

National Dialogues on Behavioral Health: Preventing the Criminalization of Persons with Mental Illness

State Perspective

New Orleans, November 11, 2015

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A light blue map of the United States with white state boundaries, serving as a background for the text.

NASMHPD

Represents the \$39 Billion Public Mental Health System serving 7.1 million people annually in all 50 states, 4 territories, and the District of Columbia.

Affiliated with the approximately 195 State Psychiatric Hospitals: Serving 147,000 people per year and 41,800 people at any one point in time.

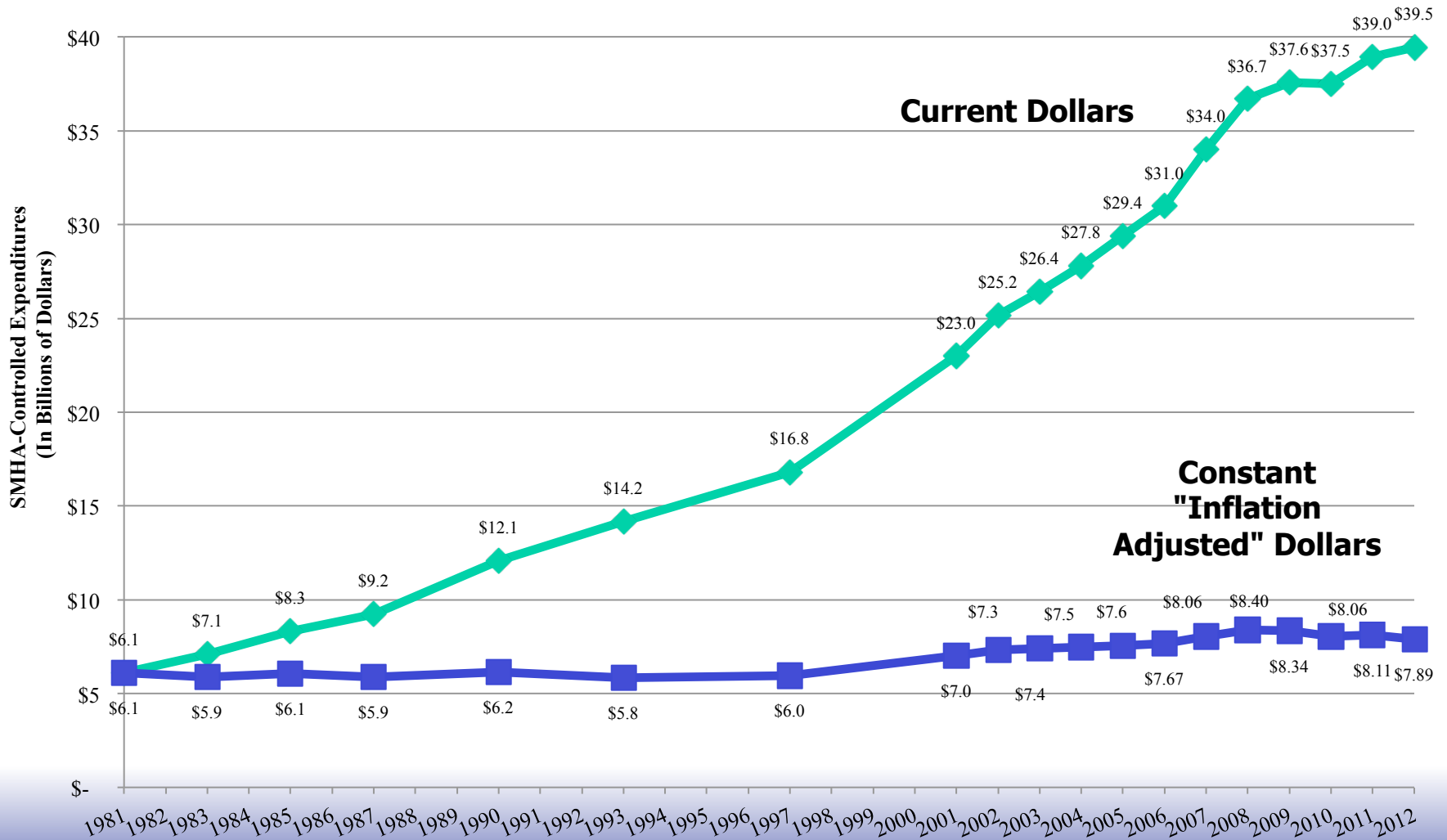
Will Discuss

- Trends in State Public Mental Health Systems
- Maryland Outcomes Measurement Data
- NASMHPD Strategic Plan and efforts
- Reducing involvement of persons with mental illness with the police, courts and jails.

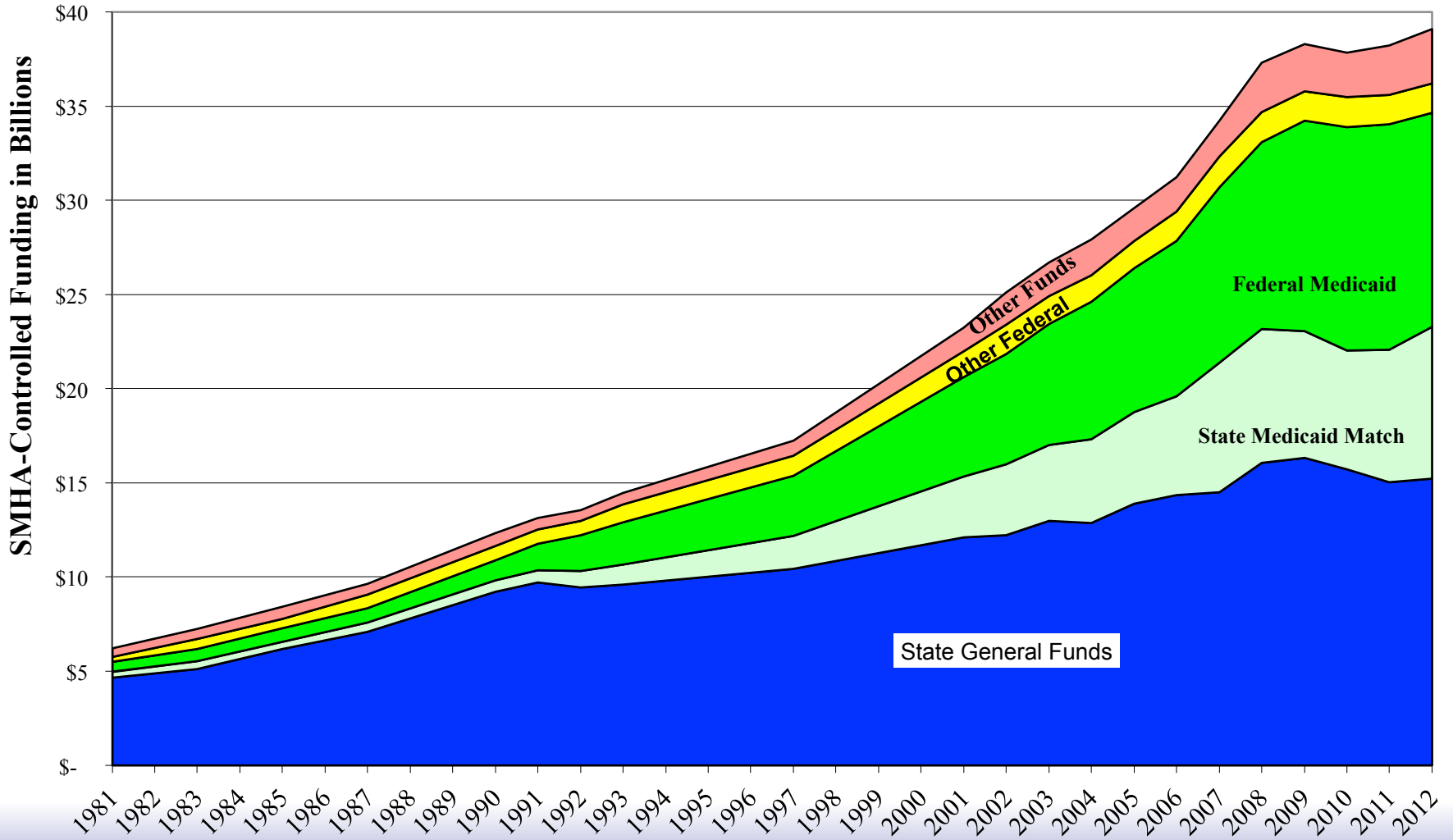
Trends in State Public Mental Health Systems

Trend in State Mental Health Agency-Controlled Mental Health Spending, FY 1981 to FY 2012

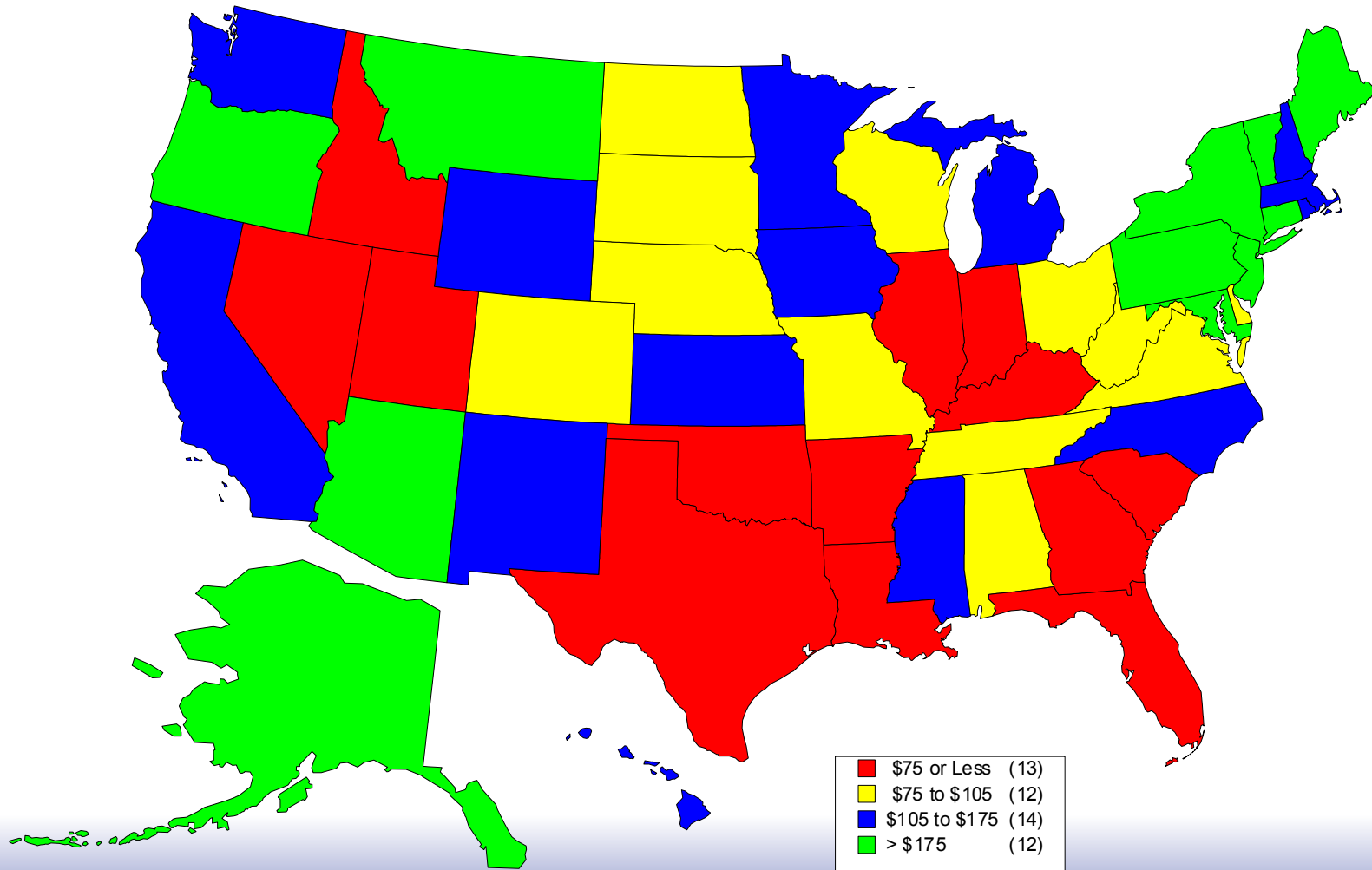
(In current and inflation-adjusted dollars)



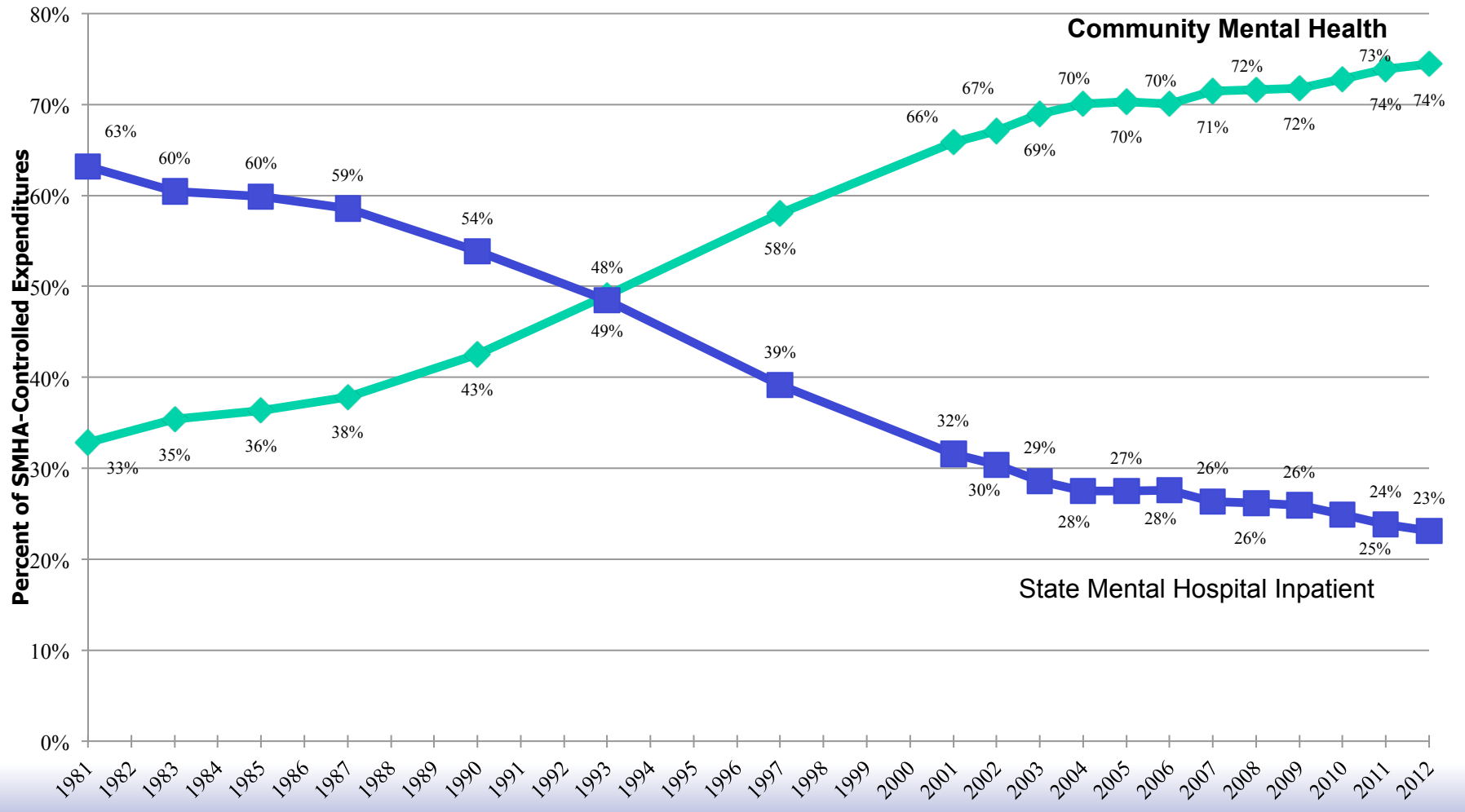
Major Funding Sources for SMHA Mental Health Services: FY 1981 to FY 2012



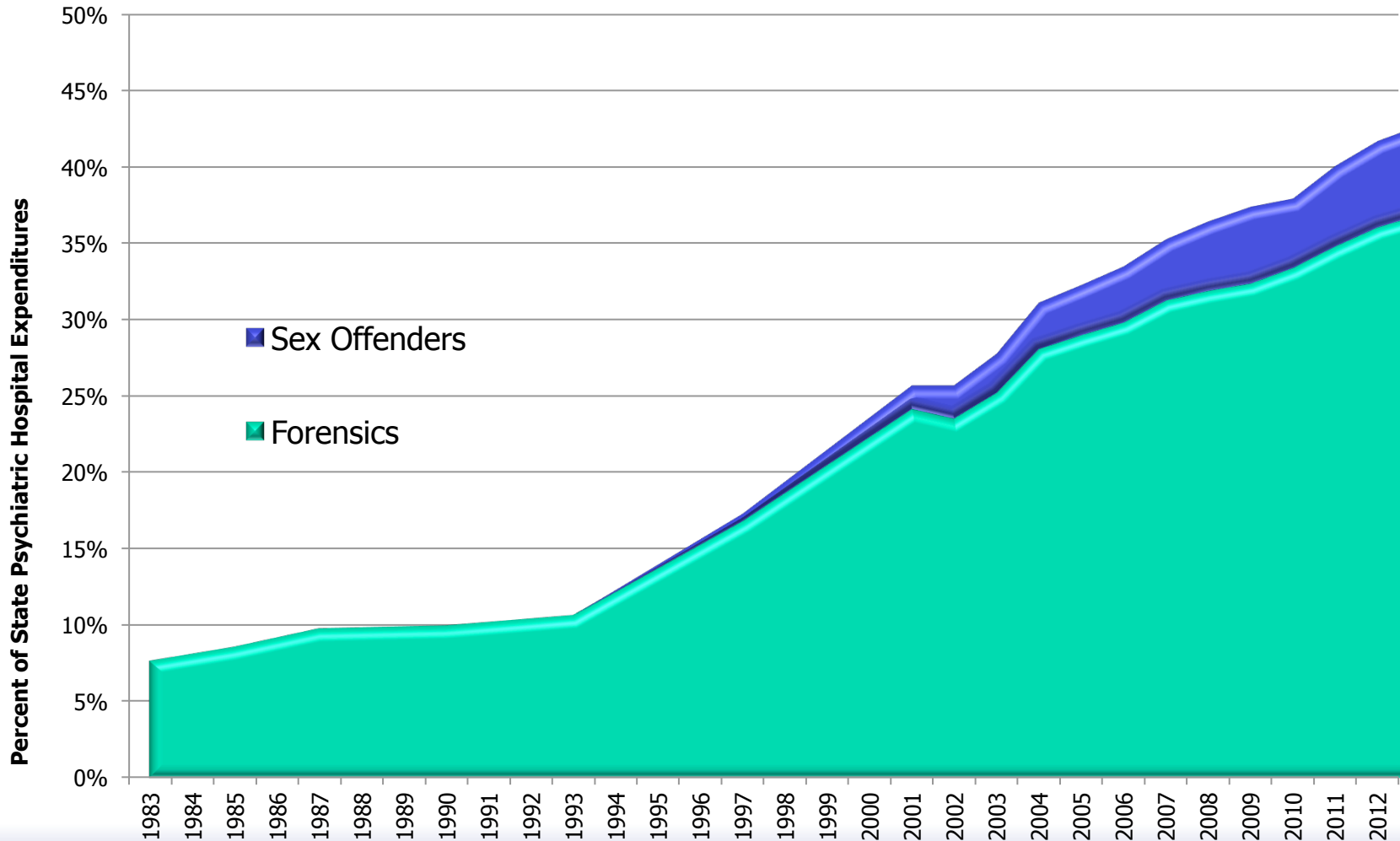
Per Capita SMHA-Controlled Expenditures for Mental Health Services in FY 2012



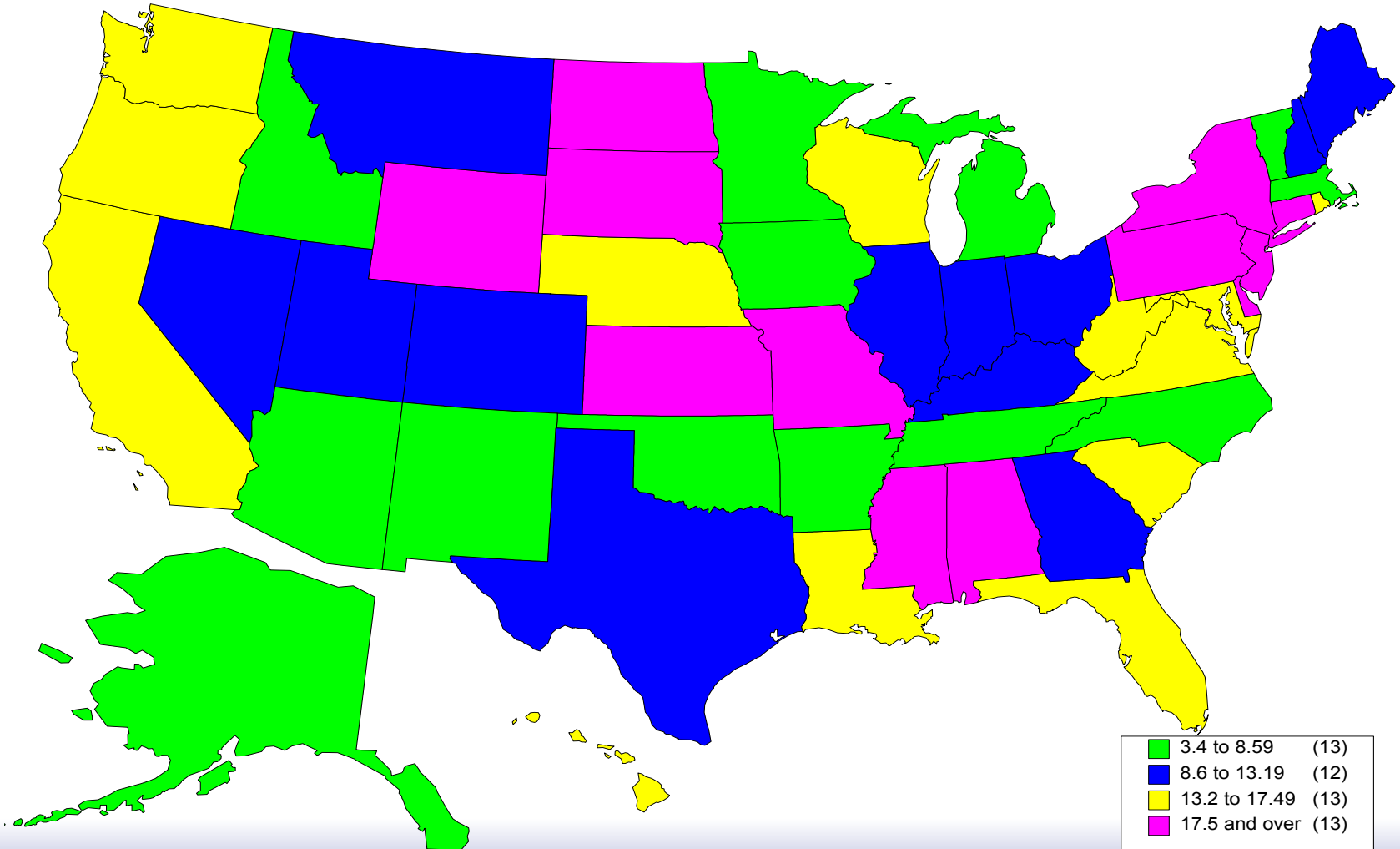
SMHA-Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'12



SMHA-Controlled Forensic and Sex Offender Mental Health Expenditures As a Percentage of State Psychiatric Hospital Expenditures, FY'83 to FY'12



State Psychiatric Hospital Residents per 100,000 State Population in 2013



Source: SAMHSA 2013 Uniform Reporting System

Example of Data from One State :

Maryland Outcomes Measurement System (OMS)

- The Maryland Mental Hygiene Administration (Now the Behavioral Health Administration), in collaboration with Value Options and the U of Md. Systems Evaluation Center, developed an OMS “Datamart” with the ability to perform analysis and create reports available to policy makers, providers, county behavioral health authorities, and the general public.
- Datamart Link: http://maryland.valueoptions.com/services/OMS_Welcome.html
- The OMS, implemented statewide in FY 2007, was developed to collect information on several life domains from individuals, ages 6 to 64, receiving mental health services in outpatient settings in Maryland’s fee-for-service system.

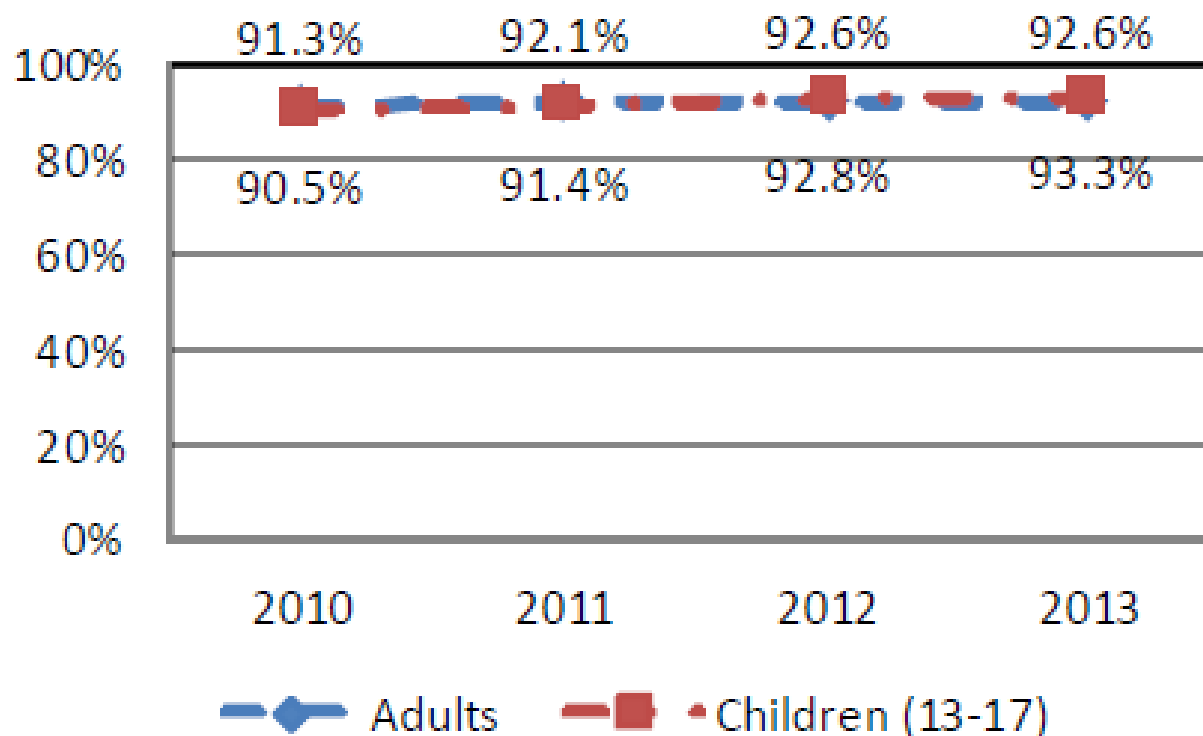
Maryland OMS (cont'd)

- Domains include: symptoms, functioning, living situation, employment, school performance, alcohol and substance use, legal system involvement, and somatic health
- OMS information, gathered directly through interviews between the clinician and consumer, is collected at the beginning of treatment and approximately every six months thereafter while an individual is receiving treatment.
- The OMS system provides Point-in-Time as well as Change-over-Time data.

DATA SHORTS

Behavioral Health Data and Analysis | March 2014, Vol. 3, Issue 3

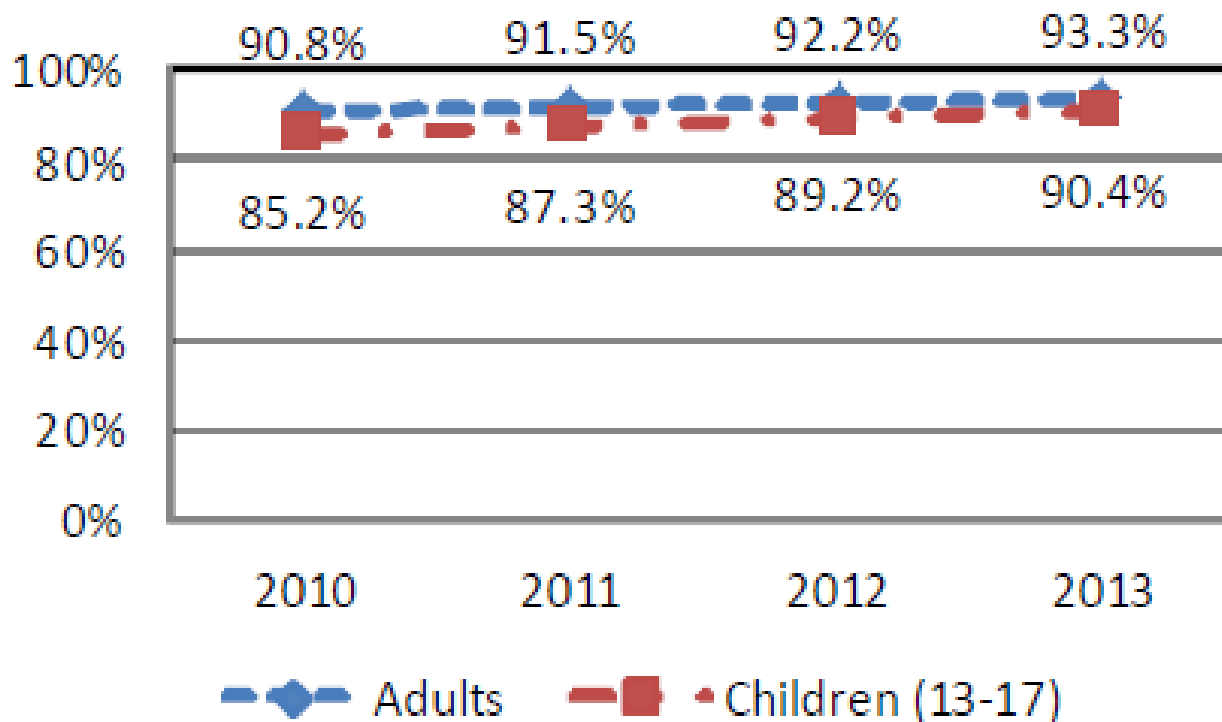
Percent Reporting No Arrests in Last Six Months



DATA SHORTS

Behavioral Health Data and Analysis | March 2014, Vol. 3, Issue 3

Percent Reporting No Negative Police Encounters in Last Six Months



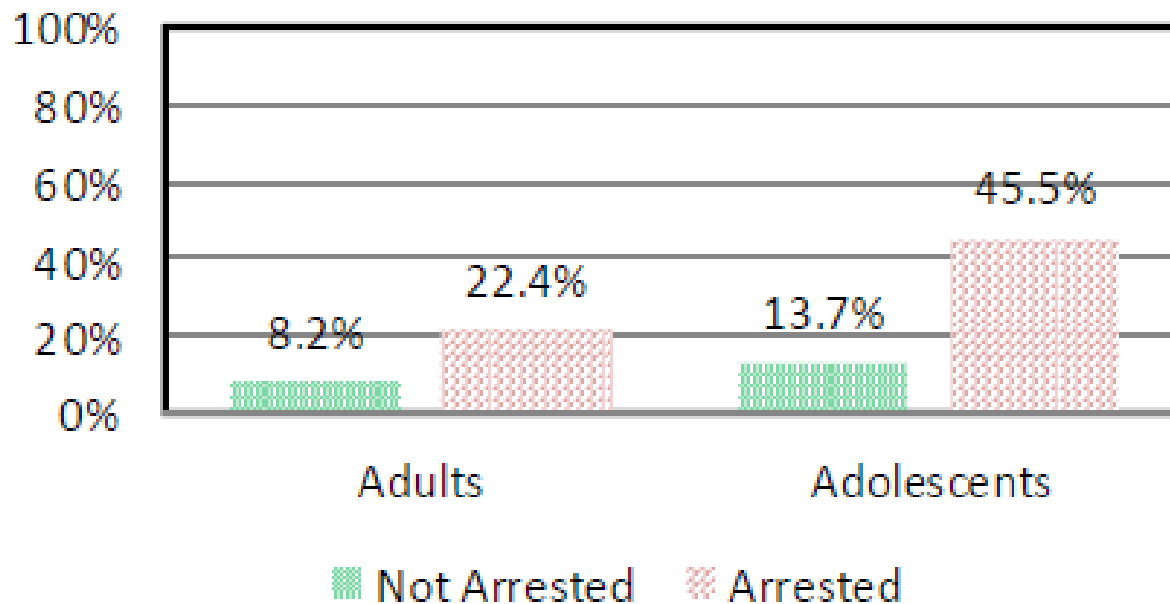


Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

DATA SHORTS

Behavioral Health Data and Analysis | March 2014, Vol. 3, Issue 3

Percentage of OMS Respondents Responding Positively to At Least One SUD Indicator



Summary of Maryland Data

- Most individuals in the Public Mental Health System do not have involvement with police and criminal justice system.
- Substance use appears to be a risk factor for increased involvement with the police.

NASMHPD's Goal: Promoting Diversion to Most Appropriate Community Services

NASMHPD promotes the development of a continuum of care where people picked up by the police for non-violent offenses directly related to their illness are diverted to the most appropriate community services.

NASMHPD Draft Strategic Plan Highlights

MISSION

NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, *and people under the jurisdiction of the court.*

NASMHPD Draft Strategic Plan Highlights (cont'd)

Values

- **Least Restrictive and Most Integrated Setting**
- Human Rights and Health Equity
- Health and Wellness
- Recovery and Person-Centered Services and Planning
- Unique Role of Safety Net Services in the Public Mental Health System
- Empowerment
- Community Education
- Zero Suicide
- Working Collaboratively
- Effective and Efficient Management and Accountability
- Culturally and Linguistically Responsive
- High Quality Workforce Capacity

Goals Address the Following

- Health, wellness, and resiliency
- Integrated care
- Prevention and Early Intervention
- The use of trauma-informed approaches
- Interventions that minimize individuals' contact with police, jails, prisons, juvenile correctional facilities, and courts
- Workforce
- Housing and homelessness
- The use of data and Health Information Technology (HIT) to improve quality

NASMHPD Promotes a Comprehensive High-Quality Continuum of Care

- Mental Health First Aid
- Trauma-Informed Care
- Early Intervention in Psychosis (EIP)
- Best practices for State Hospitals and the importance of their role in the continuum of care.



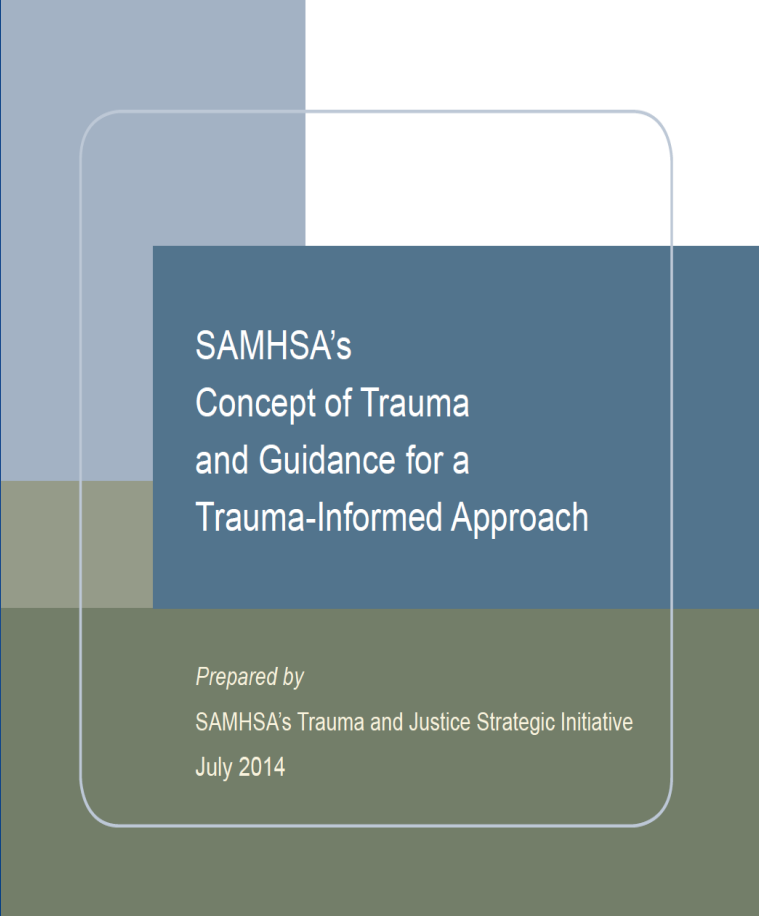
MENTAL
HEALTH
FIRST AID™

www.MentalHealthFirstAid.org

Mental Health First Aid of MD



National Center for Trauma Informed Care (NCTIC)

The image shows the cover of a report titled "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach". The cover features a dark teal background with a white rounded rectangle containing the title. Below the title, it says "Prepared by SAMHSA's Trauma and Justice Strategic Initiative July 2014". The background of the slide is a blue gradient with a white rounded rectangle on the left side.

SAMHSA's
Concept of Trauma
and Guidance for a
Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
July 2014

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Housed at NASMHPD

**NASMHPD's
Early Intervention in Psychosis (EIP)
Virtual Resource Center**

<http://www.nasmhpd.org/content/early-intervention-psychosis-eip>

Eighteenth
in a Series of
Technical
Reports



The Vital Role of State Psychiatric Hospitals

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Key Messages

1. State psychiatric hospitals are a **vital part of the continuum of care** and should be recovery-oriented and integrated with a robust set of community services.
2. **All people** served in state psychiatric hospitals should be considered to be in the process of **recovery**. The cultures should be **recovery-oriented**; trauma-informed. Peer support services should be emphasized.

Key Messages (cont'd)

3. State psychiatric hospital staff, in partnership with the service recipient, should **work directly with community providers on discharge planning.**
4. The trend for state hospitals is for most of the admissions to be court involved with decisions for admission and discharge **involving the courts. The state hospital leadership needs to work with the courts to move persons to the community when clinically ready for that level of care.**

NASMHPD is working with states to
reduce the involvement of
individuals with mental illness
with the police, jails, and courts.

Interventions to Reduce Involvement with Police, Jails, and Courts

- Crisis response services coordinated with law enforcement
- Mental Health Courts
 - Need to ensure availability of services across the continuum of care
- Jail diversion programs (SAMHSA model with wide range of services)
- Re-entry programs (link people to services when they leave incarceration)

Factors That Appear to Increase Involvement with the Police

- Living in poverty
- Homelessness
- Joblessness
- Absence of family/community supports
- Substance Use

People with mental illness are disproportionately represented among those individuals confronting these circumstances.

Effective Programs for Individuals with Mental Illness Must Provide ...

Access to:

- A Place to Live (Supported Housing)
- Productive Activity (Supported Employment)
- Family, Friends, and Peers (Social and Peer Support)
- Sobriety (Substance Use Services)

Summary

- Most individuals with mental illness do not come into contact with the police, jails, and courts.
- However, there is a significant problem when individuals with mental illness become engaged with the police, jails, and courts.
- States are working to develop strategies to reduce these contacts.
- Continued collaboration among stakeholders is essential to success.

Thank you!