

STOP THE MERRY-GO-ROUND: A PRACTICAL APPROACH TO EFFECTIVE DELIVERY OF MENTAL HEALTH TREATMENT



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BACKGROUND



**Michigan Mental Health Commission
2004 key findings:**

- 1. Mental Health Code an inpatient model in an outpatient world.**
- 2. The system waits for crisis to act which results in delay in treatment.**
- 3. Delay is harmful.**

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POTENTIAL HARMS IN DELAYING TREATMENT

- ▶ 1. Permanent incapacity
- ▶ 2. Incarceration
- ▶ 3. Poverty, homelessness, isolation and poor health
- ▶ 4. Loss of resiliency
- ▶ 5. Increased risk of dementia, drug abuse and suicide



With early intervention, much of this risk can be reduced.

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▶ THE HIGH RISK OF INCARCERATION

2,000,000 PERSONS WITH MENTAL ILLNESS WILL SPEND TIME IN OUR NATION'S JAILS OR PRISONS THIS YEAR

380,000 PERSONS WITH MENTAL ILLNESS RESIDE IN OUR NATION'S JAILS AND PRISONS

25-40% OF PERSONS WITH SERIOUS MENTAL ILLNESS HAVE SPENT TIME IN JAIL OR PRISON

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THE CRIMINAL JUSTICE CAPACITY LIMITED AND TOO LATE



Michigan's 203 problem solving courts served 7,089 people last year but rejected 3,828.

From 2006-2014 ED patient volume nationwide increased 15%, but psychiatric patient volume increased 44%.

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THE GREATEST OPPORTUNITY FOR DIVERSION IS THE CIVIL SYSTEM



MDHHS reports that for at least the last 3 years, the number one reason for Emergency Room visits in Michigan was psychiatric care.

165,712 visits in 2020, over 200,000 in 2018 and 2019.

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DIGGING DEEPER



In 2020, 18,000 petitions for mental health treatment filed in Michigan.

These persons were screened, had 2 certs, hospitalized and petition filed for hearing in 7 days.

10,500, or 58% of these petitions were dismissed, withdrawn or deferred before the hearing date.

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DIGGING DEEPER



Wayne County's CMH serves 38,000 adults with serious mental illness.

Over the last 5 years 16,000 petitions for 9,000 persons.

59% of the petitions did not make it to court.

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DIGGING DEEPER



600 persons, less than 1% of the persons petitioned accounted for 36% of all petitions filed.

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DIGGING DEEPER



Just 76 individuals had at least 10 petitions filed with the probate court in the last 5 years.

The hospitalization cost in the last fiscal year for these individuals was nearly \$3,300,000.

10,000+ days in jail costing \$1,600,000

One person cost \$600,000 and made 45 visits to the ER.

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THE REVOLVING DOOR



Repeated, short hospital stays, without effective follow up, accomplishes nothing, except to create a revolving door.

This is a stunning waste of scarce resources that produces nothing of value, but does produce the risk of tragedy.

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CRISIS INTERVENTION



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EARLY INTERVENTION

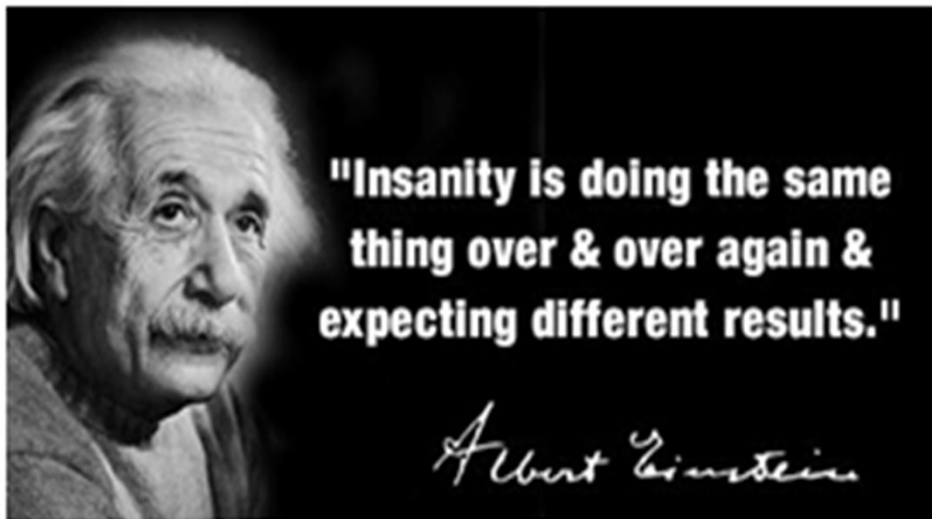


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SAGE ADVICE



**"Insanity is doing the same
thing over & over again &
expecting different results."**

Albert Einstein

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NOW WHAT?



Michigan has opened the door for early intervention.

Court-ordered outpatient treatment is now a viable alternative to hospitalization.

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MICHIGAN'S NEW PROCESSES

- **Permits earlier intervention**
- **Threat of imminent harm and danger to self or others deleted**
- **A new process to secure outpatient treatment without hospitalization**
- **The introduction of mediation to gain adherence to treatment**



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NEW DEFINITION OF PERSON REQUIRING TREATMENT PERMITS EARLIER INTERVENTION

Greater focus on capacity and risk of harm.

No need to show prior failures.

A remedy of up to 180 days of court-ordered outpatient treatment available for all cases.



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THE QUESTIONS TO BE ANSWERED IN ORDERING TREATMENT

Does the individual have a mental illness?

Is the person's judgement impaired?

Does the impairment in judgement cause a lack of understanding of the need for treatment?

Is the person unwilling to engage in voluntary treatment?

Is that treatment necessary to prevent a relapse or harmful deterioration of the person's condition?

Will this present a substantial risk of significant physical or mental harm to the person or others?

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PETITIONS ARE FOR TREATMENT NOT HOSPITALIZATION



The severity of the illness and the immediacy of the risk of harm dictates whether hospitalization or AOT is more appropriate.

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FIRST RESPONDER CATCH PHRASE

Old Standard:

“Immediate risk of harm to self or others.”

New Standard:

“Substantial risk of harm due to impaired judgment.”



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ASSISTED OUTPATIENT TREATMENT (AOT)



An evidence-based tool that promotes recovery, reduces harmful behavior, lowers hospitalization and emergency room use as well as reducing costs.

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ASSISTED OUTPATIENT TREATMENT



Data from NY, OH, WA, FL, AZ, NC, NV and MI demonstrates value in promoting recovery and reducing ER visits, hospitalization, arrests and incarceration with high levels of satisfaction

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ASSISTED OUTPATIENT TREATMENT



- Results in substantially higher levels of personal engagement in treatment.
- Patients no more likely to feel coerced.
- Best predictor of perceived coercion or stigma was patient's perception of being treated with dignity and respect by mental health professionals.

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CONSIDER AOT AS AN ALTERNATIVE TO GUARDIANSHIP

- ▶ In Michigan nearly half of all adult guardianships (not including developmental disabilities) are for persons under the age of 65
- ▶ Most of these individuals have a mental illness and for many that illness has been left untreated.
- ▶ AOT is an alternative to guardianship that can restore capacity and avoid the need for guardianship.
- ▶ AOT is of shorter duration and is limited to mental health treatment, preserving decision-making in the individual

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IT TAKES A COMMUNITY TO MAKE THE MENTAL HEALTH SYSTEM WORK

- ✓ Courts
- ✓ Law enforcement
- ✓ Families
- ✓ Community treatment providers
- ✓ Emergency departments
- ✓ Hospitals
- ✓ Mental health advocates



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COURTS

- ▶ Convene stakeholders
- ▶ Regular meetings
- ▶ All MI hearings remote
- ▶ Set non-compliance for status conference
- ▶ Track AOT orders
- ▶ Have provider file summary of treatment plan with the court.

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LAW ENFORCEMENT

- ▶ Crisis Intervention Training for law enforcement and 911 operators.
- ▶ Use screening tools to identify behavioral health issues.
- ▶ Link with Community Mental Health to divert persons to care.

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COMMUNITY TREATMENT PROVIDERS

- ▶ Have relationship hospitals, crisis centers, law enforcement and the courts.
- ▶ In Michigan consider mediation at first sign of non-adherence to treatment.
- ▶ In Michigan, file for AOT only if continued non-adherence and seek mediation.

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EMERGENCY DEPARTMENTS

- ▶ EDs are the primary gatekeeper
- ▶ Apply proper standard for persons entering ED
- ▶ If meet standard for treatment, but the risk of harm does not require hospitalization, connect with community treatment provider
- ▶ Have MOU with CMH and CCBHC to assure that persons in need of treatment are connected to an outpatient treatment provider

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HOSPITALS

- ▶ Apply the new standard to determine if a person requires treatment.
- ▶ When discharging a patient from the hospital before the hearing connect the individual to CMH.
- ▶ If a person is hospitalized on a court order, do not discharge the patient without prior consultation with the outpatient treatment provider.

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IT TAKES A COMMUNITY TO MAKE THE MENTAL HEALTH SYSTEM WORK

Everyone plays a role; connection and communication are vital to assuring warm handoffs to connect people with treatment.



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WHERE TO START?



- ▶ **Convene the stakeholders**
- ▶ **Identify the familiar faces**
- ▶ **A relatively small number consume huge resources and time**
- ▶ **Focusing on these individuals presents the greatest opportunity to improve lives and relieve pressure on our ERs and law enforcement**
- ▶ **Successful intervention will free up resources for more people**

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NATIONAL JUDICIAL TASK FORCE

On March 30, 2020, the Conference of Chief Justices and Conference of State Court Administrators established the National Judicial Task Force to Examine State Courts' Response to Mental Illness with a charge to "assist state courts in their efforts to more effectively respond to the needs of court-involved individuals with serious mental illness." The State Justice Institute provides financial support.

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NATIONAL JUDICIAL TASK FORCE RECOMMENDATIONS

- ▶ **Modify mental health laws to improve access to timely and appropriate mental health treatment in the least restrictive manner.**
 - ▶ **Intervene when a person lacks the capacity to make decisions**
 - ▶ **Establish a presumption to order outpatient treatment**
 - ▶ **Use outpatient treatment orders as an alternative to guardianship.**
 - ▶ **Permit a qualified mental health professional to initiate and testify as to the need for treatment.**
 - ▶ **Conduct mental health hearings remotely.**

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NATIONAL JUDICIAL TASK FORCE RECOMMENDATIONS

- ▶ Create a process for emergency psychiatric intervention that does not initiate the judicial process
 - ▶ Limit who may initiate
 - ▶ Permit use of a qualified mental health professional to assess.
 - ▶ Provide treatment for up to 5 days without judicial intervention
 - ▶ After 5 days, can initiate judicial process.

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NATIONAL JUDICIAL TASK FORCE RECOMMENDATIONS

- ▶ Link to Task Force:
 - ▶ [National Judicial Task Force to Examine State Courts' Response to Mental Illness](#)
- ▶ Link to Task Force Reports:
 - ▶ <https://www.ncsc.org/behavioralhealth/task-force-publications-2/task-force-background-and-reports/reports>

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LINK TO TASK FORCE AND REPORTS

- ▶ https://www.ncsc.org/behavioralhealth?mc_cid=9f8d7ff6a6&mc_eid=3d6eb6818d
- ▶ <https://www.ncsc.org/behavioralhealth/task-force-publications-2/task-force-background-and-reports/reports>
- ▶ <https://www.ncsc.org/behavioralhealth/task-force-publications-2/task-force-background-and-reports/reports>

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