# BEHAVIORAL HEALTH ON THE FOREFRONT: NATIONAL AND LOCAL PERSPECTIVES

Debra A. Pinals, M.D.

Clinical Professor of Psychiatry

Director, Program in Psychiatry, Law and Ethics

University of Michigan Medical School

Medical Director Behavioral Health and Forensic Programs

Michigan Department of Health and Human Services

# Disclosures

- Dr. Pinals serves as faculty of University of Michigan and provides policy guidance for MDHHS as well as consults to attorneys, government and non-governmental entities

- The views and opinions in this talk are those of the presenter and do not necessarily reflect the views of the Michigan Department of Health and Human Services, the University of Michigan or any other governmental or non-governmental entity.

# SYSTEMS AND CHALLENGES: A NATIONAL PERSPECTIVE

# National Challenges

- COVID-19 and its emotional and physical toll

- Healthcare disparities and inequities

- Access to care (ED boarding, time for outpatient services)

- Network adequacy

- Homelessness

- Criminal/Juvenile Justice Interface

- Suicide Crisis

- Opioid and related epidemics

# Jails and Mental Disorders

**General Population**

**Jail SMI Prevalence**

SMI
4%

No SMI
96%

No
SMI
83%

SMI
17%

No COD
28%

COD
72%

SAMHSA's GAINS CENTER
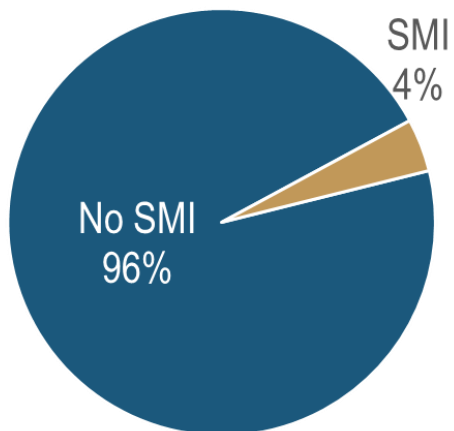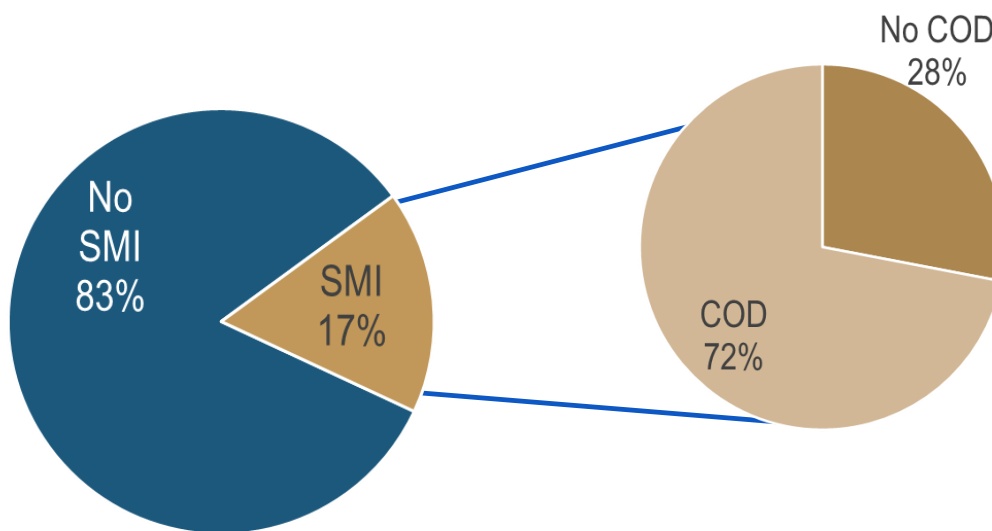
# Jails and Substance Use Disorders

**Jail Population with SUDs**

**Drug Testing of Arrestees**

Negative
20%

Positive
80%
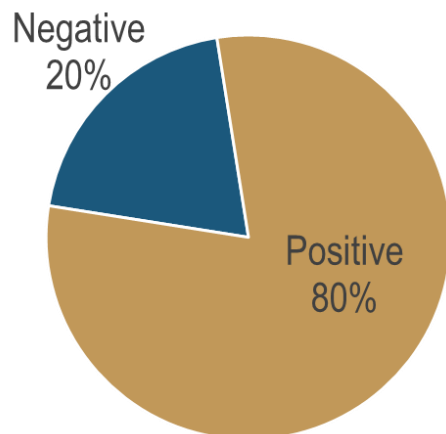
68% of jail inmates have a SUD.

No SUDs
32%

SUD + SMI
22%

SUD Only
46%

SAMHSA's GAINS CENTER
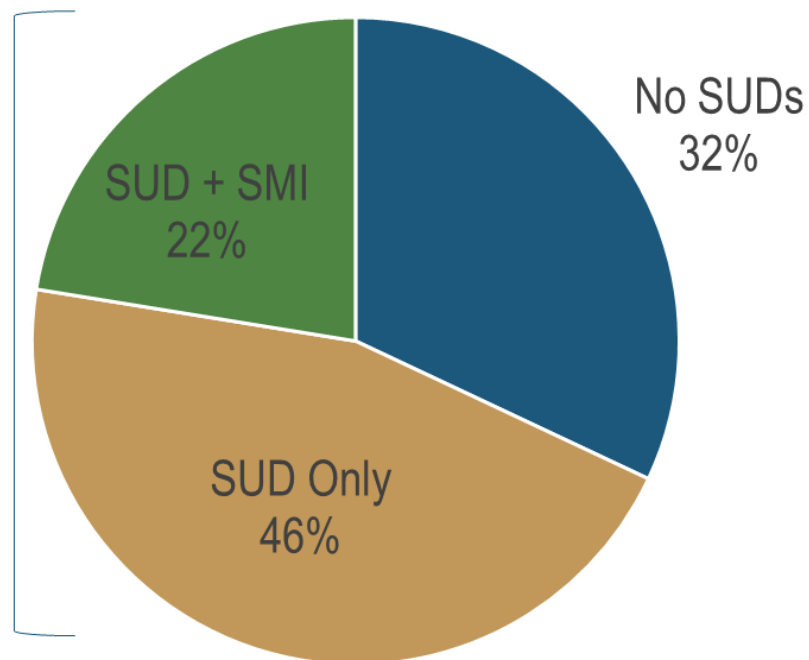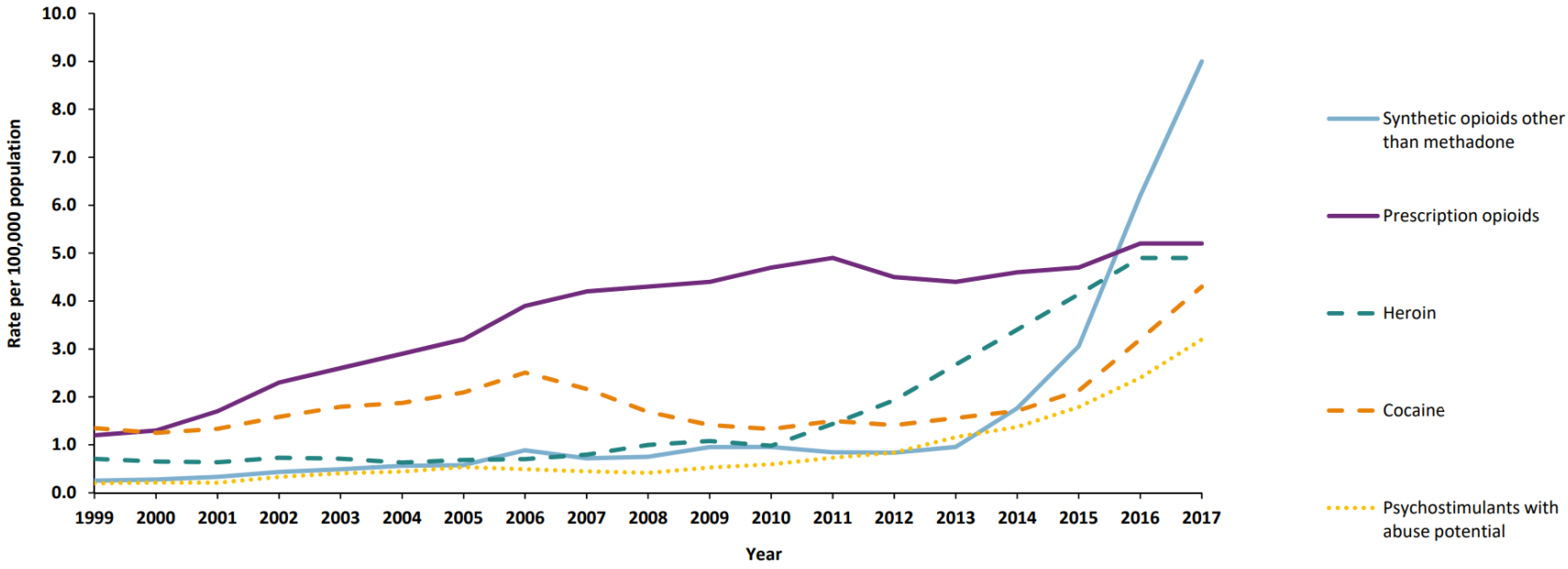
# Drug Overdose Mortality

Age-adjusted rates[a] per 100,000 population of drug overdose deaths[b] by drug or drug class[c] and year — United States, 1999–2017



Source: National Vital Statistics System, Mortality File, CDC WONDER.
[a]Rate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2017, 12% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.
[b]Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD–10). Drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined).
[c]ICD-10-CM/PCS codes are as follows: Synthetic opioids other than methadone (T40.4), Prescription opioids (T40.2, T40.3), Heroin (T40.1), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6).

In 2018, 25.9% of persons meeting the criteria for substance use disorder accessed treatment.

# Negative Consequences: Opioid Use and Reentry After Incarceration, and Risk of Death
(Ranapurwala et al 2018)

**RELAPSE**: Within 3 months of release, 75% of formerly incarcerated individuals with an OUD relapse to opioid use.[5]

**RECIDIVISM**: Within 1 year, 40 to 50% are arrested for a new crime.[19]

**OPIOID OVERDOSE DEATH:** OOD for former prison inmates was <u>40x higher at 2 weeks post-release</u> and <u>11x higher at 1-year post-release</u> compared to general population in one study out of North Carolina.[23]

**RISK FACTORS:** Inmates at greatest risk were within 2 weeks of release, 26-50 years old, male, white and with more than two prior prison terms and had received in-prison mental health and substance use treatment. [23]

# Child Welfare Impacts



Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2016

↑16.8%

2000: 18.5%, 2001: 19.6%, 2002: 21.9%, 2003: 23.0%, 2004: 23.9%, 2005: 24.7%, 2006: 25.9%, 2007: 26.5%, 2008: 26.0%, 2009: 26.2%, 2010: 28.5%, 2011: 29.5%, 2012: 30.7%, 2013: 31.3%, 2014: 32.2%, 2015: 34.4%, 2016: 35.3%

https://ncsacw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx

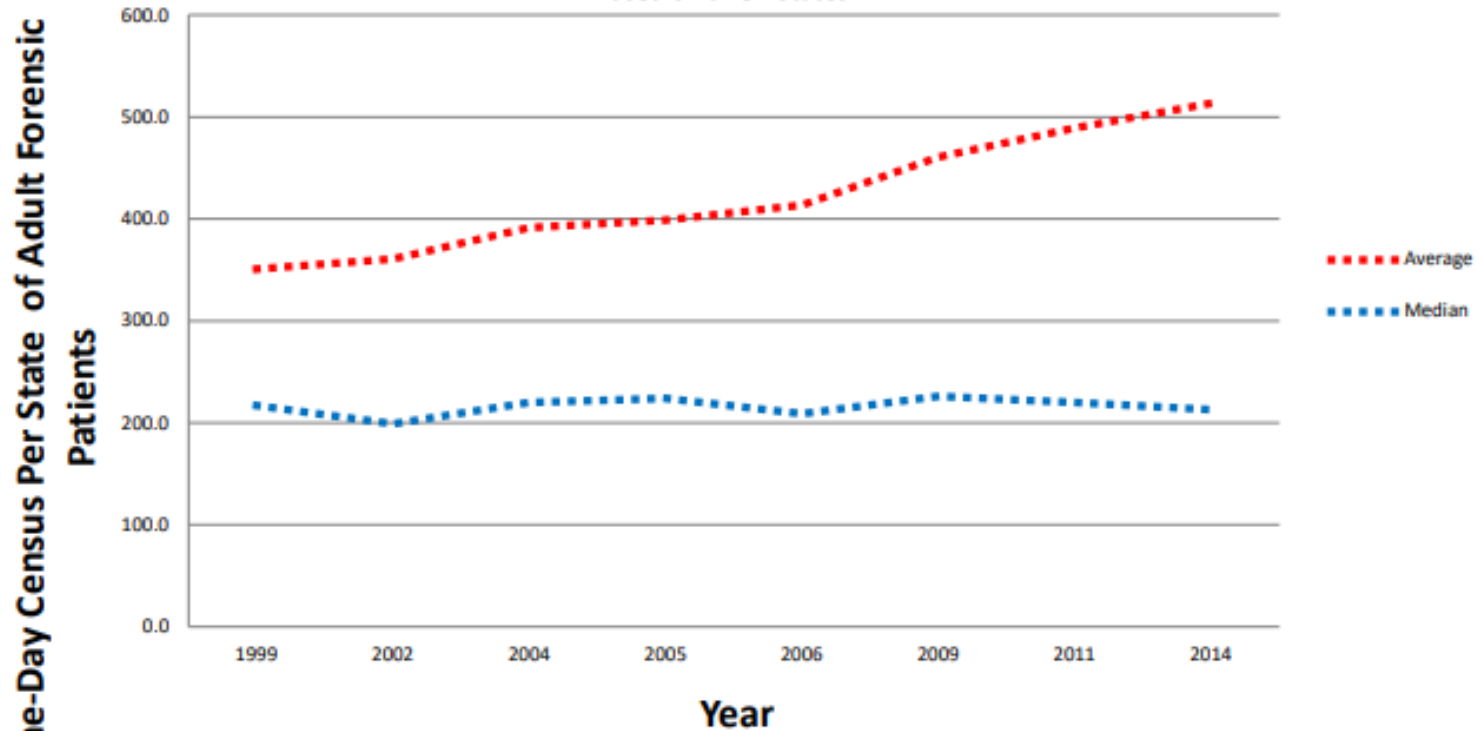# EVOLVING TRENDS IN FORENSIC SYSTEMS

**Graph 1: One-Day Census Per State of Adult Forensic Patients at State Psychiatric Hospitals, 1999-2014**

Based on all 51 States

Sources: 2017 NRI Inpatient Forensic Services Study, and 1995-2015 State Mental Health Agency Profiling System

Graph 9: Duration of Time Forensic Patients are on State Psychiatric Hospital Waitlists for Admittance for Inpatient Competency Evaluations, 2016
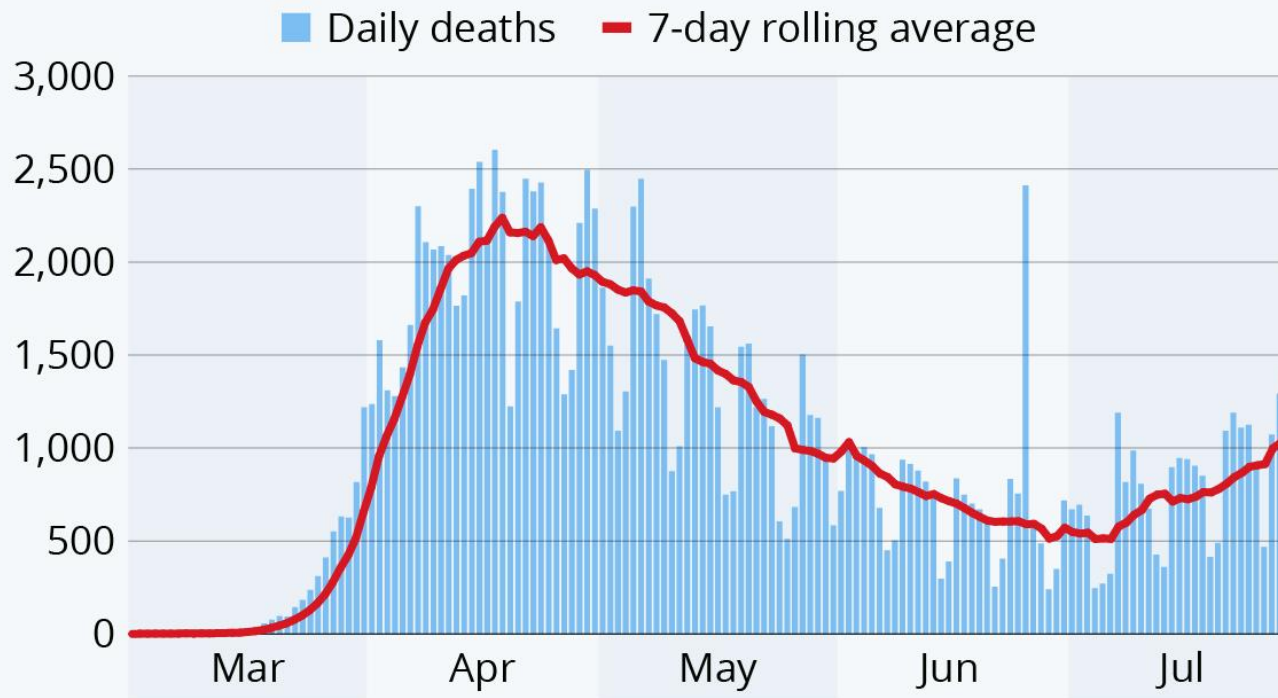
Based on the 37 Responding States

Sources: 2017 NRI Inpatient Forensic Services Study

Wik, et al 2017, NASMHPD; Ava at https://www.nasmhpd.org/
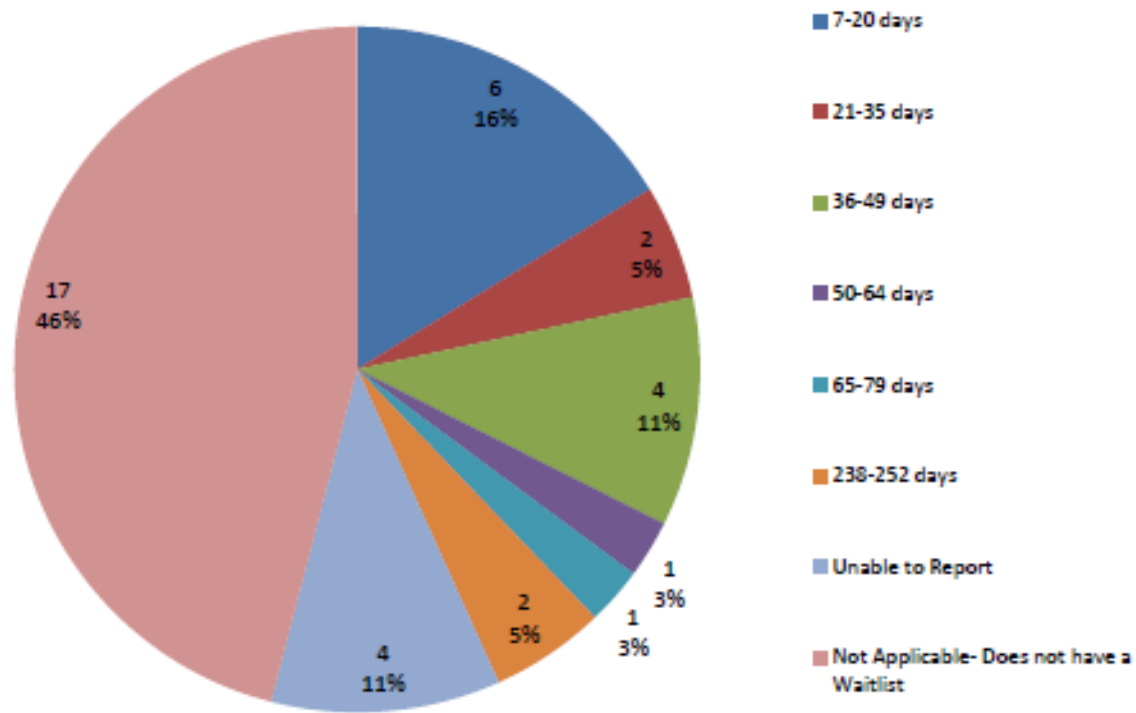
# U.S. Sees Grim Trend as Total Deaths Pass 150,000

Daily new reported deaths from COVID-19 in the United States*

Daily deaths ■    — 7-day rolling average



\* The June 25 death toll is a data anomaly caused by a change in reporting and was excluded from 7-day average calculations

Source: Johns Hopkins University

statista

# STRATEGIES PRE-COVID-19 AND BEYOND

Beyond Beds
The Vital Role of a Full Continuum of Psychiatric Care

October 2017

NASMHPD    TREATMENT ADVOCACY CENTER
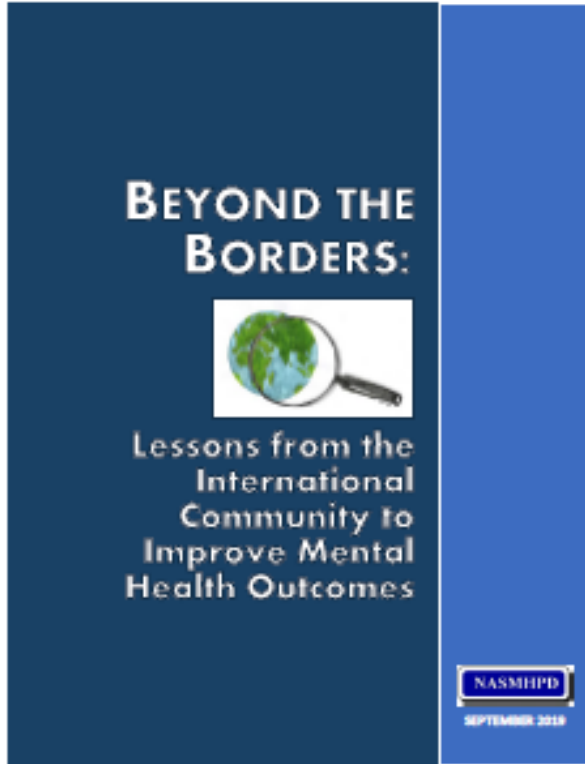
**2017 Recommendations:**
1. The vital continuum
2. Terminology
3. Criminal and juvenile justice diversion
4. Emergency treatment practices
5. Psychiatric beds
6. Data-driven solutions
7. Linkages
8. Technology
9. Workforce
10. Partnerships

**BEYOND THE BORDERS:**

Lessons from the International Community to Improve Mental Health Outcomes

NASMHPD
SEPTEMBER 2019

Pinals, NASMHPD, 2019

1. Big data as a driver for improved mental health services and individual outcomes

2. Access to effective medication and promising therapies

3. Supported decision-making and personal autonomy

4. Culture and spirituality integrated into mental health care

5. Mental health community care and prioritization of continuity

6. Emerging models to identify targeted inpatient bed needs

7. Improved correctional conditions and alternatives to incarceration

8. Disaster response and opportunity for sustained improvement
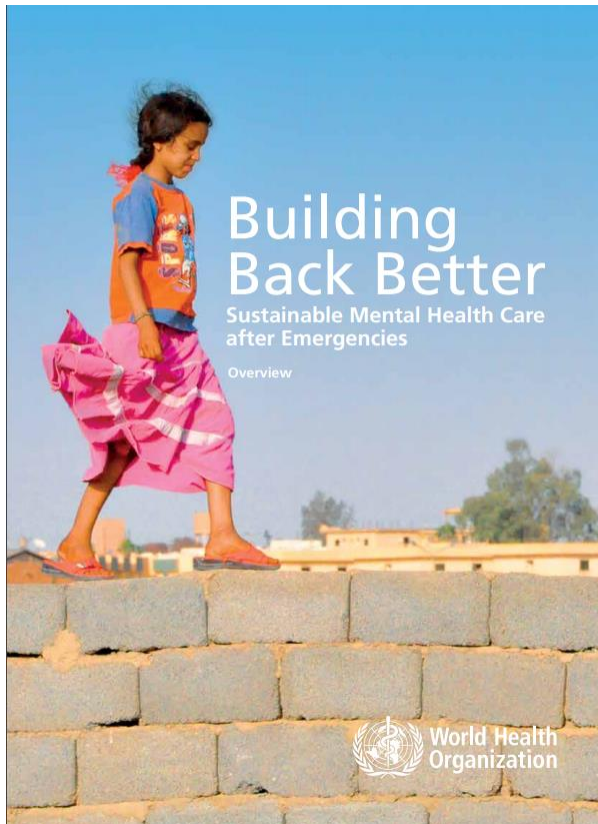
9. Mental health as public health

# Learning from disasters and sustaining improvement



2013 Report

Case Examples from:

- Afghanistan
- Burundi
- Indonesia (Aceh)
- Iraq
- Jordan
- Kosovo
- Somalia
- Sri Lanka
- Timor-Leste
- West Bank and Gaza Strip

"Mental health reform was supported through planning for long-term sustainability from the outset."

"The mental health system was considered and strengthened as a whole."

# Mental health as public health

US Examples

- Suicide prevention initiatives

- School efforts to identify mental health needs early

Lessons from the International Community

- Scotland's Good Mental Health for All

- UK Thrive into Work

- Mental Wellbeing Impact Assessment Coalition toolkit (England)
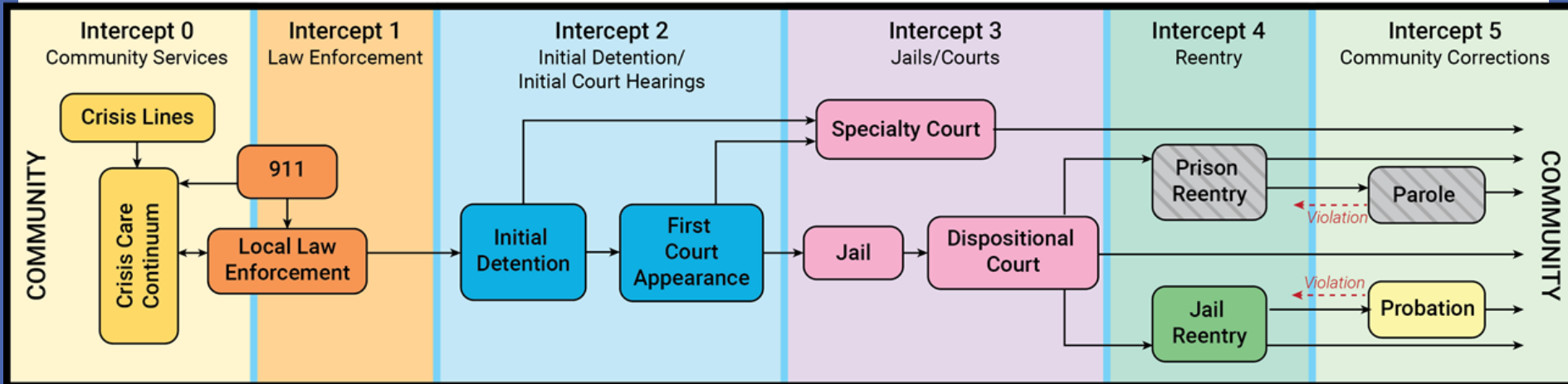
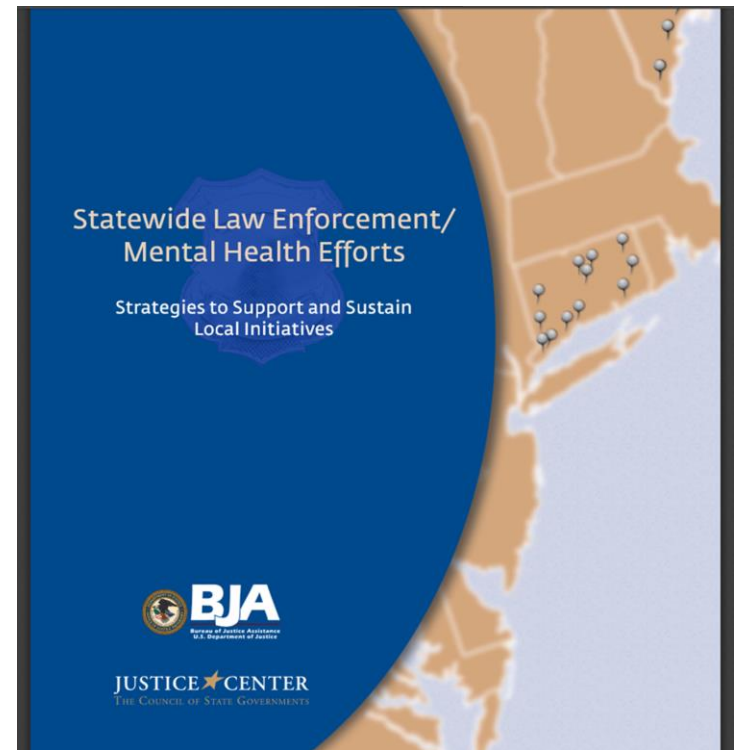# BEHAVIORAL HEALTH AND JUSTICE PRACTICE REFORMS

# Sequential Intercept Model



SAMHSA's National GAINS Center, Delmar, NY 2017; Adapted from Munetz MR, Griffin PA. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services, 57(4): 544-549.*

## Intercept 1 Pre-Booking Jail Diversion and Response Types:

- Police-based police response
  - e.g., CIT

- Police-based mental health response
  - e.g., co-response

- Mental health-based mental health response
  - e.g., behavioral health mobile crisis teams



Statewide Law Enforcement/
Mental Health Efforts

Strategies to Support and Sustain
Local Initiatives

BJA
Bureau of Justice Assistance
U.S. Department of Justice

JUSTICE CENTER
The Council of State Governments

# Intercepting the Competence to Stand Trial System

- Outpatient restoration
- Re-examining need for competency evaluations for misdemeanors
- Maximizing jail diversion





Multi-State Peer Learning Collaborative

Focused on

Individuals found Incompetent to Stand Trial (IST)

March 1, 2017 to March 1, 2018

Report on Proceedings, Follow-Up, and Findings[1]*

Report Date: March 14, 2018

Participating States:

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Host:

Michigan Department of Health and Human Services
At the Center for Forensic Psychiatry
Saline, MI

# EVOLVING FRONTIERS



THE SQUARE ONE PROJECT

REIMAGINE JUSTICE

EXECUTIVE SESSION ON THE FUTURE OF JUSTICE POLICY

OCTOBER 2020

Lynda Zeller, Michigan Health Endowment Fund

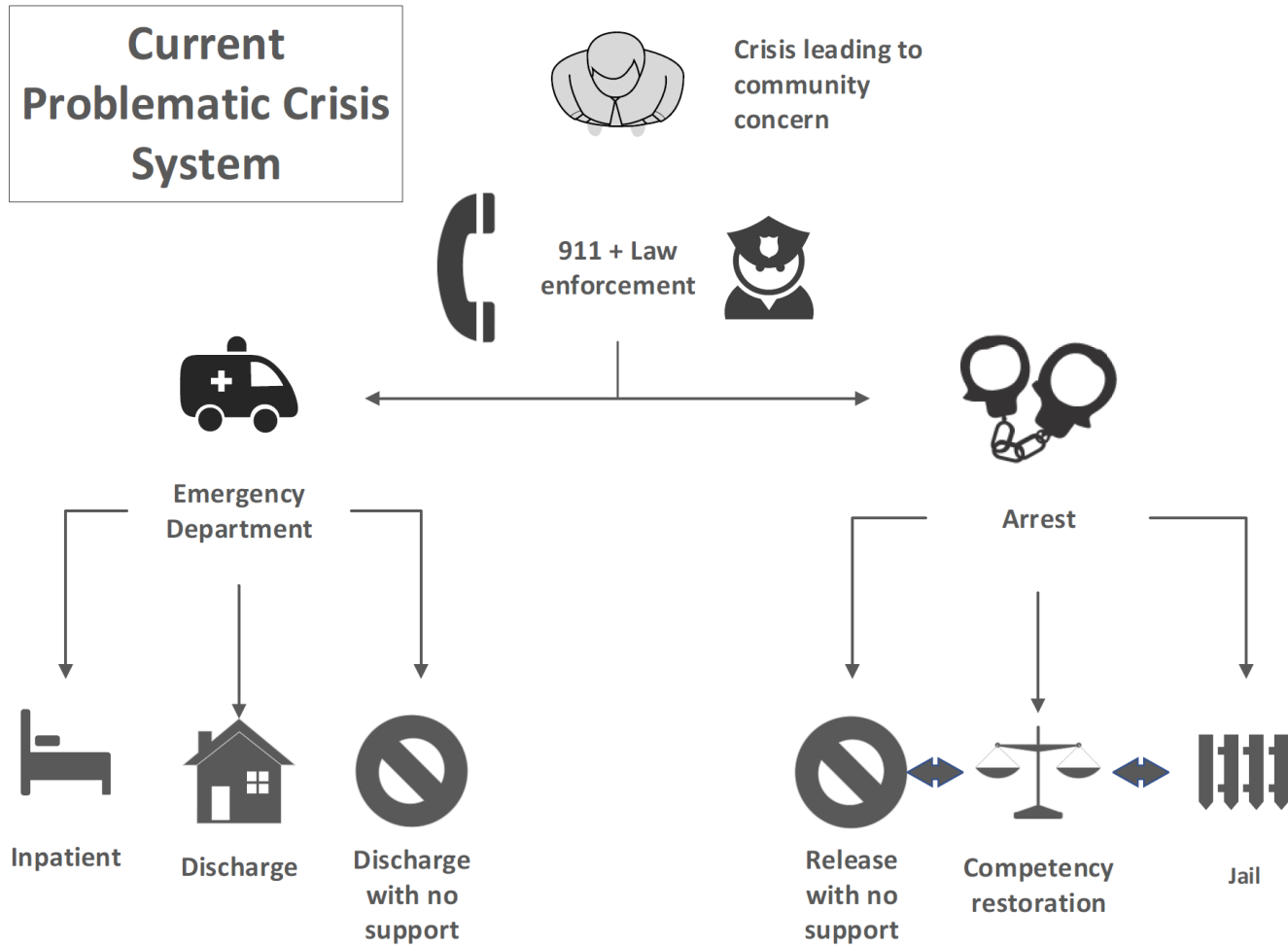Jackie Prokop, Michigan Department of Health and Human Services, PhD, University of Texas at Tyler

UNDERSTANDING HEALTH REFORM AS JUSTICE REFORM: MEDICAID, CARE COORDINATION, AND COMMUNITY SUPERVISION

# NATIONAL TRENDS IN BEHAVIORAL HEALTH CRISIS RESPONSE

# Figure 1: Flow of the Current Problematic Crisis System

# Before COVID-19

❖ Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA  Feb 2020

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
*Knowledge Informing Transformation*

## National Guidelines for Behavioral Health Crisis Care

### Best Practice Toolkit

**SAMHSA**
Substance Abuse and Mental Health
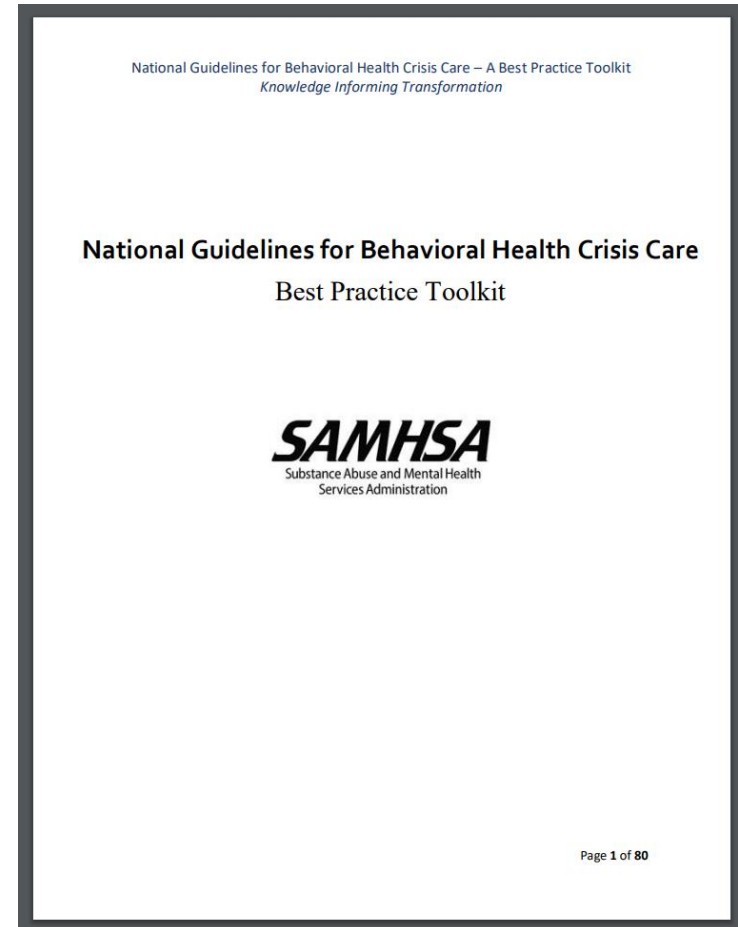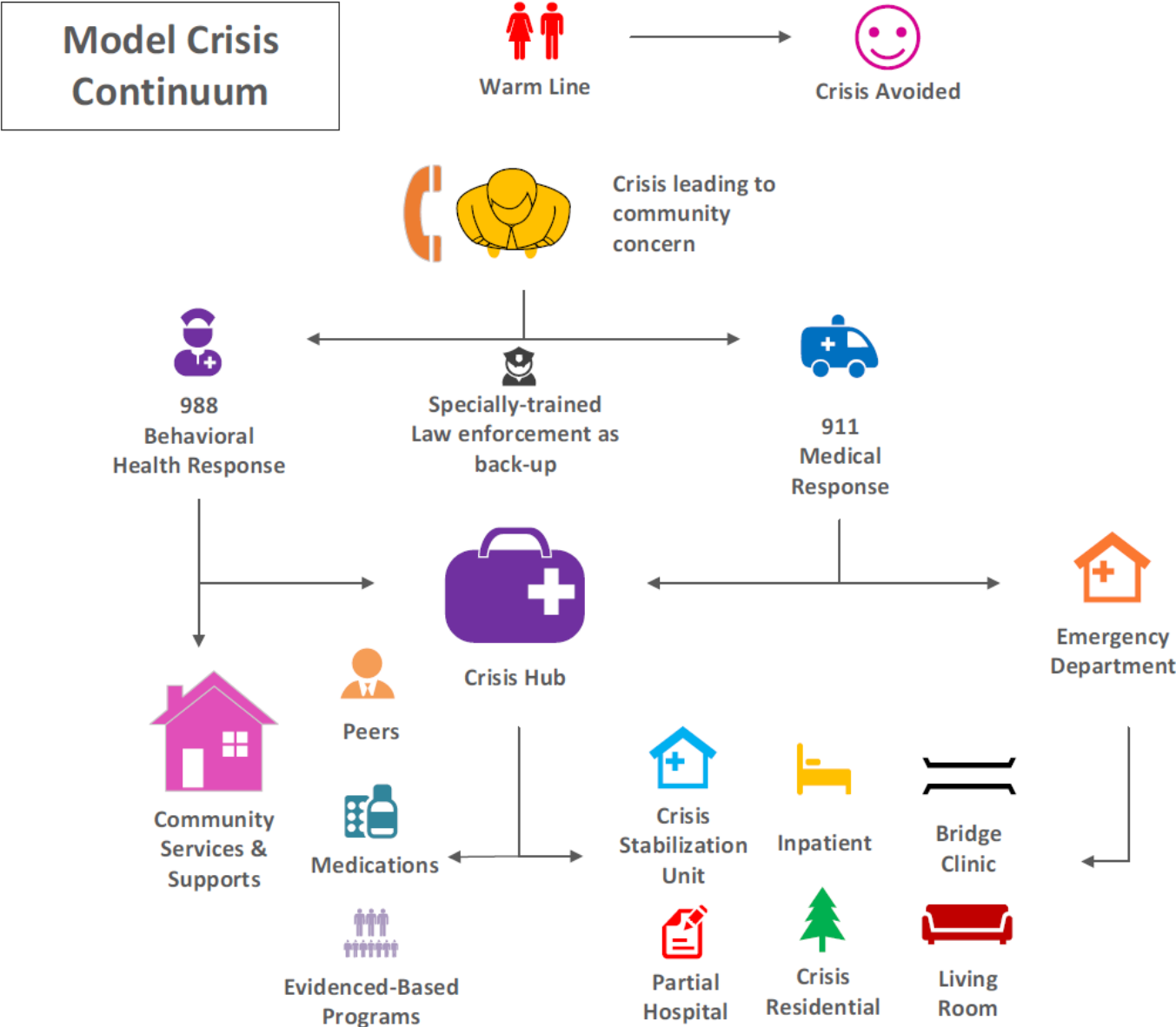Services Administration

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# Figure 2: Flow of an Interconnected Model Crisis Continuum

# National Guidelines for Behavioral Health Crisis Care

- Crisis call line

- Mobile Crisis Team

- Stabilization services

- Accept all referrals

- No requirement to go through ED first for screening or clearance.

- https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf

# Planning for the Future: The Promise of 988

https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001?referer=from_search_result

# NEW MODELS OF CLINICAL SERVICE DELIVERY

# Excellence in Mental Health: Certified Community Behavioral Health Clinic Demonstration

- Bridge Medication Funding
- Reach-in services
- Connectivity with justice agencies
- Day of release access
- Quality measures include reduction in jail admissions?

On Ramp

*INDUSTRY BULLETIN* | September 16, 2020

# Michigan & Kentucky Now Participating In CCBHC Demonstration

On August 5, 2020, the Centers for Medicare and Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that Michigan and Kentucky have been selected to participate in the Certified Community Behavioral Health Clinic (CCBHC) demonstration program. There are now 10 states participating in the CCBHC demonstration. The eight initial states are Minnesota, Missouri, New Jersey, New York, Nevada, Oklahoma, Oregon, and Pennsylvania.

The CCBHC demonstration program is a provision of the federal, bipartisan Protecting Access to Medicare Act (PAMA) of 2014. The eight states launched their CCBHC demonstrations in mid-2017 with 67 CCBHC provider organizations that had 372 locations in 190 counties. The expansion to include two additional states in the demonstration was mandated in the Coronavirus Aid, Relief, and Economic Security (CARES) Act passed in March

# COVID-19 AND
# RAPID SYSTEM SHIFTS

# The Proposed Service Array



National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit
*Knowledge Informing Transformation*

**National Guidelines for Behavioral Health Crisis Care**
Best Practice Toolkit

**SAMHSA**
Substance Abuse and Mental Health
Services Administration

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- 1. An effective strategy for suicide prevention;
- 2. An approach that better aligns care to the unique needs of the individual;
- 3. A preferred strategy for the person in distress that offers services focused on resolving **mental health and substance use** crisis;
- 4. A key element to reduce psychiatric hospital bed overuse;
- 5. An essential resource to eliminate psychiatric boarding in emergency departments;
- 6. A viable solution to the drains on law enforcement resources in the community; and
- 7. Crucial to reducing the fragmentation of mental health care
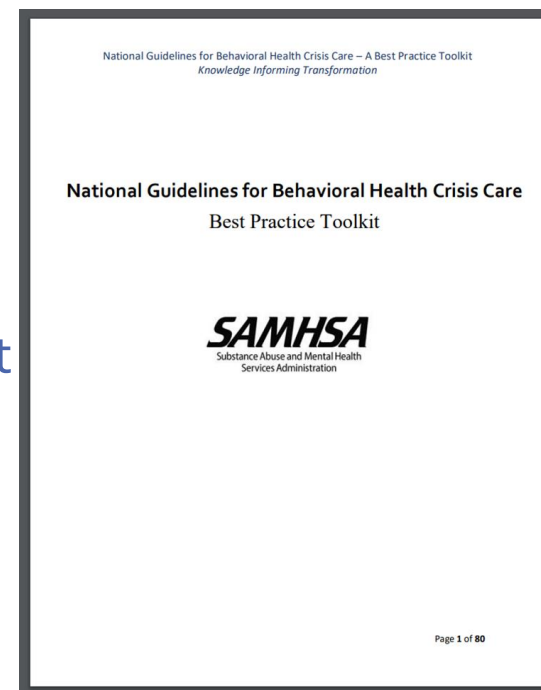
# MICHIGAN LOOKING AHEAD

# Select State Initiatives in Michigan

- Mi-CAL and augmented crisis service options
- CCBHC activities
- Expansion of telepractices
- Jail and pre-trial task force
- Ongoing work with the mental health diversion council
- Opioid Crisis Task Force
- Suicide Prevention Commission
- Intentional work on DEI and Examining Data from a Race and Equity perspective
- Primary care child psychiatry consultation services etc

**BOLD GOAL 100%** 2018

- Availability of early screening, identification and timely response after the onset of mental illness symptoms in youth and adults
- Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions
- Compliance with legal requirements for health care networks to make the full continuum of psychiatric care accessible to patients
- Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed
- Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected
- Homeless people with serious mental illness permanently housed
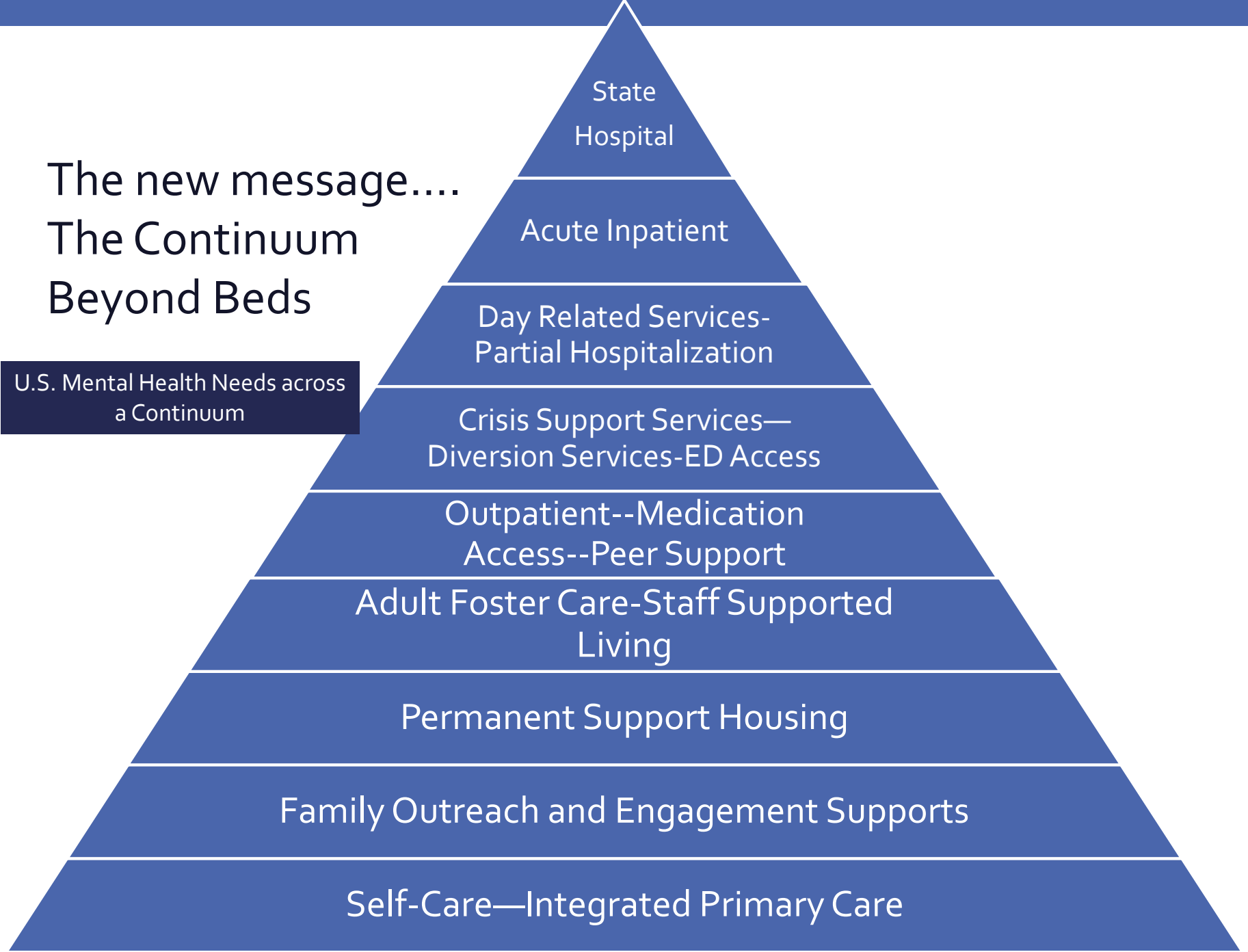- Suicides prevented

**BOLDER GOALS, BETTER RESULTS**

Seven Breakthrough Strategies to Improve Mental Illness Outcomes
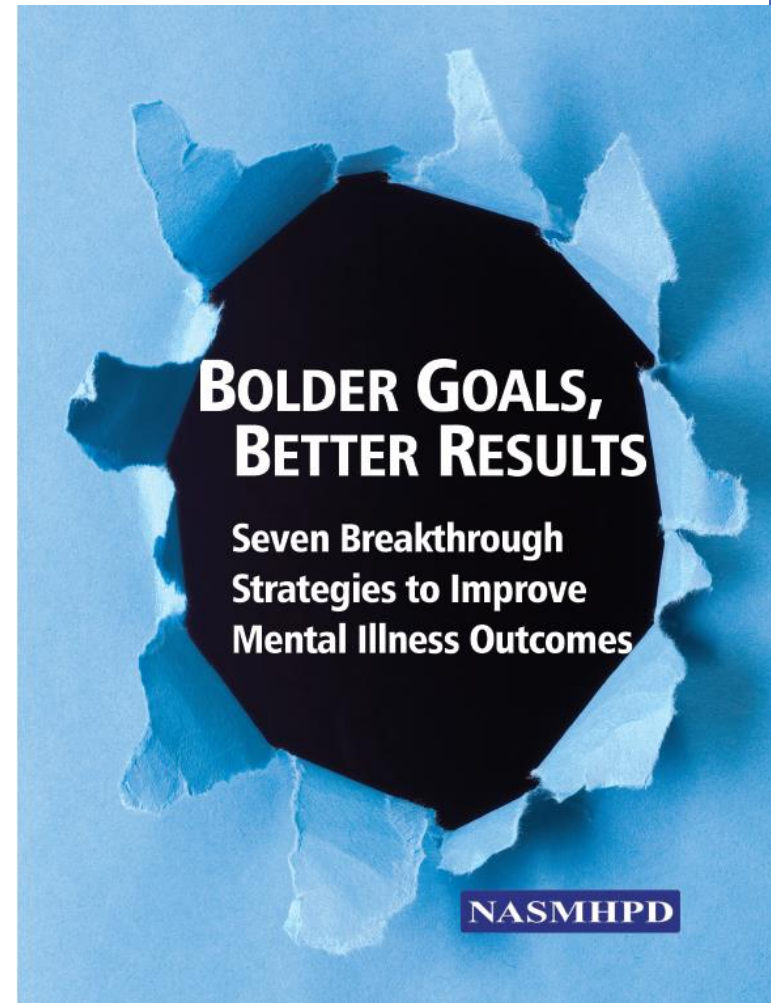
NASMHPD

Pinals & Fuller, NASMHPD, 2018

The new message…. The Continuum Beyond Beds

U.S. Mental Health Needs across a Continuum

State Hospital

Acute Inpatient

Day Related Services- Partial Hospitalization

Crisis Support Services— Diversion Services-ED Access

Outpatient--Medication Access--Peer Support

Adult Foster Care-Staff Supported Living

Permanent Support Housing

Family Outreach and Engagement Supports

Self-Care—Integrated Primary Care

# Conclusion

- Hardships of COVID-19 have only highlighted the important work ahead
- Partnerships are paramount...

# THANK YOU!

[pinalsd@michigan.gov](mailto:pinalsd@michigan.gov)
[dpinals@med.umich.edu](mailto:dpinals@med.umich.edu)