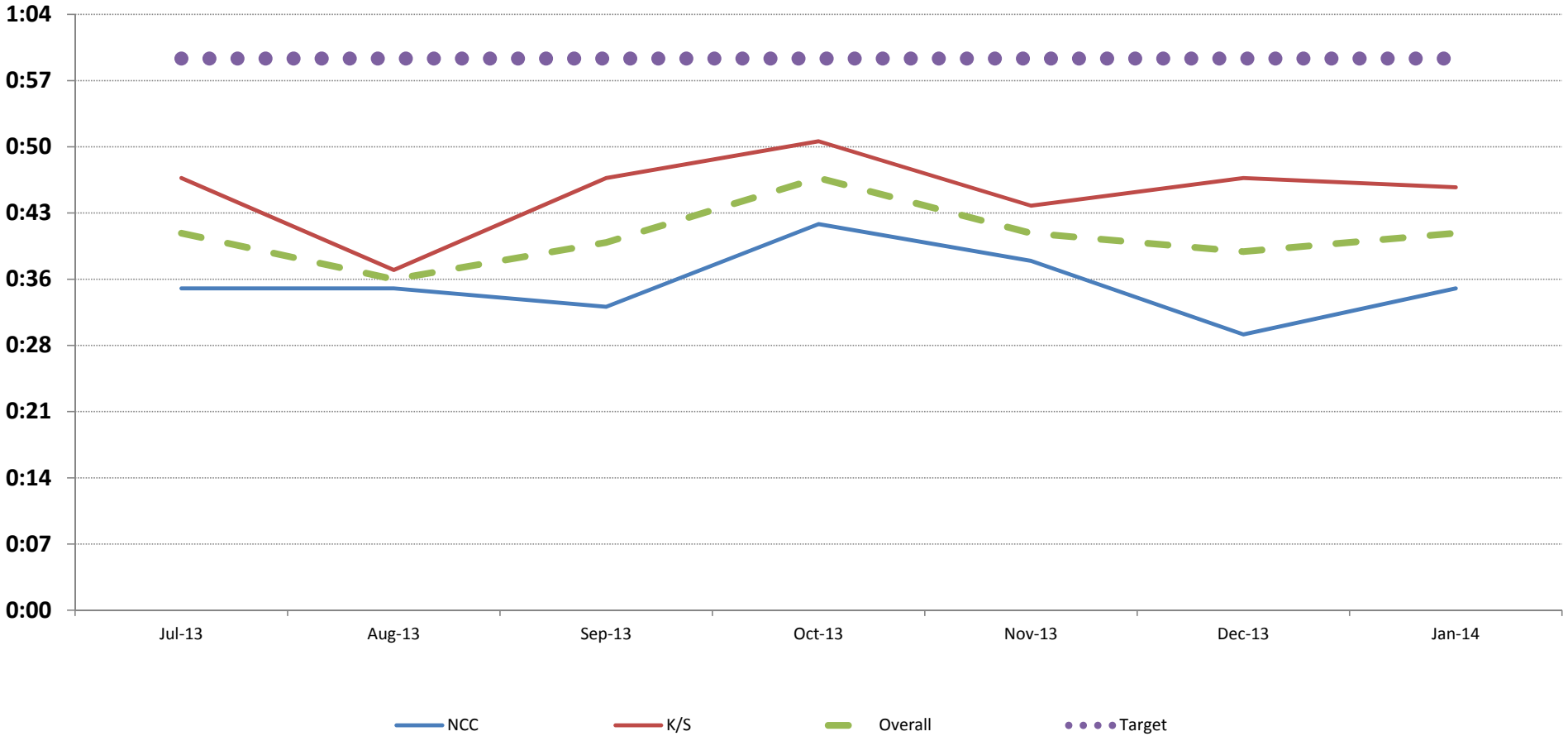
ii. The crisis hotline will be staffed 24 hours per day, 7 days per week with licensed clinical professionals who are able to assess the crisis by phone and assist the caller in identifying and connecting with local services. Where necessary, the crisis hotline will dispatch a mobile crisis team.

Mobile Crisis Services

1. By July 1, 2012 the State will make operational a sufficient number of mobile crisis teams such that a team responds to a person in crisis anywhere in the state within one hour.

Average Mobile Crisis Response Time by County

SFY14



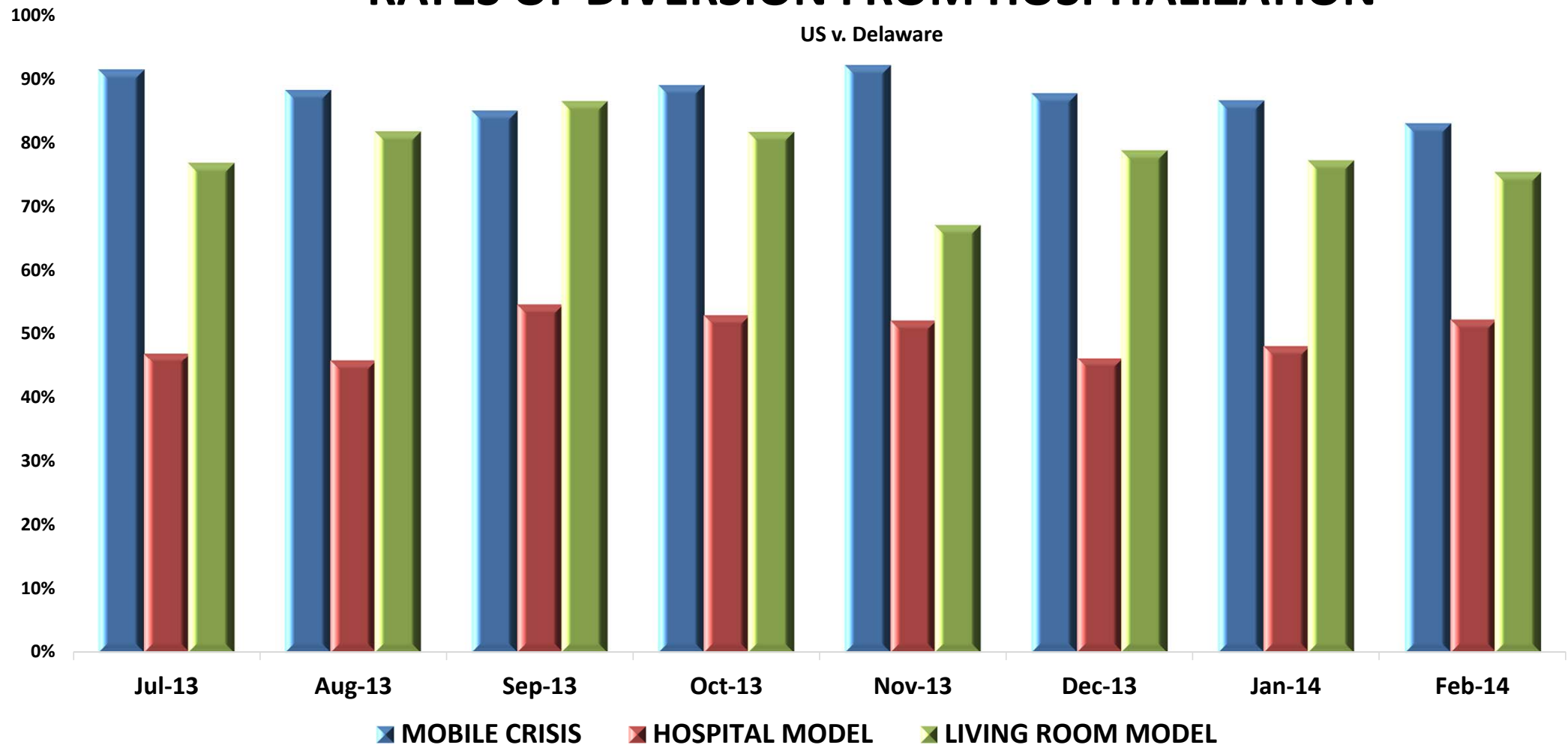
Crisis Walk-In Centers

i. Crisis walk-in centers provide community-based psychiatric and counseling services to people experiencing a mental health crisis. Staff assess, treat, and refer individuals experiencing a crisis without removing them from their homes and community.

ii. Where an individual who comes into contact with law enforcement personnel is in need of mental health services, law enforcement officers can refer or bring individuals to the local crisis walk-in center.

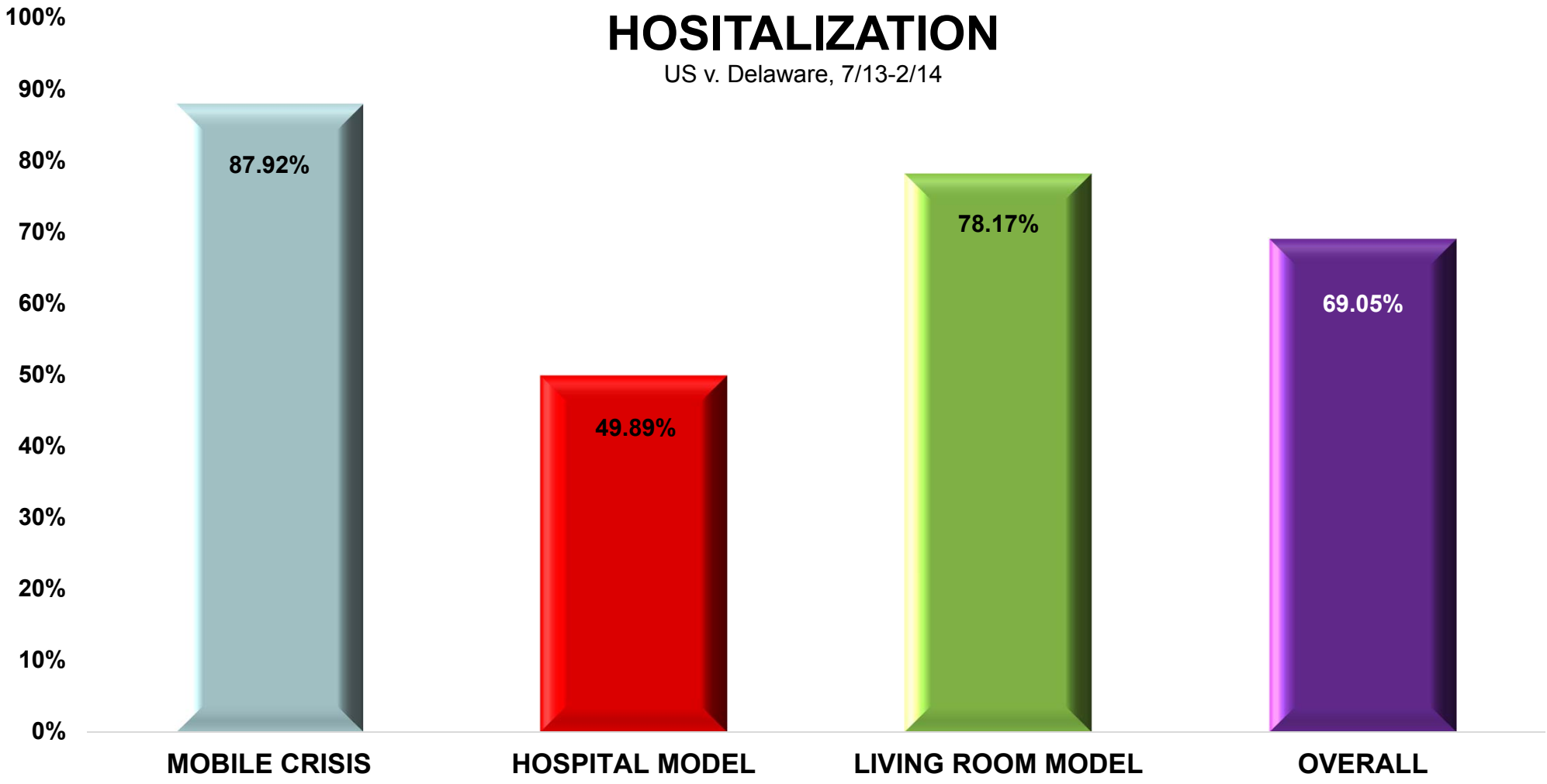
iii. The walk-in centers will be staffed 24 hours per day, 7 days per week with licensed clinical professionals.

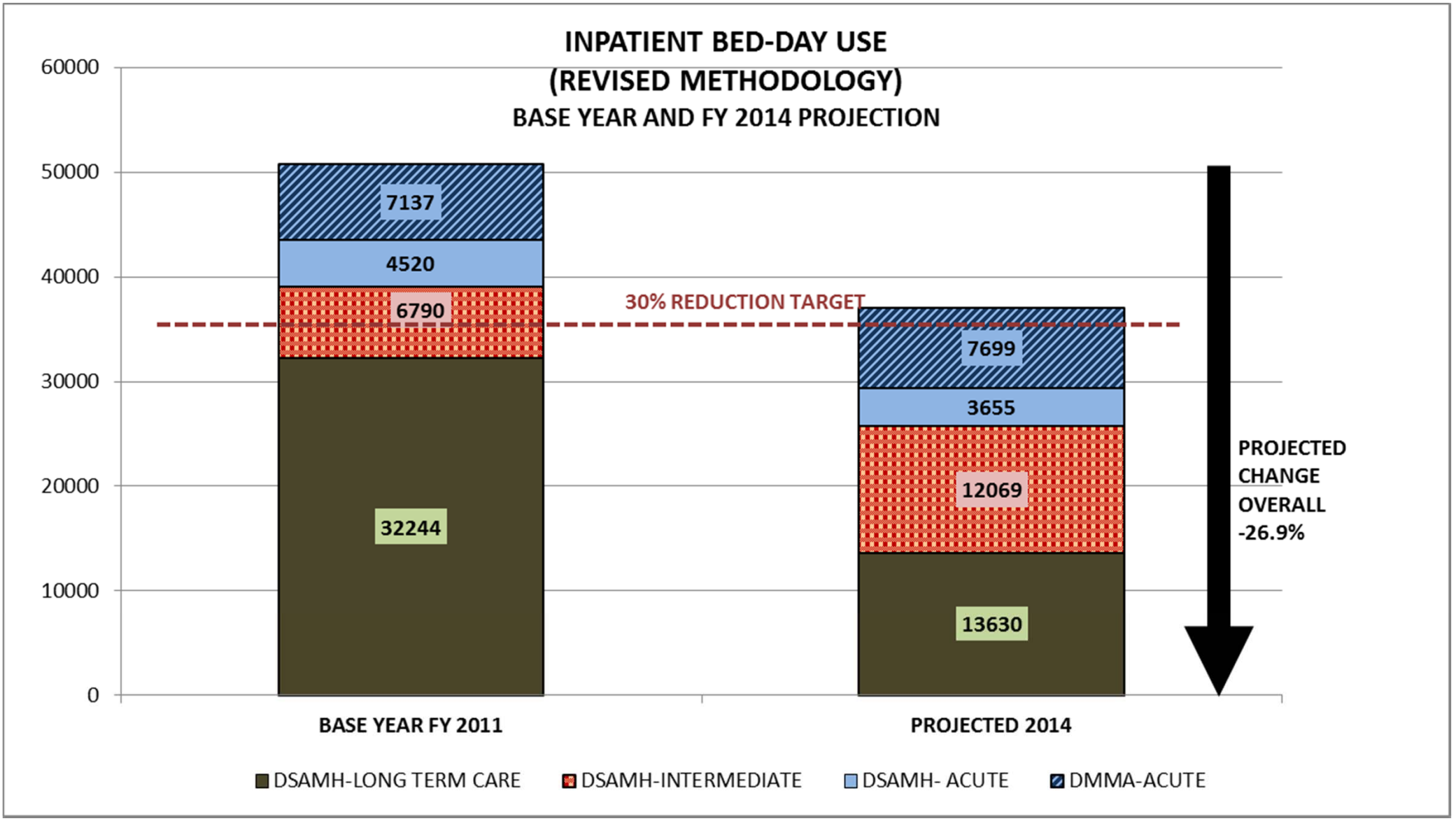
RATES OF DIVERSION FROM HOSPITALIZATION

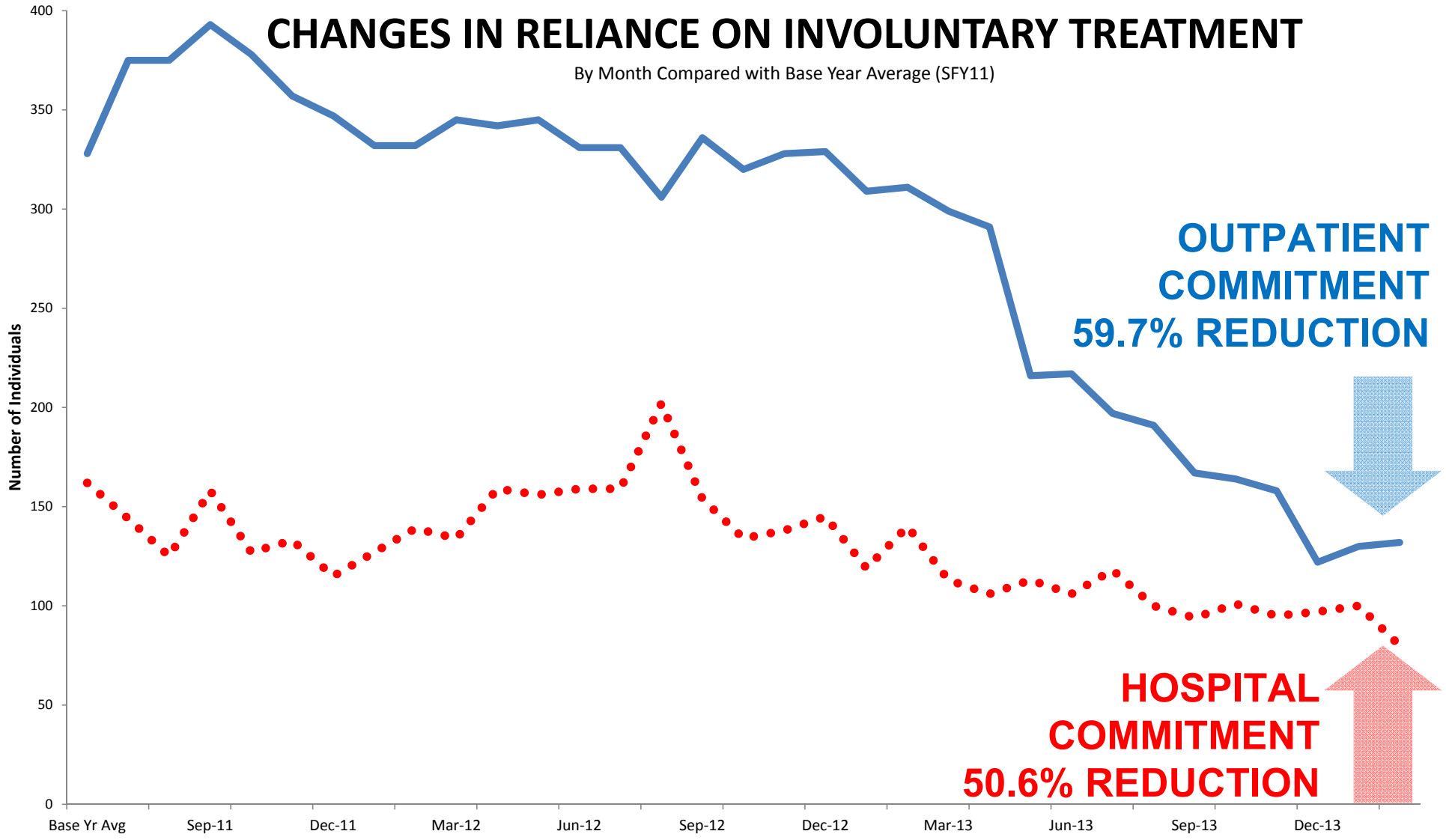


AVERAGE RATES OF DIVERSION FROM HOSITALIZATION

US v. Delaware, 7/13-2/14




INPATIENT BED-DAY USE
(REVISED METHODOLOGY)
BASE YEAR AND FY 2014 PROJECTION
60000
50000
40000
30000
20000
10000
0
7137
4520
6790
32244
30% REDUCTION TARGET
7699
3655
12069
13630
PROJECTED CHANGE OVERALL -26.9%
BASE YEAR FY 2011
PROJECTED 2014
DSAMH-LONG TERM CARE
DSAMH-INTERMEDIATE
DSAMH- ACUTE
DMMA-ACUTE


CHANGES IN RELIANCE ON INVOLUNTARY TREATMENT
By Month Compared with Base Year Average (SFY11)
Number of Individuals
400
350
300
250
200
150
100
50
0
Base Yr Avg
Sep-11
Dec-11
Mar-12
Jun-12
Sep-12
Dec-12
Mar-13
Jun-13
Sep-13
Dec-13
OUTPATIENT COMMITMENT 59.7% REDUCTION
HOSPITAL COMMITMENT 50.6% REDUCTION

Crisis Apartments

i. Crisis apartments are apartments where individuals experiencing a psychiatric crisis can stay for up to seven days to receive support and stabilization services in the community before returning home. These apartments serve as an alternative to hospitalization and the clinical and peer staff assists individuals in de-escalating crises without leaving the community.

ii. Each crisis apartment will have peer staff on-site 24 hours per day, 7 days per week and will have licensed clinical staff on-call 24 hours per day, 7 days per week.

Crisis Stabilization Services

i. Crisis stabilization services are short-term acute inpatient care intended to stabilize an individual and avoid long-term psychiatric hospitalization. Lengths of stay shall be limited to no longer than 14 days.

ii. Prior to admitting an individual for crisis stabilization services, the State shall, to the extent permitted by law, determine that such services are required and that admission of the individual could not be avoided through the use of other services.

iii. When an individual is admitted for acute care, intensive support service providers will engage with the individual within 24 hours of admission in order to facilitate a quick return to the community with necessary supports.

iv. The discharge of any individual receiving state-funded crisis stabilization services will be completed in accordance with the requirements in Section IV.

Transition Planning

Discharge assessments shall begin with the presumption that with sufficient supports and services, individuals can live in an integrated setting.

Negotiated Remedies

A root-cause orientation to mental health crises…

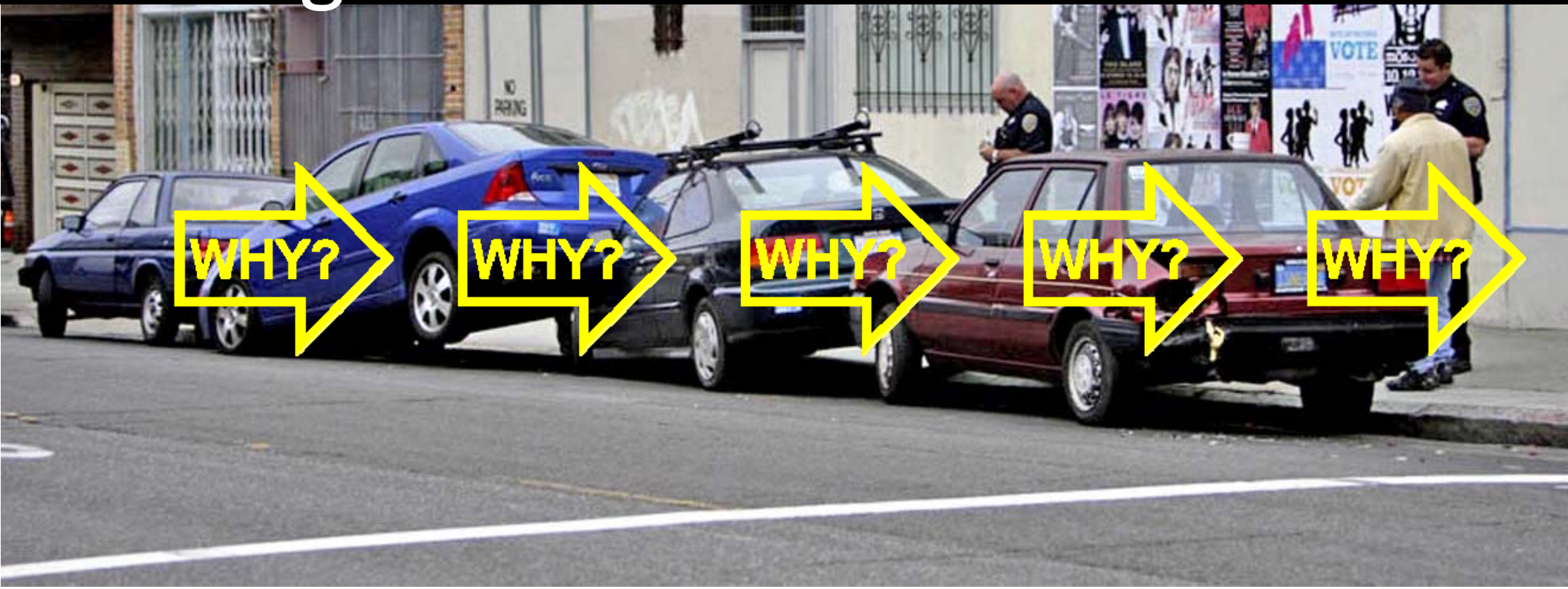
Who’s to blame?

Lessons from Seclusion/Restraint Reforms.

No longer
business
as usual

Abandoning the idea that crises are isolated or discrete events

Finding the Root Causes



Most performance measurement efforts tend to operate in isolation from one another to meet the specific needs of their sponsors. **Frequently, data collection efforts are particular to specific care settings—such as hospitals or ambulatory care organizations—or to particular payers, whether private or public…** Since data are collected and used in fragmented ways, they rarely provide a picture of the overall quality of performance for a specific clinician or organization, or how well patients fare, or the state of the public's health at large."

Health Care at the Crossroads: Development of a National Performance Measurement Data Strategy. The Joint Commission, 2008, p.8.