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Trends in Behavioral Health

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Will Discuss

- NASMHPD
- Examples of collaboration (FEP, papers)
- Trends in BH
- New efforts-ISMICC and Beyond Beds
- Suicide Prevention and the larger system (Lethal Means and NICS)
- Goals for Future Behavioral Health System



NASMHPD

Represents the \$41 Billion Public Mental Health System serving 7.5 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.

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 across the full continuum of services including inpatient.

NASMHPD Research Institute works with the states and territories. Thank you to NRI for allowing NASMHPD to use the following slides.

- NRI collects and analyzes data related to federal reporting requirements for the Mental Health Block Grant Program, as well as collection and reporting activities related to state psychiatric hospitals.
- NRI maintains a data base on financing, quality management and information systems.
- NRI conducts specialty state study analyses.

For Additional Information

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Examples of Collaboration

First Episode Psychosis

- SAMHSA, NIMH, states
- Supported by executive and legislative branches
- Funded by block grant set aside, Medicaid and state general funds.
- Nice example of how to move quickly from research to service
- Now throughout the country

- Research has demonstrated that interventions and supports can help to improve long-term outcomes for people who have experienced a first episode of psychosis.
- coordinated specialty care is a multi-faceted, team-based, recovery-oriented treatment approach for people with FEP that promotes shared decision making and includes services such as psychotherapy, medication management , family education and support, case management, and work or education support, depending on the individual's needs and preferences.

NASMHPD Technical Assistance Coalition 2017 Papers

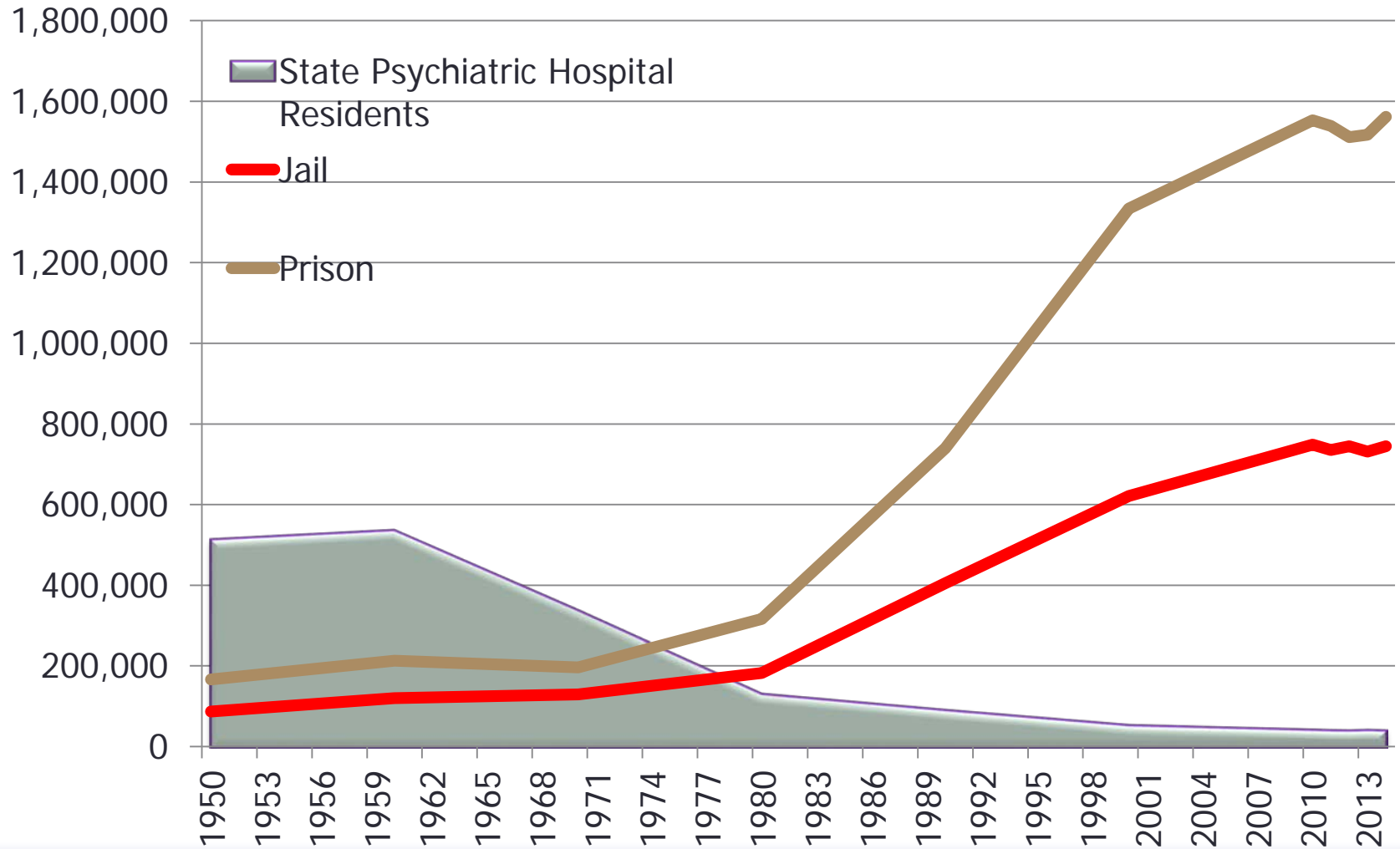
1	Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care
2	The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity
3	The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System
4	Crisis Services' Role in Reducing Avoidable Hospitalization
5	Quantitative Benefits of Trauma-Informed Care
6	Older Adults Peer Support: Finding a Source for Funding
7	The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders
8	Cultural and Linguistic Competence as a Strategy to Address Health Disparities
9	Forensic Patients in State Psychiatric Hospitals: 1999-2016
10	Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014

2017 papers and previous years are at the following link:

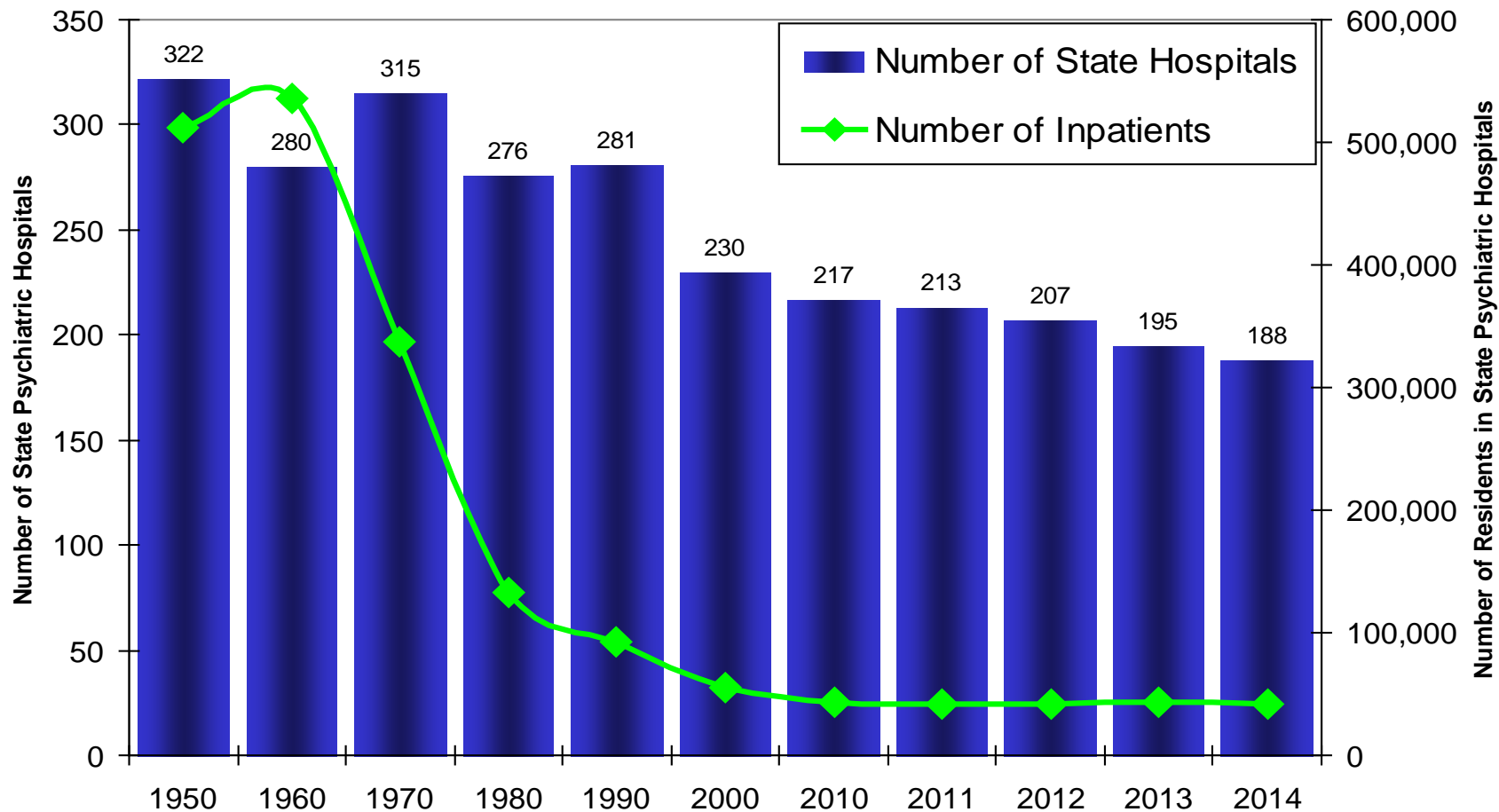
<https://www.nasmhpd.org/content/tac-assessment-papers>

Trends in Behavioral Health

Residents in State Psychiatric Hospitals, Jails, and Prisons, 1950 to 2014



Number of State Psychiatric Hospitals & Resident Patients at the End of Year: 1950 to 2014

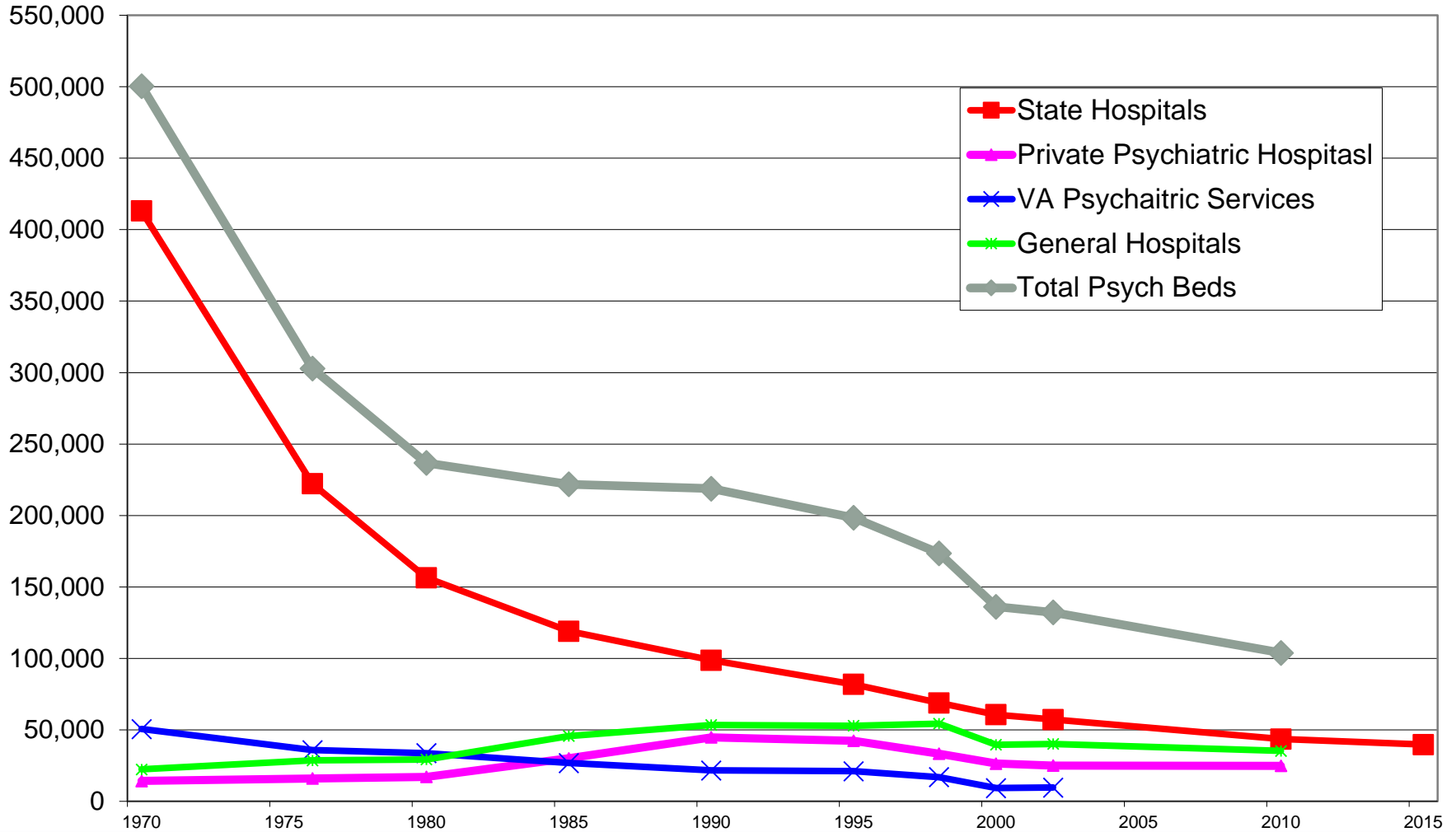


Sources: CMHS Additions and Resident Patients at End of Year, State and County Mental Hospitals, by Age and Diagnosis, by State, United States, 2002, and 2015 State MH Agency Profiles System

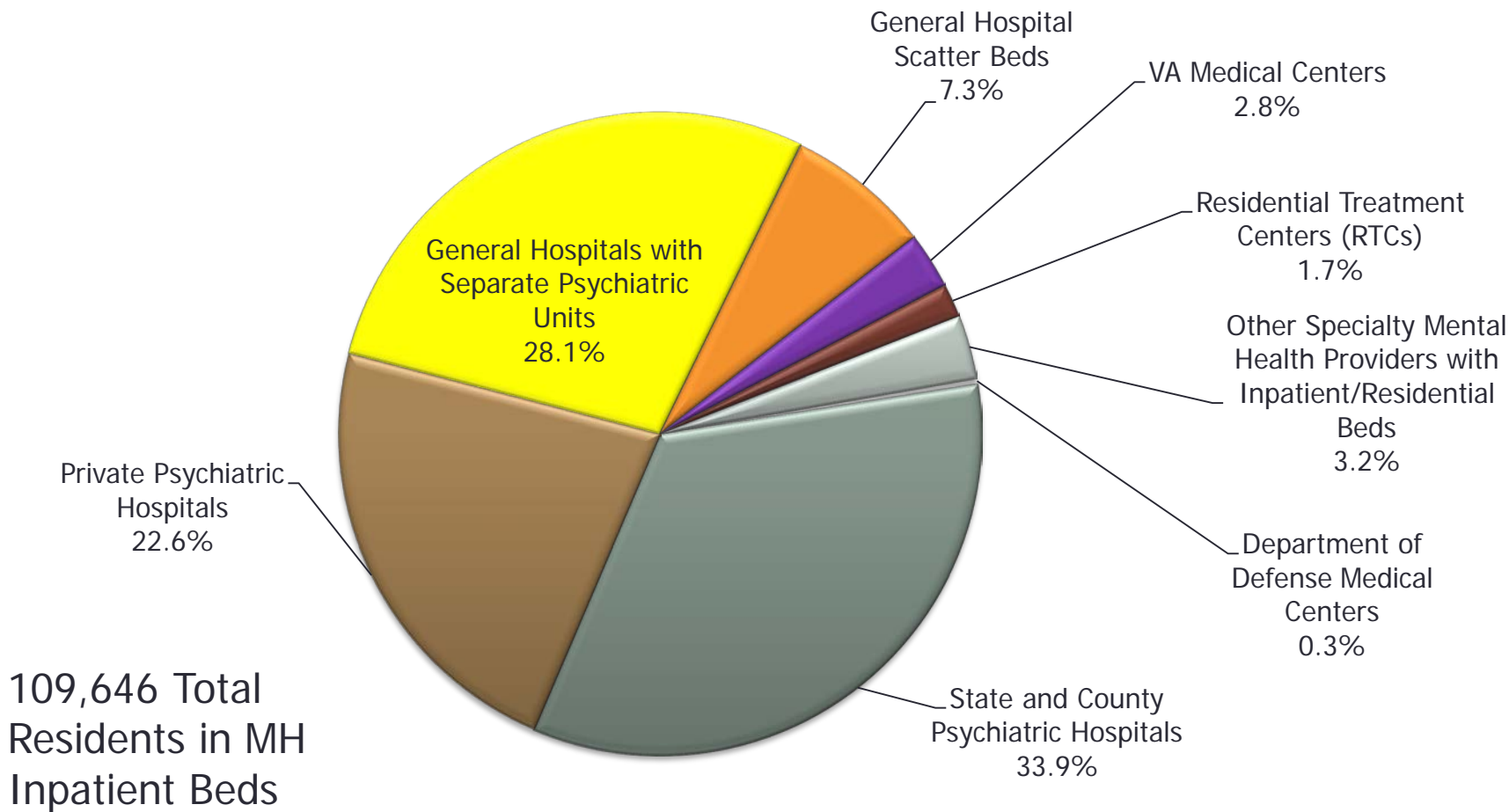


Trend in All Psychiatric Beds: By Type of Hospital, 1970 to 2015

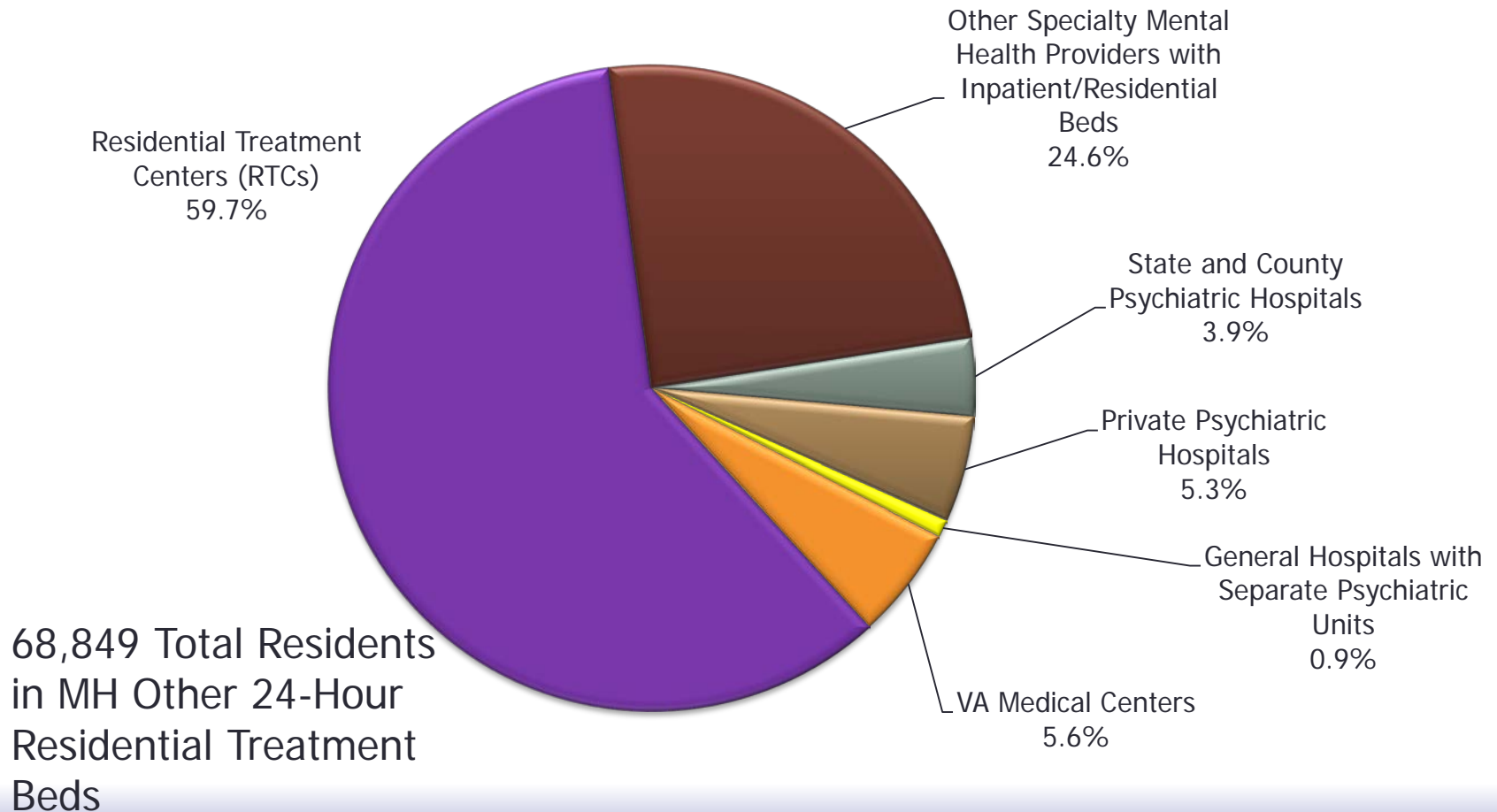
Analytics Improving Behavioral HealthSM



Organizational Location of Mental Health **Inpatients**, 2014

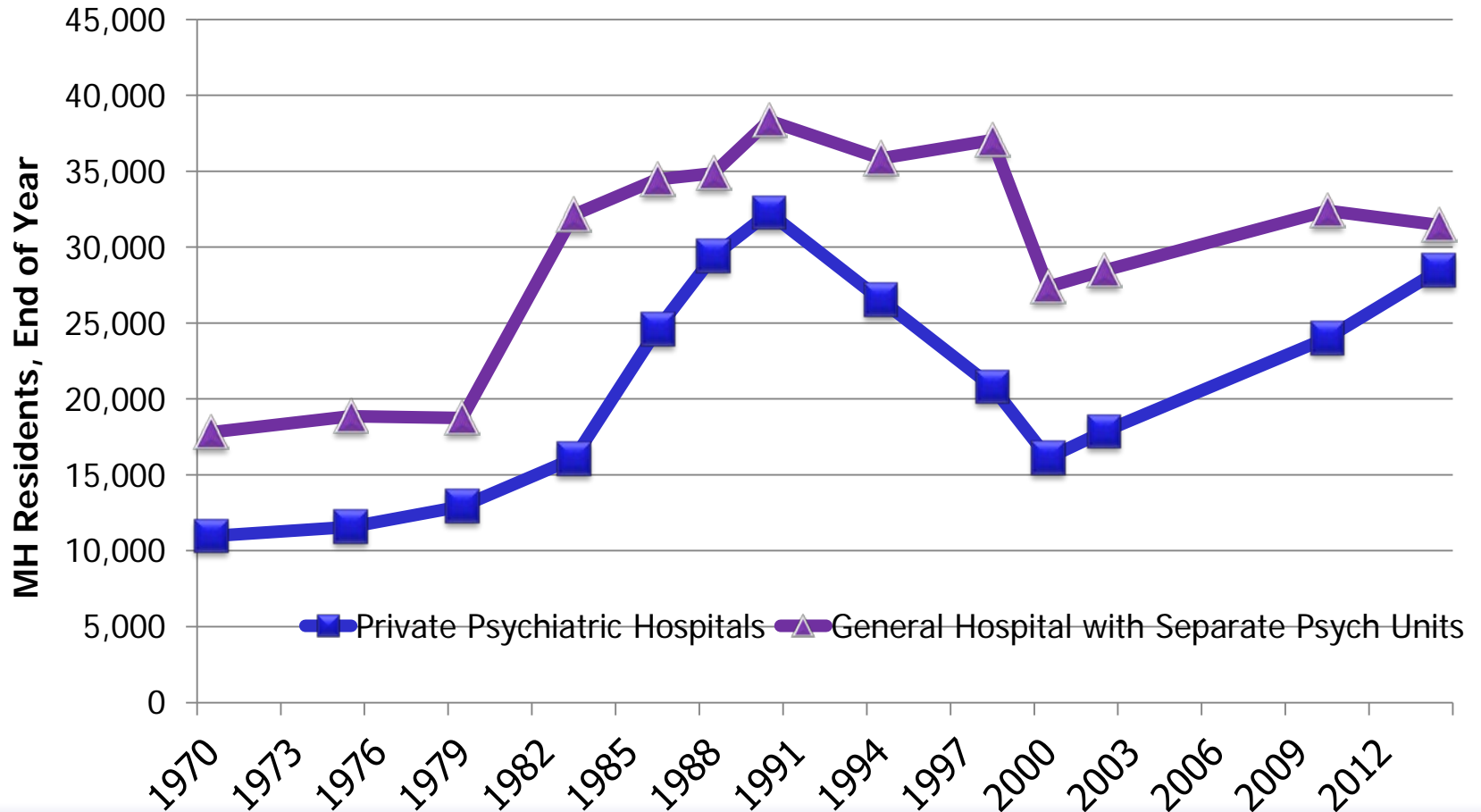


Organizational Location of Mental Health Residents in **Other 24-Hour Residential Treatment**, 2014

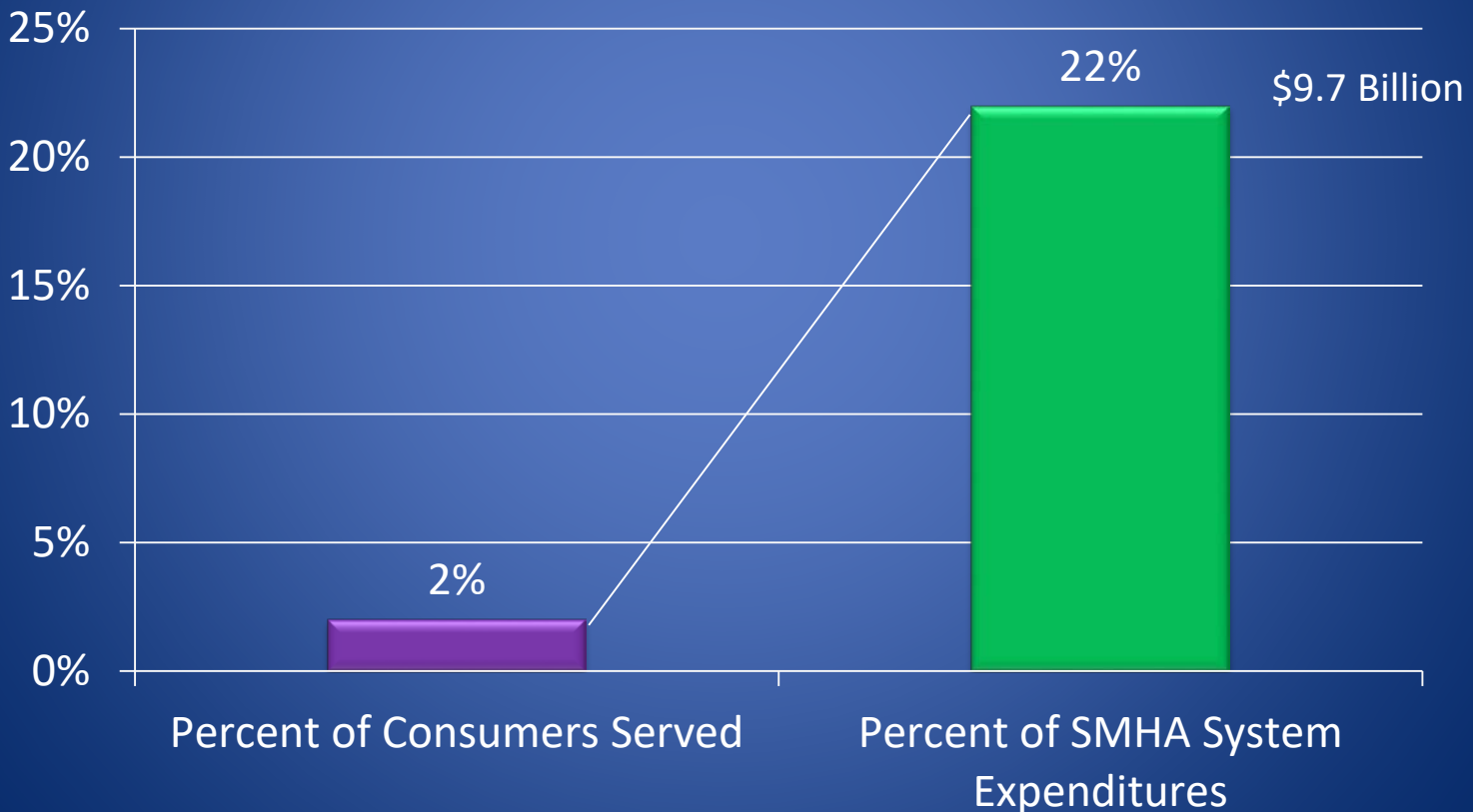


Patients in Inpatient and Other 24 Hour Residential Units at End of Year, 1970 to 2014

Removing State Hospitals, VA Medical Center, and Other MH Providers



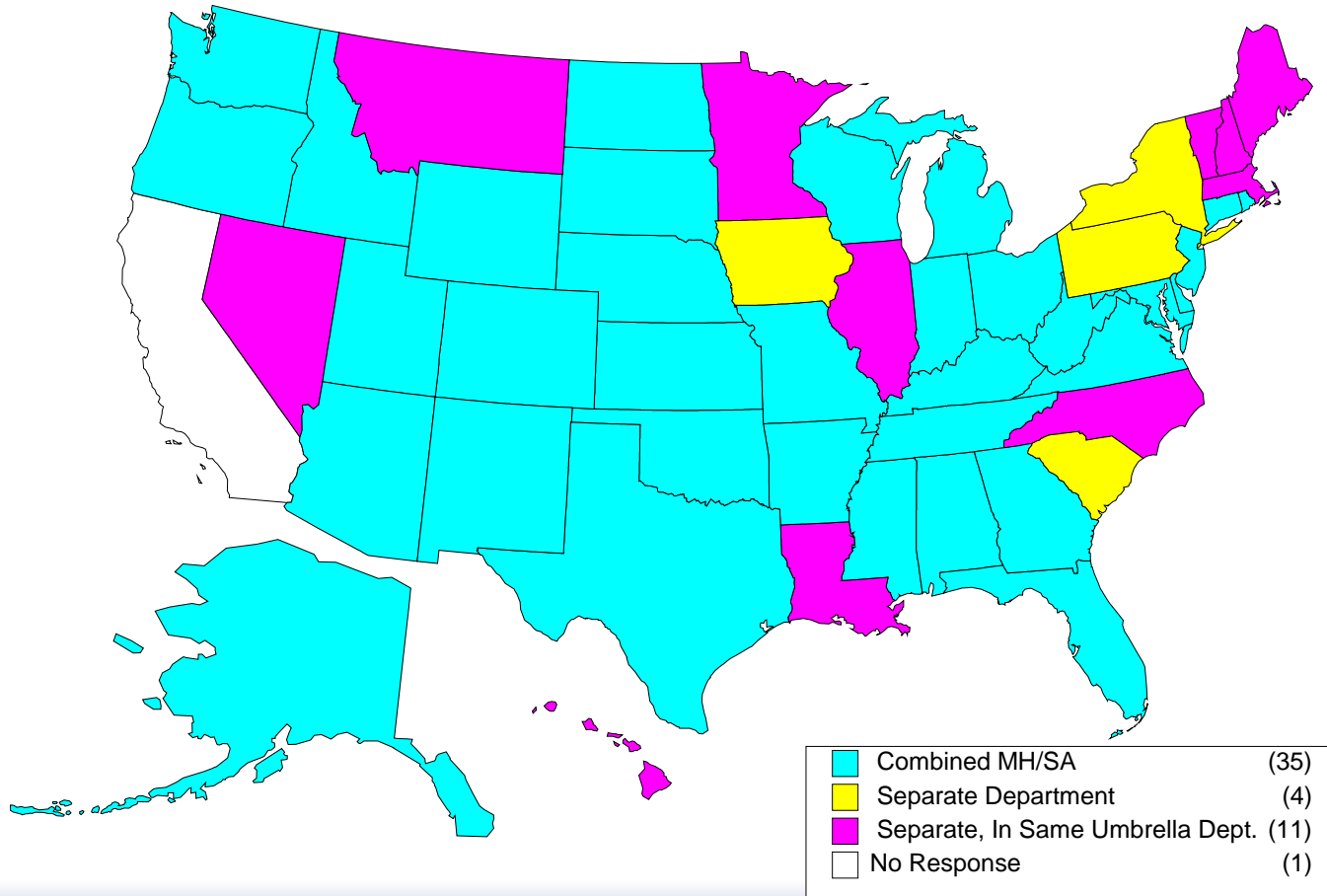
Patients in State Psychiatric Hospitals Share of SMHA Systems: FY 2015



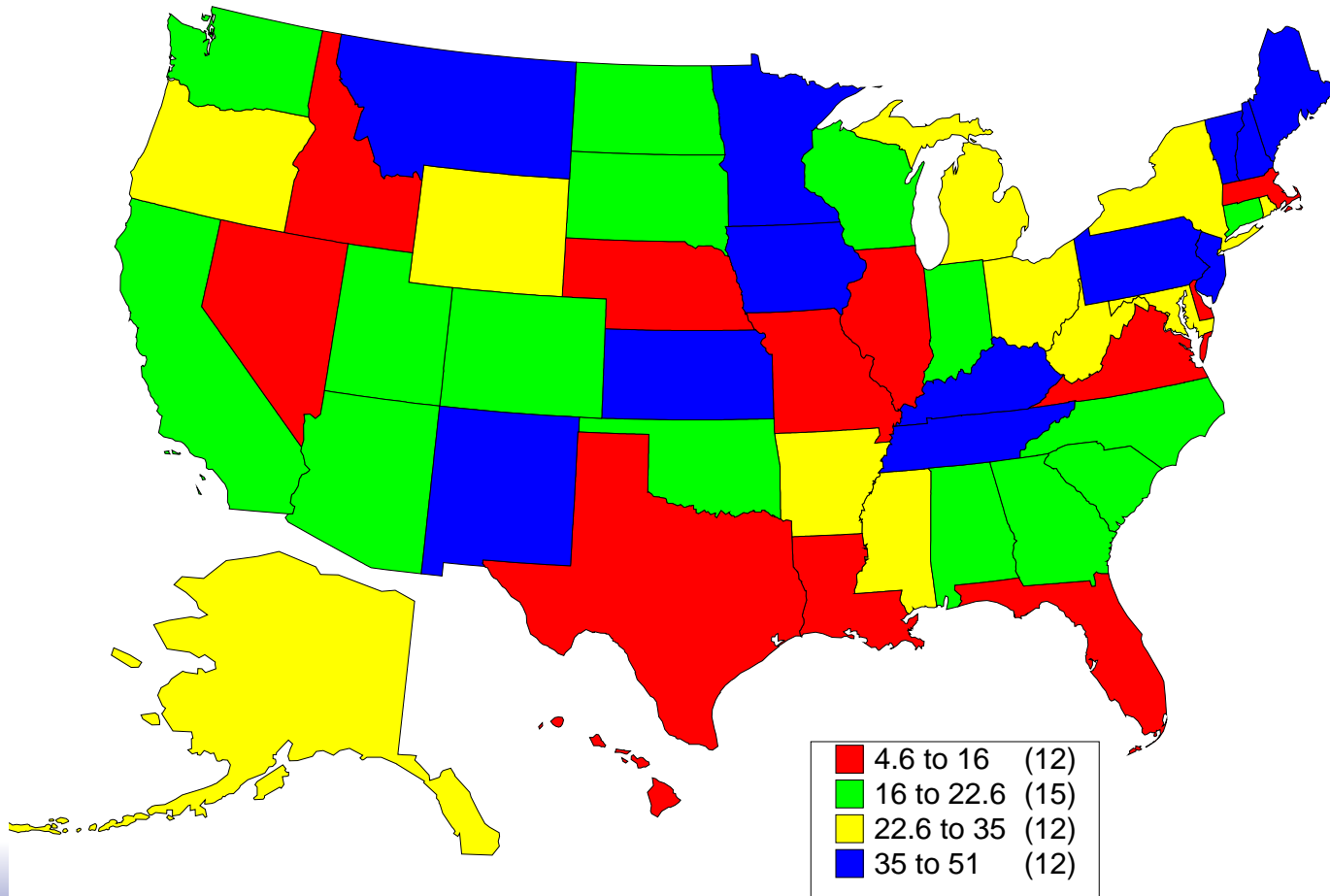
Legal Status of Mental Health Inpatients, 2014

	Voluntary Clients		Involuntary-non Forensic		Involuntary Forensic	
	Number	Percent	Number	Percent	Number	Percent
State and County Psychiatric hospitals	6,523	18%	13,640	37%	17,046	46%
Private psychiatric hospitals	15,691	63%	7,876	32%	1,237	5%
General hospitals with separate psychiatric units	18,801	61%	11,278	37%	785	3%
VA Medical Centers	2,501	80%	476	15%	147	5%
RTC's for Children	370	81%	60	13%	28	6%
RTC's for Adults	578	55%	289	27%	189	18%
Other Programs	2,545	66%	1,197	31%	94	2%
Total	47,009	46%	34,816	34%	19,526	19%

Organization of M/SUD Service Responsibilities:2015



State Mental Health Authority persons Served Per 1,000 State Population.



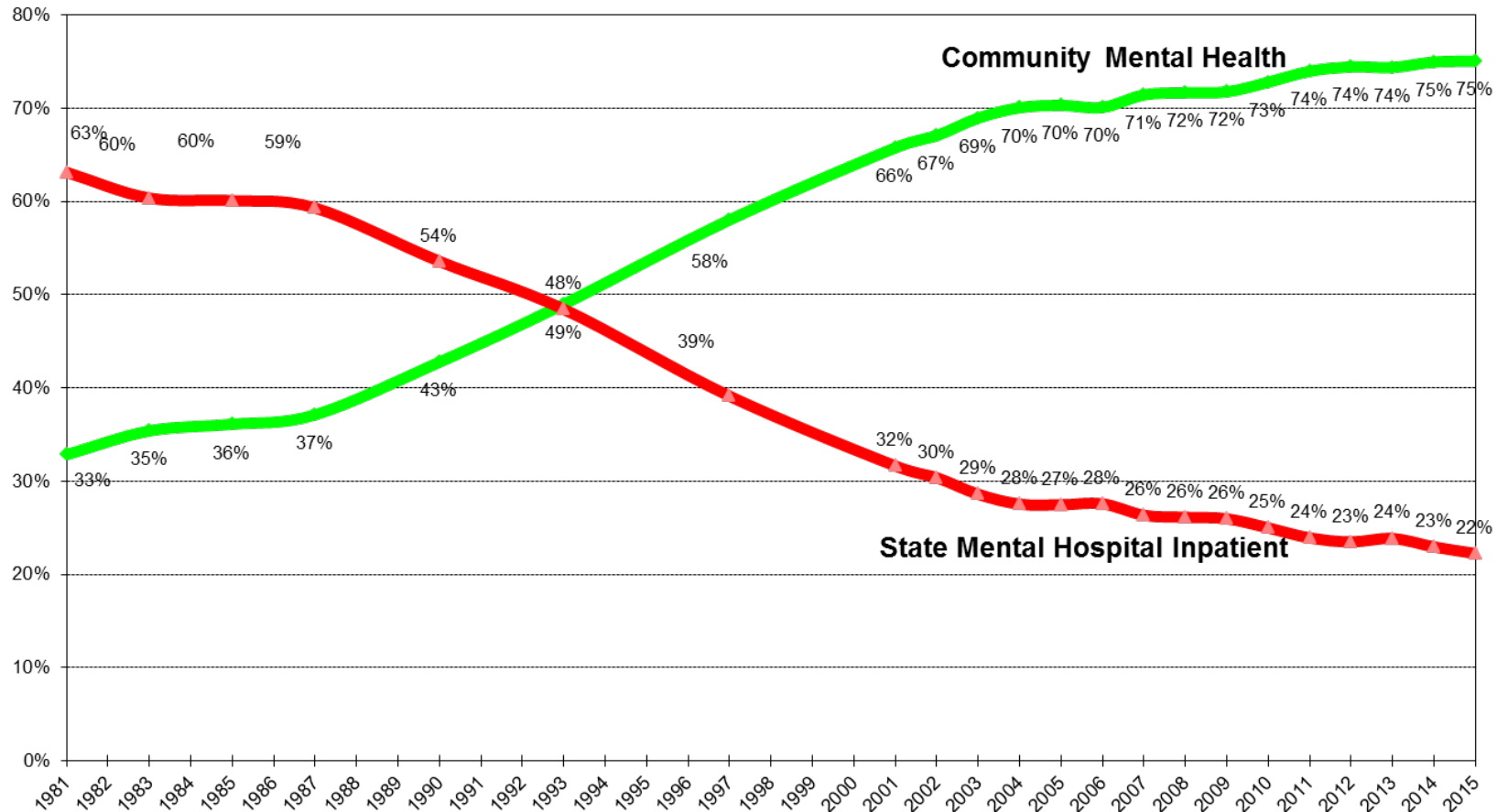
Individuals Served by State Mental Health Authority

- SMHAs provided mental health services to over 7.5 million individuals during FY 2015
 - 2.3% of the US Population
 - 68% of Adults served had a Serious Mental Illness (SMI)
 - 70% of Children served had a Serious Emotional Disturbance

Percent of Clients Served, by Service Setting: 2014 Uniform Reporting System

- ❖ 98% of clients received community-based mental health services
 - 22.3 per 1,000 population (range from 0.8 to 51.2 per 1,000)
- ❖ 2% of clients received services in state psychiatric hospitals
 - Range from less than 1% of clients (in 11 states) to 12% in (2 states) of total clients served
- ❖ 4.6% of clients received services in other psychiatric inpatient settings (37 states reporting on OPI)

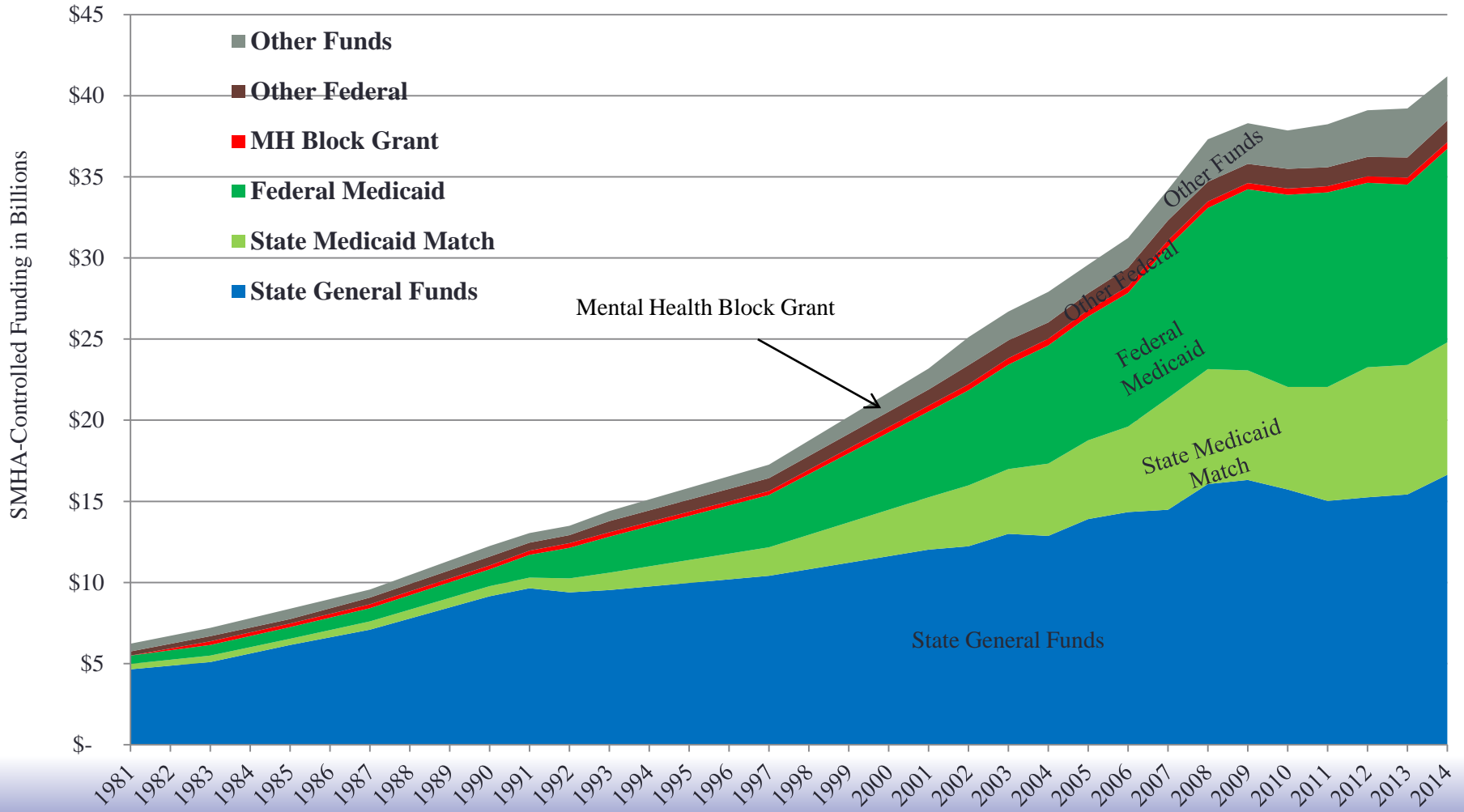
State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures: FY'81 to FY'15





SMHA-Controlled Revenues for Mental Health Services: FY 1981 to FY 2014

Analytics Improving Behavioral HealthSM



New Efforts-ISMICC and Beyond Beds

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC)

*The Way Forward: Federal Action for a System That Works for All People
Living with SMI and SED and Their Families and Caregivers*

CRISIS: 4.2 Develop an integrated crisis response system to divert people with SMI and SED from the justice system (also 2.1 Define and implement national standard for crisis care and 2.2 Develop a continuum of care that includes adequate psychiatric bed capacity and community-based alternatives to hospitalization)

ZERO SUICIDE: 3.7 Advance the national adoption of effective suicide prevention strategies. All federal departments, including VA and DoD, should adopt Zero Suicide as a model for suicide reduction, and agree to develop and implement strategic plans with achievable and transparent targets for progress. Consider ways to widely disseminate and universally apply these strategies in the public health system.

PEER SUPPORTS: 2.8 Maximize capacity of BH workforce: Include coverage of peer and family support specialists in federal health benefit programs (also 3.1 Comprehensive continuum of care, with team-based models that are interdisciplinary and incorporate peer and family support specialists, 4.2 Crisis response system should include warm lines staffed by certified peer specialists and 5.2 Adequately fund the full range of services, including family and peer support services)

Beyond Beds

The Vital Role of a Full
Continuum of Psychiatric Care



October 2017



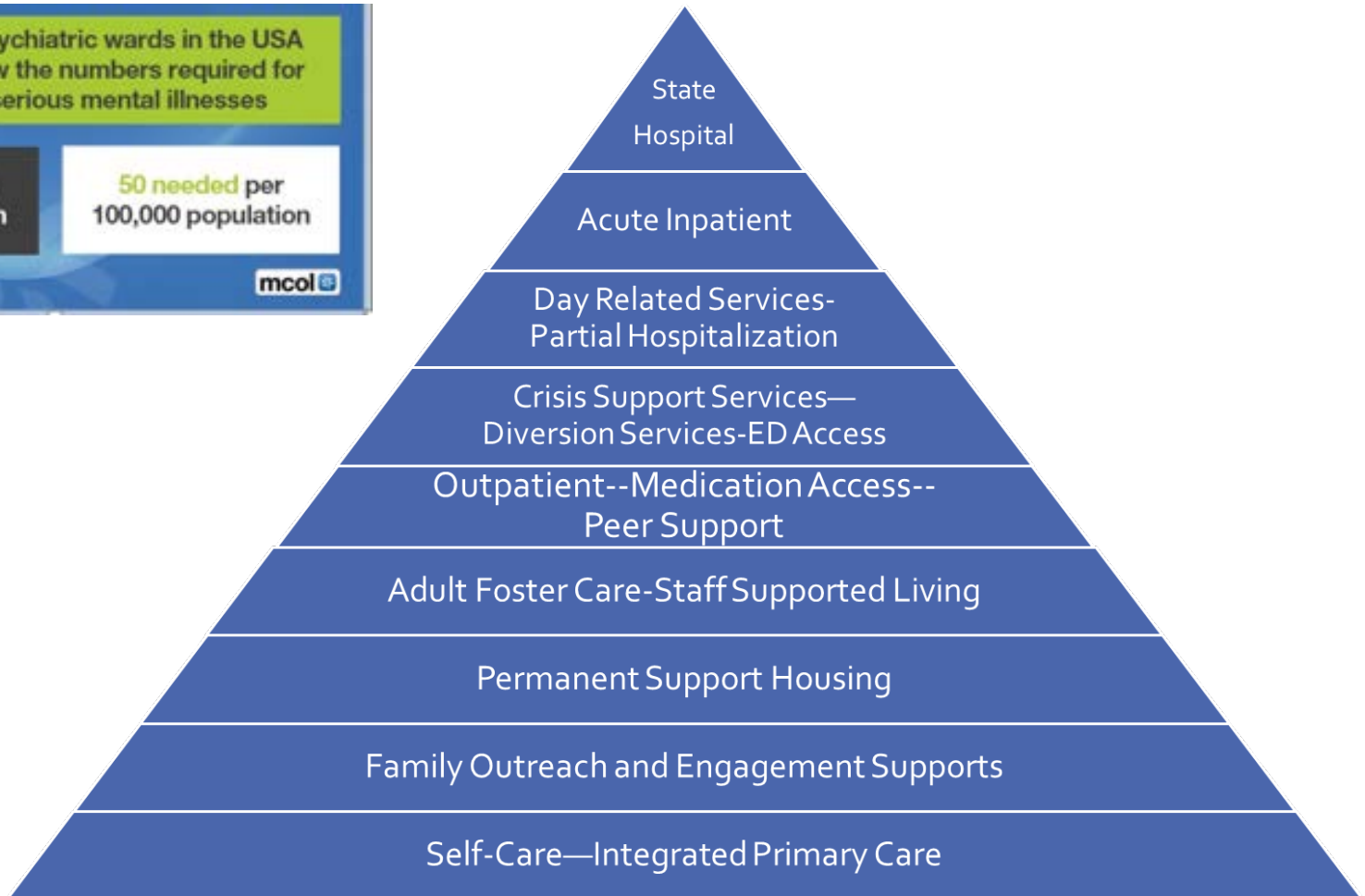
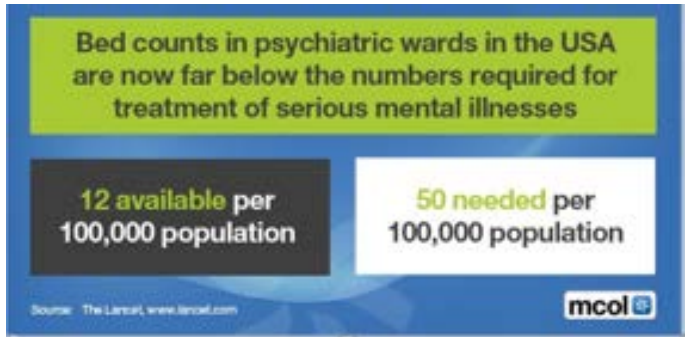
CONTEXT

The needs of individuals of all ages with serious mental illness can only be met with a full and appropriate continuum of care....

RECOMMENDATION #1 – Vital Continuum

Timely and appropriate outpatient supports are the first line of mental health care. When fully realized, they reduce the demand for inpatient beds, which in turn provide essential backup when psychiatric needs cannot be met in the community. In recognition of this dynamic, policy makers should prioritize and fund development of a full continuum of mental health care that improves outcomes for individuals with serious mental illness by incorporating a full spectrum of integrated, complementary services.

U.S. Mental Health Needs across a Continuum



Suicide Prevention and the Larger System (Lethal Means and NICS)

Barriers

Barriers to Suicide Prevention

- Structure of state systems
- Access to leadership
- Access to larger health care system
- Different Funding sources

Roles

Opportunities to Advance Suicide Prevention

- State Suicide Prevention Teams are an essential piece to the broader continuum of care system and uniquely positioned to:
 - network & build relationships with state agencies (cross-system agency coordination)
 - advocate to keep suicide prevention on the radar to maintain stakeholder buy-in
 - develop public/private partnerships
 - ensure that voices of lived experiences are part of the conversation

Lethal Means

Access To Lethal Means

- Method of Fatal Injury by Suicide (CDC data, 2016):
 - Firearms: 51.0%
 - Suffocation: 25.9%
 - Drug Poisoning: 11.3%
- 85% of firearm attempts are fatal

Source: CDC, Web-based Injury Statistics Query and Reporting System (WISQARS): <https://wisqars-viz.cdc.gov/>; American Journal of Public Health

Lethal Means Restriction

- National Strategy for Suicide Prevention: Goal #6—Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

Background Checks (NICCS)

The National Instant Criminal Background Check System, or NICS

- Used to protect people from harm—by not letting guns fall into the wrong hands.
- It ensures the timely transfer of firearms to eligible gun buyers.
- NICS is located at the FBI's Criminal Justice Information Services Division in Clarksburg, West Virginia.

NICS (cont.)

The federally prohibiting criteria, a person:

- who has been convicted ;
- who is a fugitive from justice;
- unlawful user or addict of any controlled substance;
- adjudicated mental defective or involuntarily committed to a mental institution;
- illegally in the United States
- dishonorably discharged from US Armed Forces.
- has renounced his/her United States citizenship.
- Other

Act. 18 U.S.C. Chapter 44.

Adjudicated as a mental defective

- **(a)** A determination by a court, board, commission, or other lawful authority that a person, as a result of marked subnormal intelligence, or mental illness, incompetency, condition, or disease:
 - **(1)** Is a danger to himself or to others; or
 - **(2)** Lacks the mental capacity to contract or manage his own affairs.
- **(b)** The term shall include -
 - **(1)** A finding of insanity by a court in a criminal case; and
 - **(2)** Those persons found incompetent to stand trial or found not guilty by reason of lack of mental responsibility

Problem

- MI grounds for denying a gun purchase are narrow (mental defective definition above)
- Serious MI is not a significant risk factor for gun violence;
- Mental health professionals are poor at predicting who among those with a MI may be at increased risk;
- the kinds of problems a shooter may have-- generally are not the kinds that provide a basis for civil commitment (do not satisfy the criteria under NICS).

Goals for Future Behavioral Health System

Goals for Future Behavioral Health System

- Health, wellness, and resiliency
- Integrated care and parity
- Prevention, Early Intervention but focus on persons with SMI
- Suicide Prevention and Crisis Services
- trauma-informed approaches
- Interventions that minimize individuals' contact with police, jails, prisons, juvenile correctional facilities, and courts. Sequential intercept.
- Workforce Development and expansion of peer services
- Employment, housing and reducing homelessness
- Technology , Technology, Technology

Thank you!

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