MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Access to Care is Access to Justice

Andy Keller, PhD | November 2, 2022

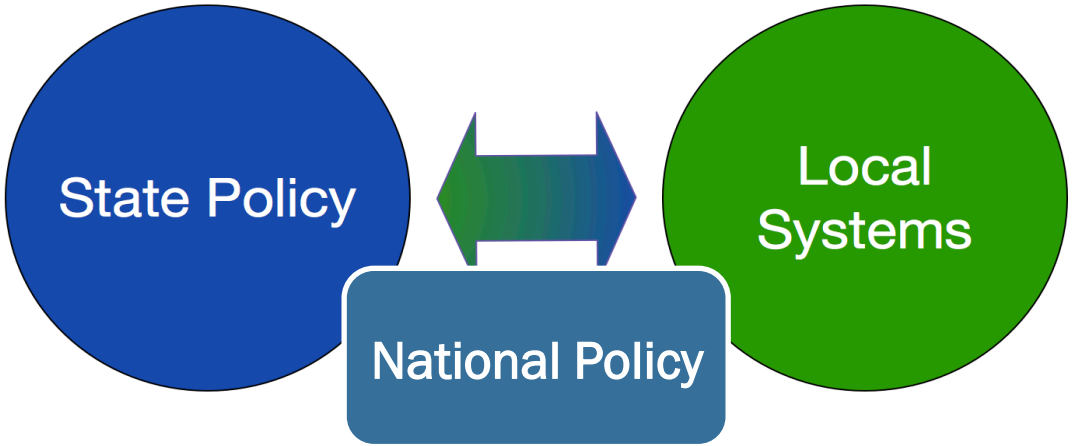
Meadows Mental Health Policy Institute

Vision

We envision Texas to be the national leader in treating all people with mental health needs.

Mission

To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



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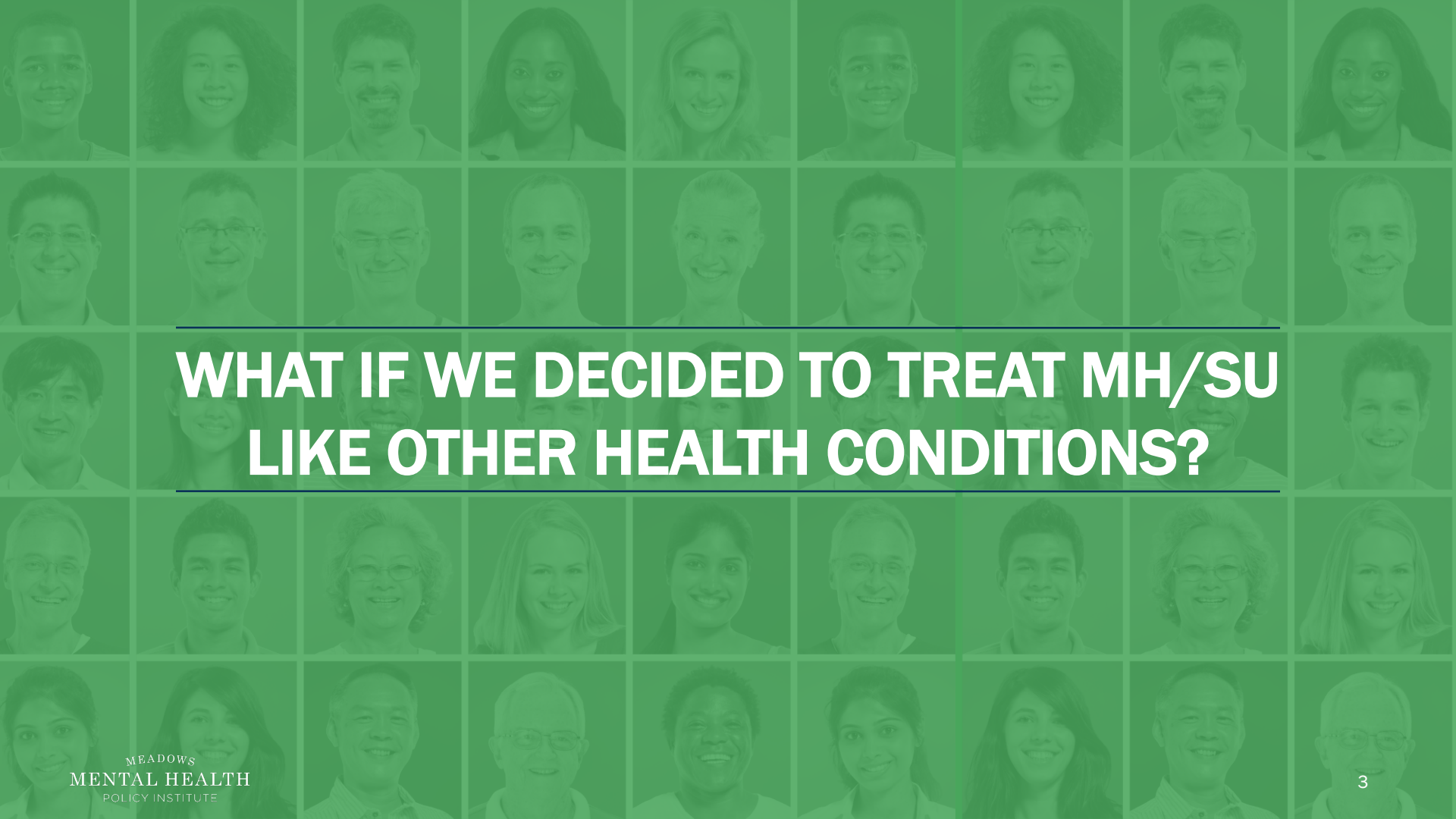


WHAT IF WE DECIDED TO TREAT MH/SU LIKE OTHER HEALTH CONDITIONS?

THE CURRENT MENTAL HEALTH CARE SYSTEM

180,446 SUBSTANCE RELATED DEATHS Nationally in 2020

45,979 DEATHS BY SUICIDE Nationally in 2020

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY

WORK · SCHOOL · HOME · FAITH · FAMILY

HEALTH CARE

- Primary Care
- Specialty Care
- Inpatient Care
- Best Practice Anchor
  e.g., UTSW Simmons Cancer Center, MD Anderson

The best Mental Health Care is like the best Health Care

MENTAL HEALTH CARE

Crisis

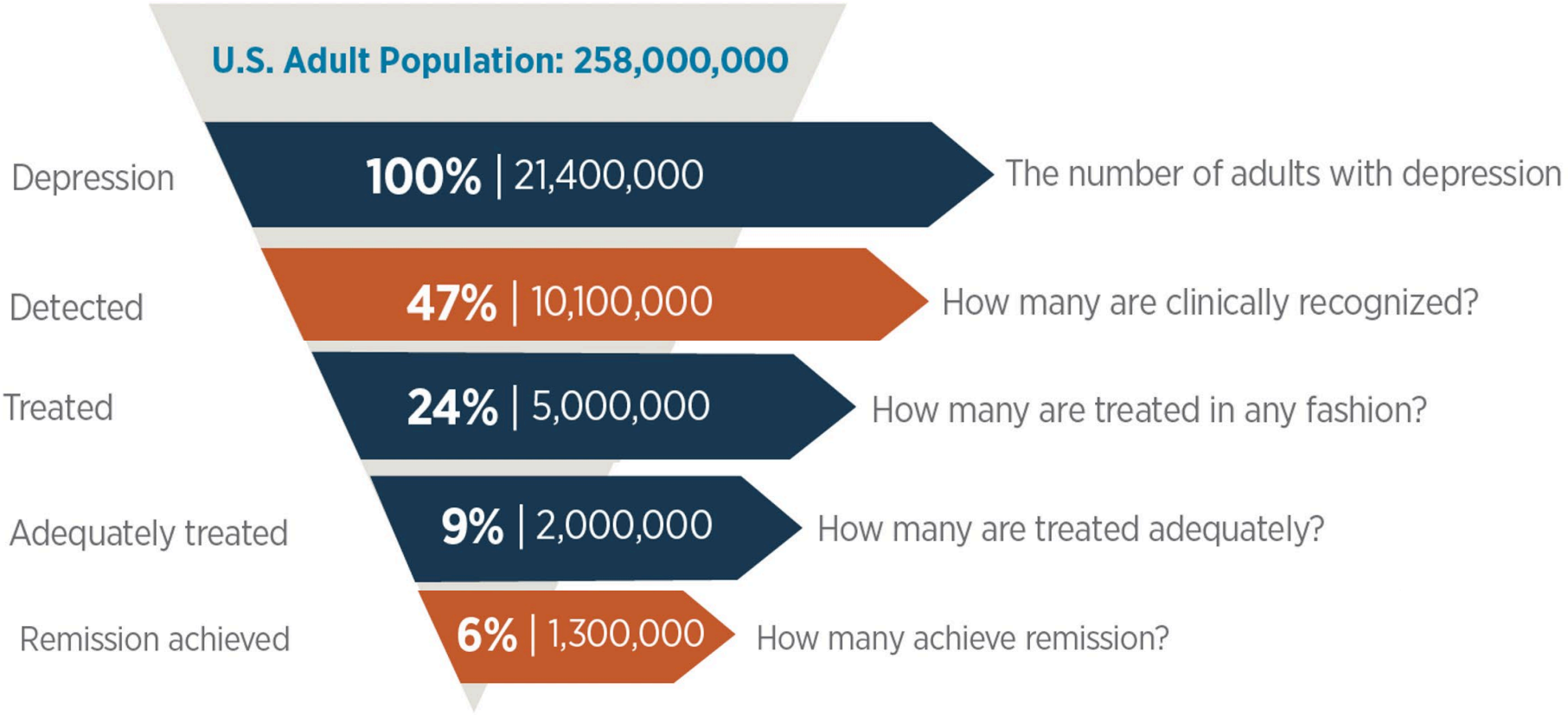
- Law Enforcement
- ER / Hospital
- Jail

Fragmented Care

- Specialty Care
  Insufficent Network Capacity
- Primary Care
- Best Practice Boutique
  e.g. McLean, Johns Hopkins

75% of Mental Illnesses Begin Pre-Adulthood

Do We Care Enough To Treat Depression Well?



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COVID-19 and Mental Health Impacts

COVID-19 has dramatically increased mental health needs.

- *Largely unknown: Only age drove more COVID mortality than mental illness.*
- The **Centers for Disease Control and Prevention (CDC)** now tracks mental health needs. As of September 26, 2022:
  - Symptoms of anxiety disorder up about 4X (32% vs 8%)
  - Symptoms of depression up nearly 3.5X (24% vs 7%)
- Rates of death from overdose are up over 30%
- The rate of pediatric emergency room visits for suicide is double pre-pandemic levels

Just as with COVID-19, early detection and treatment are key.

THE IDEAL MENTAL HEALTH CARE SYSTEM

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY

WORK SCHOOL HOME FAITH FAMILY

HEALTH CARE

MENTAL HEALTH CARE

Integrated Primary Care

Measurement Based Care ⟷ *Collaborative Care*

SPECIALTY CARE

- Outpatient
- Rehabilitative Care
- Inpatient Care
- Best Practice Anchor
  e.g., UTSW Simmons Cancer Center, MD Anderson

SPECIALTY CARE

Sufficient Network Capacity

Sufficient Networks

- Outpatient
- Rehabilitative Care
- Inpatient Care
- Best Practice Anchor
  e.g., UTSW O'Donnell Brain Institute, New York Presbyterian Hospital

The best Mental Health Care is like the best Health Care

DOES MENTAL ILLNESS CAUSE VIOLENCE?

What Is Mental Illness?

A **mental illness** is a *discrete and treatable* health condition involving distress or functional impairment related to **thinking**, **emotion**, or **behavior**.

Examples:

- **anxiety that disrupts functioning**
- **depression**
- **post-traumatic stress disorder**
- **bipolar disorder**
- **schizophrenia and other psychotic disorders**

What Mental Illness Is Not

- **Mental illnesses, on their own, do not cause violence**, and **violence** is not a mental illness. Violence is a **human act**; its motivations can range widely, from self-sacrifice to hate.
- **Negative, antisocial thoughts, feelings**, and **actions** associated with typical human functioning (e.g., anger, aggression, envy, grievance, reactivity) are normal human behaviors, not mental illnesses.
- Humans are also capable of carrying out **extreme acts**, which **ideology** and **training** can teach people to normalize.
- Centuries of prejudice against people with mental illnesses have created a belief among many members of the public that mentally ill people, overall, are **violent**. This is not true.

Links Between Violence and Mental Illness

Most mental health conditions are associated with a comparable or lower risk of violence than the general public.

- **Severe mental illness** drives slightly more risk (3 in 100 versus between 1 and 2 in 100).
- **Mood disorders**, such as **major depression**, are the primary drivers of violence directed at the self.
- People with **anxiety disorders** are no more likely to harm anyone, including themselves, than the general population.
- Those with **untreated psychosis** are 15 times more likely to **commit homicide.** Effective treatment eliminates this risk.

New Research on Mass Violence in Schools

Two 2021 publications have refined our understanding of mass violence, including mass violence in schools:

- The **U.S. Secret Service** published *Averting Targeted School Violence*, analyzing **67 averted plots** to identify common characteristics. It concluded: **pre-violence intervention is "almost always" possible.**
- Two researchers then compiled the **first comprehensive database of mass shooters**, called *The Violence Project*.
  - Included **every mass shooter since 1966** (i.e., who shot and killed four or more people in a public place).
  - Also included very shooting incident at **schools**, **workplaces**, and **places of worship since 1999.**

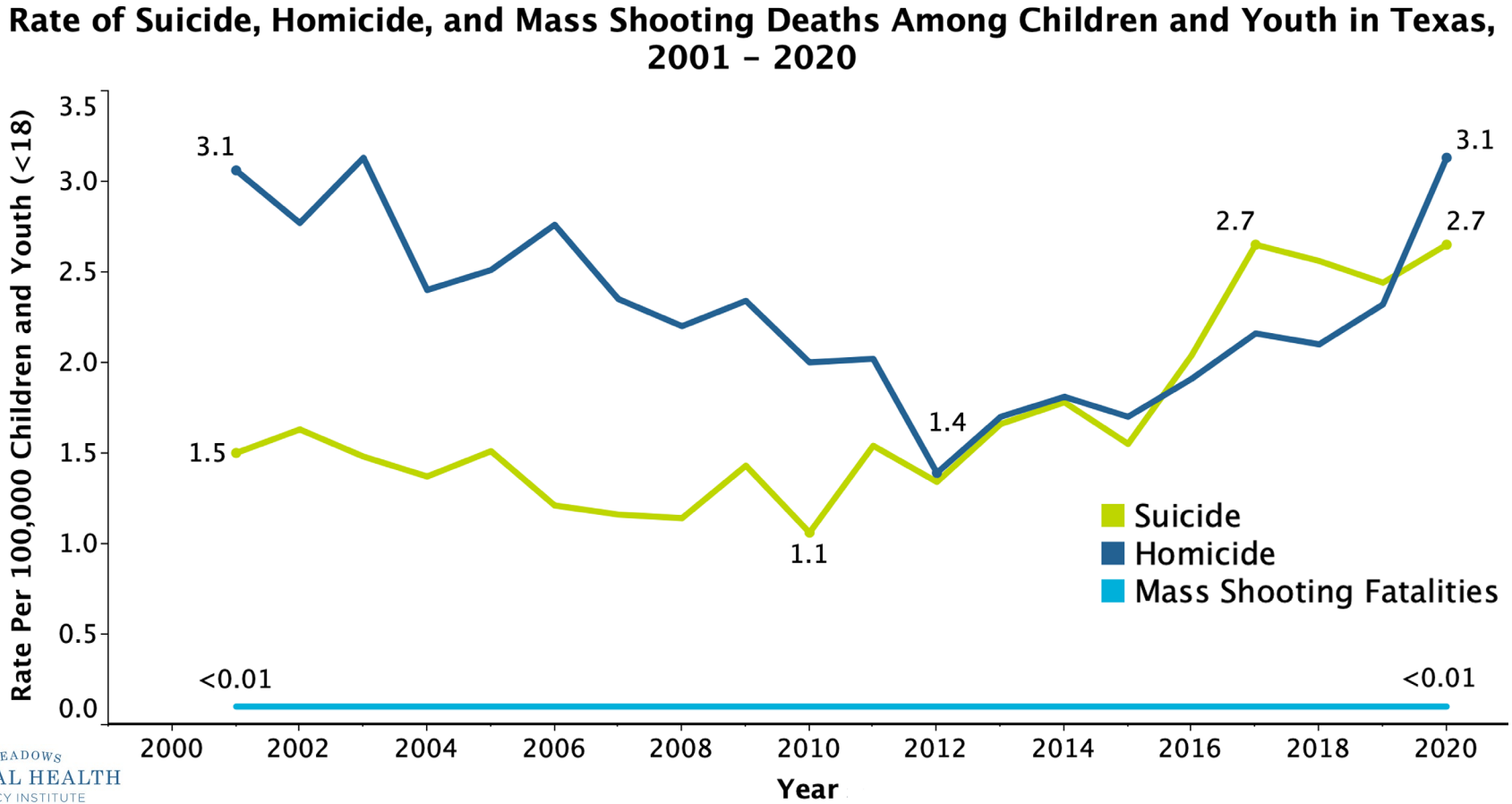
Mass Murderers in Schools: A Distinct Subset

Those who plot school attacks share common characteristics:

- The plotter is always a **teenage male** (age 11 to 19)
- Exposed to **early childhood trauma and school discipline**
- Generally experience **hopelessness**, **despair**, and **isolation**
- Generally experienced **bullying or abuse** from others
- Often an **identifiable crisis point** with **suicidal ideation**
- **Self-hate** then turns against **a particular group**

Fewer than 10,000 Texas youth fit this profile. Almost none will commit mass murder, but nearly all suffer bad outcomes, including school dropout, gang involvement, suicide, and lesser violence.

Deaths Among Texas Children & Youth



Texas Child Mental Health Care Consortium

In 2019, Senator Nelson filed 86(R) SB 10 to create the Texas Child Mental Health Care Consortium. The Consortium passed in 86(R) SB 11 with $99 million to implement five initiatives:

1) Child Psychiatry Access Network (CPAN)
2) Texas Child Health Access Through Telemedicine (TCHATT), in direct response to the Santa Fe High School tragedy
3) Community Psychiatry Workforce Expansion
4) Child and Adolescent Psychiatry (CAP) Fellowships
5) Mental Health Research

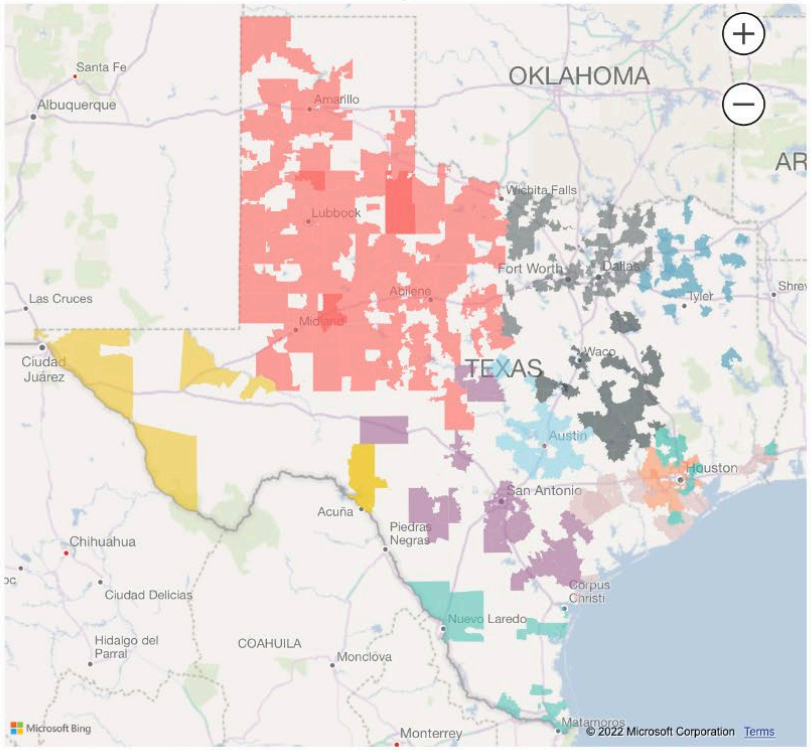
tcmhcc

87(R) SB 1 provided a $19.5 million increase for the Consortium, and 87(3) SB 8 added $113.1 million in American Rescue Plan Act (ARPA) funding.

TCHATT Reaches Nearly 50% of Our School Children

# of Campuses	Student Population Who Can Access Services	# of School Districts
3,705	2,449,492	426

TCHATT Funded Services by Health Related Institution



HRI ● BCM ● TAMUHSC ● TTUHSC ● TTUHSC EP ● UNTHSC ● UT Aus Dell ... ● UTHSCH ● UTHSCSA ● UTHSCT ● UTMB

Texas Child Mental Health Care Consortium TCHATT Rollout Status

Status as of 8/31/22

DISTRICT NAME

All

School TCHATT Status

- Select all
- ACTIVE
- DECLINED
- INACTIVE
- ONBOARDING
- OTHER TELEBEHAVIORAL HEALTH
- PENDING
- PLANNED

HRI

- Select all
- BCM
- TAMUHSC
- TTUHSC
- TTUHSC EP
- UNTHSC
- UT Aus Dell MS
- UTHSCH
- UTHSCSA
- UTHSCT
- UTMB
- UTRGV
- UTSW

CAMPUS NAME	CAMPUS TEA NUMBER	CURRENT STATUS	ESC
A & M CONS H S	21901001	ACTIVE	'06
A & M CONSOLIDATED MIDDLE	21901042	ACTIVE	'06
A B DUNCAN COLLEGIATE EL	77901101	ACTIVE	'17
A C BLUNT MIDDLE	205901041	ACTIVE	'02
A C JONES H S	13901001	ACTIVE	'02
A C JONES HEALTH PROFESSIONS MAGNE	13901004	ACTIVE	'02
A E BUTLER INT	116908101	ACTIVE	'10
A LEAL JR MIDDLE	15904042	ACTIVE	'20
A M PATE EL	220905153	ACTIVE	'11
A P BEUTEL EL	20905102	ACTIVE	'04
ABELL J H	165901047	ACTIVE	'18
ABERNATHY DAEP	95901003	ACTIVE	'17
ABERNATHY EL	95901101	ACTIVE	'17
ABERNATHY H S	95901001	ACTIVE	'17

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Multisystemic Therapy Reduces Youth Violence

Multisystemic Therapy (MST) is a well-established, evidence-based program for at-risk youth with intensive needs.

- MST is most effective for treating **youth (ages 12 to 17)** who have committed **violent offenses**, have **serious mental health or substance use concerns**, are at risk of **out-of-home placement**, or have experienced **abuse and neglect.**
- Proven to **reduce violent crimes by 75%**, compared to routine congregate and other care as usual, including **RTCs.**
- Texas has **seven total teams** (Harris, El Paso, Nueces counties) operating primarily though juvenile justice funding.

The June budget execution order added 7 MST teams; we need over 100 more (20 next session), and this will take years.

Effective Care Reduces Psychosis Violence Risk

The "gold standard" of care is Coordinated Specialty Care (CSC), a team-based approach that starts intensive treatment as soon as the initial psychosis starts.

- While only a *very small proportion of school shooters*, an **untreated psychosis** makes a person 15 times more likely to **commit homicide.** Treatment eliminates this higher risk.
- Texas currently has **37 CSC teams** located at **23 community centers** across the state. These are funded through **federal (SAMHSA) block grant funding.**
- Current capacity is approximately **17.5%** of needed capacity given a two-year treatment period.

The June budget execution order added two youth-focused CSC teams; we need dozens more (6 next session), and this will take years.

Responding to Children and Youth in Crisis

Youth & Family Mobile Outreach Teams are designed to stabilize high-risk situations (urgent and emergent) and provide a 30-to-90-day bridge to engage in ongoing care. They are also proven to reduce demand on foster care and hospital emergency rooms.

They *differ* *from traditional* ***Mobile Crisis Outreach Teams (MCOTs)*** *in two major ways:*

1. Staffed exclusively by professionals **who know how to work with families and child-serving systems**; and
2. Staffed **much more intensively** to not just **stabilize crises**, but also to **engage pre-crisis** and **provide follow-up**.

We need dozens more (8 next session), and this will take years.

TREATING MH/SU EMERGENCIES LIKE OTHER HEALTH EMERGENCIES

The Cost of the Status Quo Remains Too High

- ➔ 1 in 4 fatal police shootings between 2015 and 2020 involved a person with a mental illness; of these, 1 in 3 was a person of color.
- ➔ 2 million people with mental illness are booked into the nation's jails every year.
- ➔ Over 48,000 people die by suicide each year.
- ➔ One-fifth of law enforcement staff time is spent responding to and transporting individuals with mental illness.
- ➔ >90% of ER docs report psychiatric patients boarding in ERs waiting for placement. One-fifth see waits of 2 to 5 days.

"Mental Illness & the Criminal Justice System." NAMI. https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_CriminalJusticeSystem-v5.pdf

What is 988?

- A 3-digit, universal calling code **that went live nationwide on July 16, 2022** – for mental health & suicidal crises.

- Federal law established an easy-to-remember number and also:
  - Expanded the National Suicide Prevention Lifeline to include mental health crisis;
  - Allowed states to expand and fund crisis services (they aren't required to).

This remains an ***opportunity***.

Where Are We Now?

988 went live nationwide in July, but…

RIGHT NOW – adequate crisis response systems are not available in nearly every community. Efforts are underway to help ensure:

- Resources are available to build out crisis resources;
- Law enforcement is engaged and better able to reduce its involvement in MH crisis response; and
- The three pillars of an **ideal crisis response** are available to anyone who calls 988.

Three Pillars of an Ideal Crisis Response System

24/7 crisis call center hubs – *Someone to talk to*

- Trained in responding to behavioral health crises
- Available by text/chat
- Coordinate services and dispatch mobile crisis

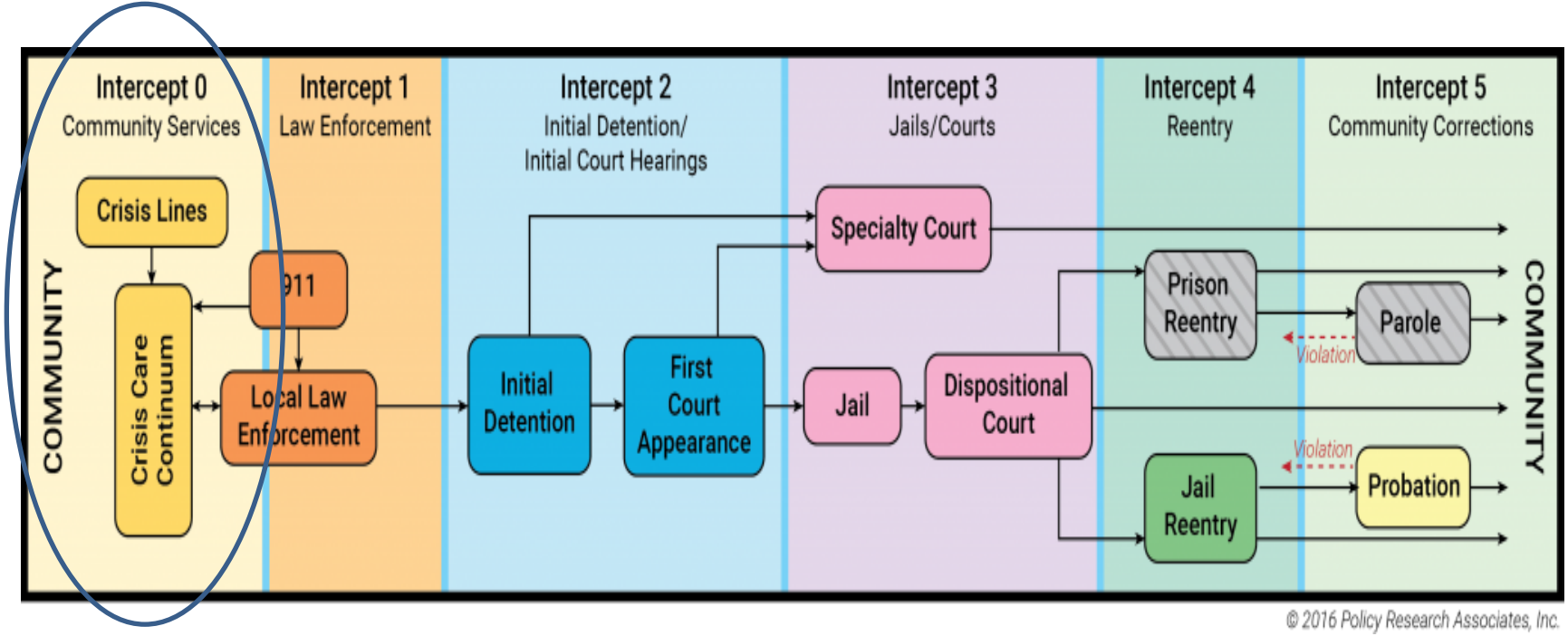
Mobile crisis teams – *Someone to respond*

- De-escalate situations
- Transport to crisis stabilization or connect to other services
- Staffed by behavioral health professionals, including peer support

Crisis stabilization – *Somewhere to go*

- Capacity to diagnose and provide initial stabilization / observation
- Connect to follow-up care with a “warm hand-off”

988 & the Sequential Intercept Model

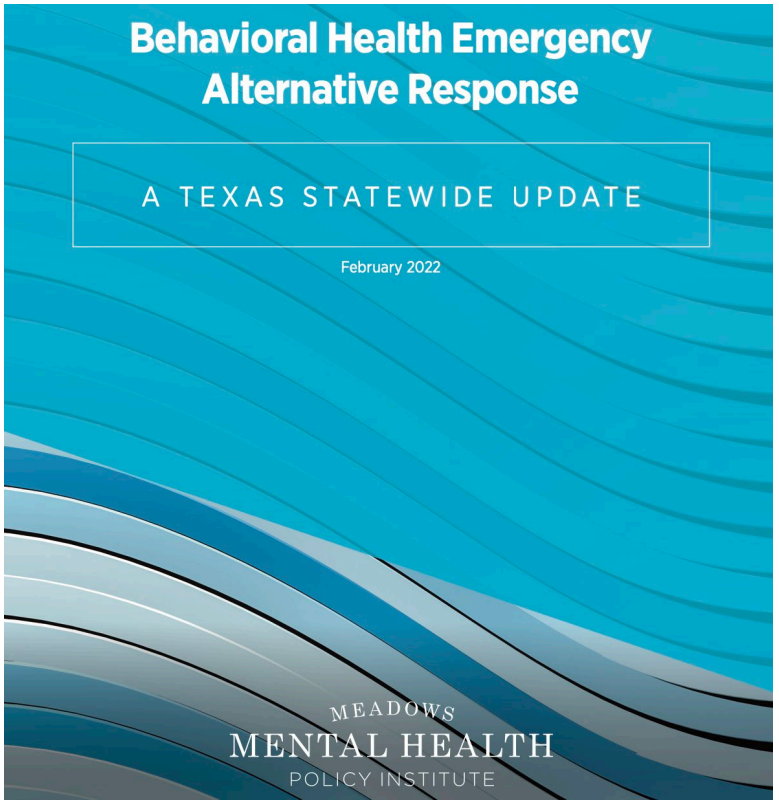


Key Principles in 988 Planning

- The expectation must be NO WRONG DOOR.
- The new 988 system needs to figure out how to say yes instead of finding reasons to say no. **Otherwise, it will fall back to you.**
- If goal is to avoid justice system involvement, then care cannot wait until people are in crisis and pose a danger.
- ***Key problem: Minimal focus on law enforcement engagement/perspectives to date***

988 reform is good …

… 911 requires reform, too



A TEXAS-BORN MODEL FOR COORDINATION: MDRT

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Exclusionary Criteria for Co-Responder Models

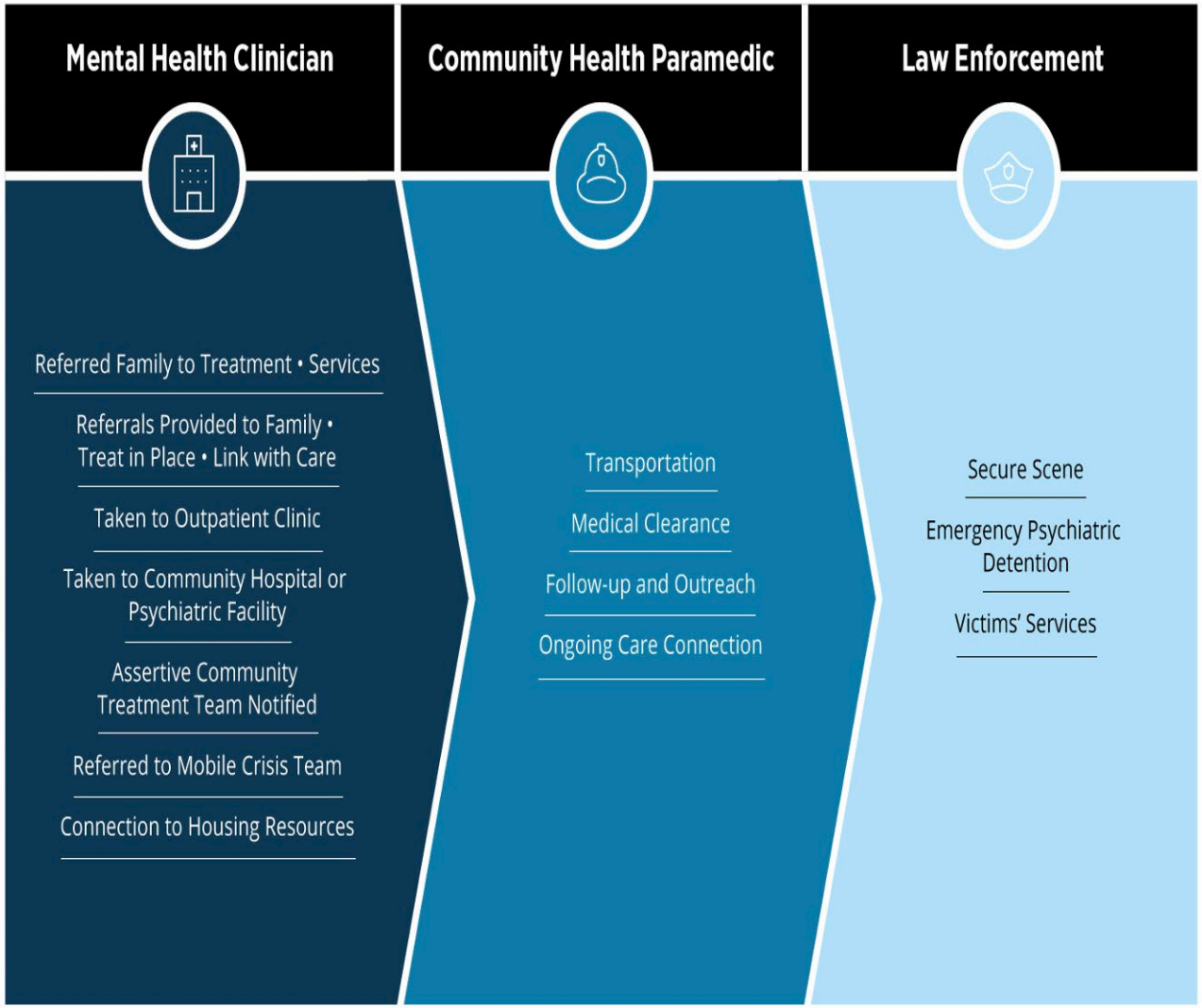
	Will Respond to Calls That Include		
Program Name	**Reported Violence**	**Reported Presence of Weapons**	**Person Reportedly Under the Influence**
B-Heard Response Program, New York City, New York (Civilian Only)	X	X	X
Behavioral Health Responder Program, Albuquerque, New Mexico (Civilian Only)	X	X	✓
CAHOOTS, Eugene, Oregon (Civilian Only)	X	X	✓
Crisis Response Team, Abilene, Texas (MDRT Model)	✓	✓	✓
Rapid Integrated Group Healthcare Team Care, Dallas, Texas (MDRT Model)	✓	✓	✓
Street Crisis Response Team (SCRT), San Francisco, California (Civilian Only)	X	X	X*
Support Team Assisted Response (STAR). Denver, Colorado (Civilian Only)	X	X	✓

*May respond to persons under the influence depending on other case variables, including need for medical care and safety to responders.

Multidisciplinary Team – MDRT

A single patrol unit with three disciplines representing three area agencies.

Each professional brings a unique skill set necessary to resolve contributing factors of chronic crisis cycles.



Dallas RIGHT Care

Dallas Fire-Rescue Department: Paramedic

Dallas Police Department: Law Enforcement Officer

Parkland Hospital: Mental Health Clinicians

But It Also Takes A System

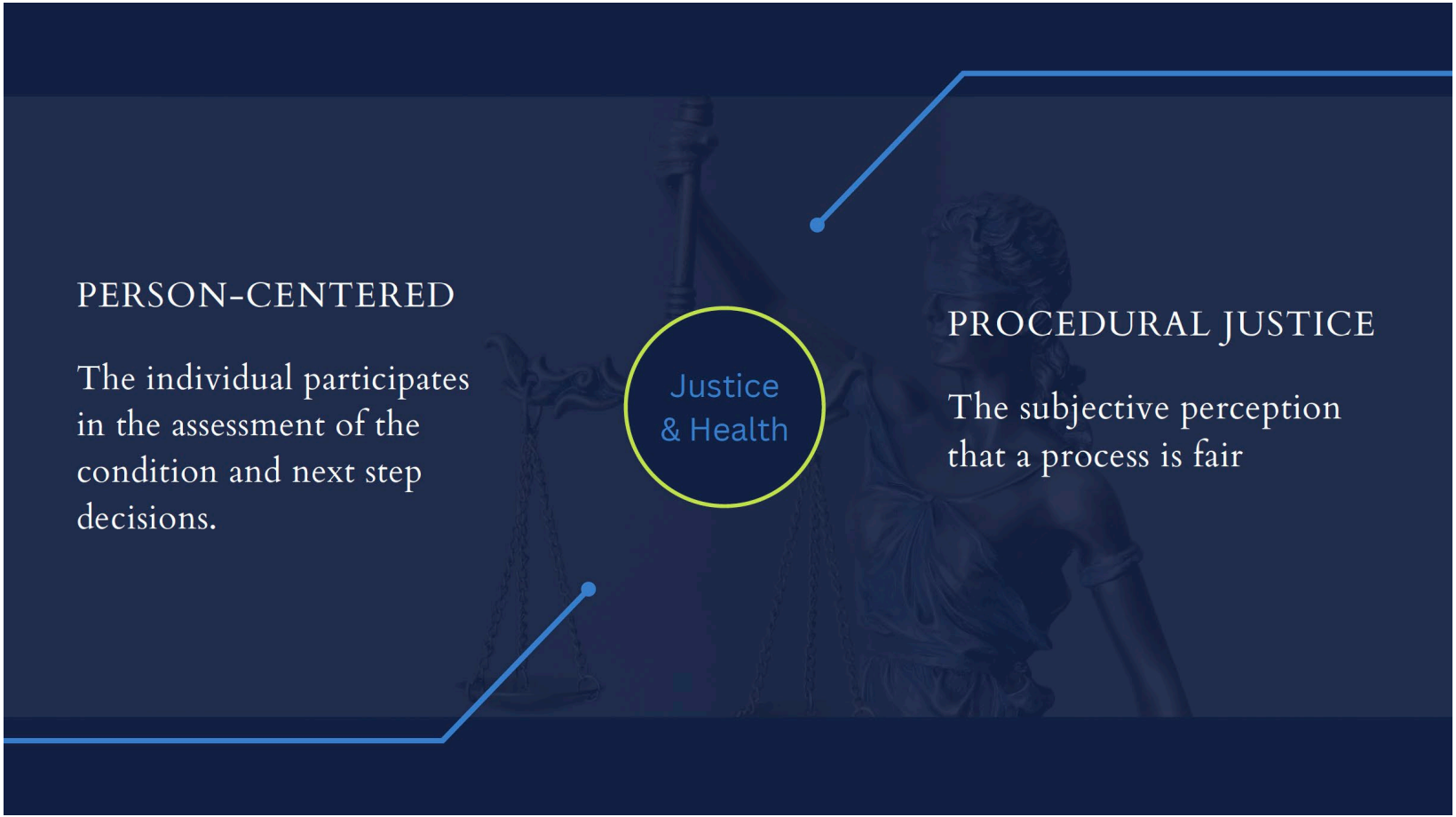
Year 1 Outcomes from the City of Dallas

Call Outcomes	Number	% Total
Community Service	2,660	40%
Resolved on Scene/No Services	1,963	29%
Emergency Detention – Not Determined by RIGHT Care*	567	8%
Emergency Detention – Determined by RIGHT Care*	384	6%
Taken to Hospital or Psych Facility	528	8%
Arrested for Offense	130	2%
Arrested for Warrants	139	2%
Other**	308	5%
Total	6,679	100%

ACCESS TO CARE | ACCESS TO JUSTICE

CENTER FOR JUSTICE & HEALTH

Meadows Mental Health Policy Institute


PERSON-CENTERED
The individual participates in the assessment of the condition and next step decisions.
Justice & Health
PROCEDURAL JUSTICE
The subjective perception that a process is fair

TRANSFORMING THE CULTURE OF RESPONSE

This practice area aims to develop, deploy, test, and expand tools and model practices to ensure that mental health crises can be safely and swiftly intercepted at the point of call, vastly reducing the likelihood of arrest and incarceration.

"No matter what you go through, you deserve to be saved in a crisis."

Dr. Maya Cullins

PERSON-CENTERED TRIAGE APPORACH

911 & 988 CALL CENTERS

Risk	Recognition	Resilience
DIMENSION I	DIMENSION II	DIMENSION III
Issue Identification at the Point of Call	Evidence-Informed Risk Questions & Care Preferences	Emergency Response Prioritization
	(Negotiated Management)	

Developing A Blueprint for Care-Focused Adjudication

FIRST 48

UNITED STATES

46% of suicides in local jail occur within the first seven days of detention

TEXAS

43% of suicides occur within seven days of jail entry

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