

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

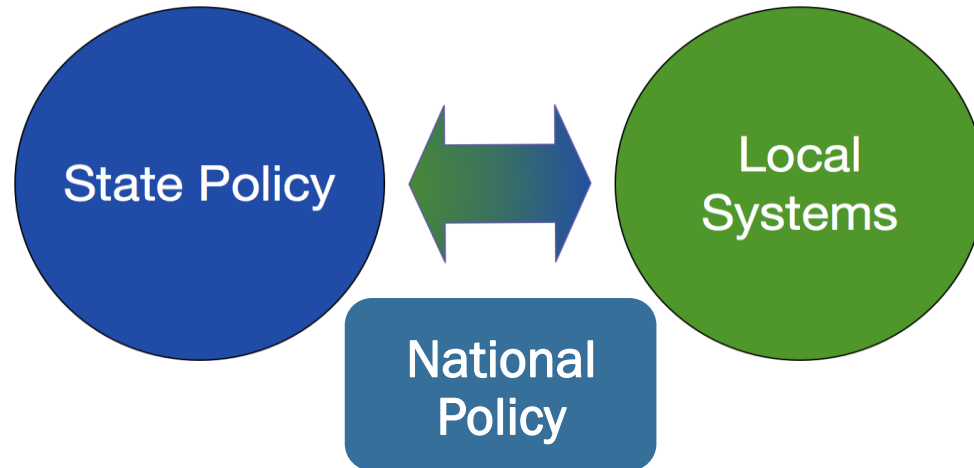
2022 Mental Health Conference
Access and Advocacy: A Community Conversation
Baptist Behavioral Health Grand Rounds

Andy Keller, PhD | April 27, 2022

Meadows Mental Health Policy Institute

Mission Statement

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





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

180,446 THE CURRENT MENTAL HEALTH CARE SYSTEM

SUBSTANCE
RELATED DEATHS
Nationally in 2020

45,979

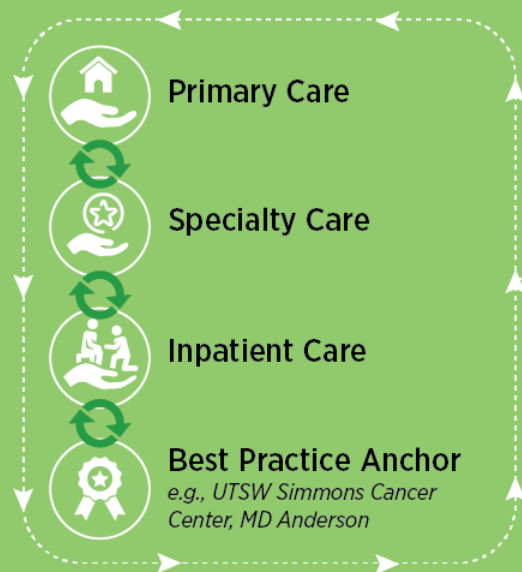
DEATHS BY
SUICIDE
Nationally in 2020

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

HEALTH CARE



MENTAL
HEALTH CARE



The best Mental Health Care
is like the best Health Care



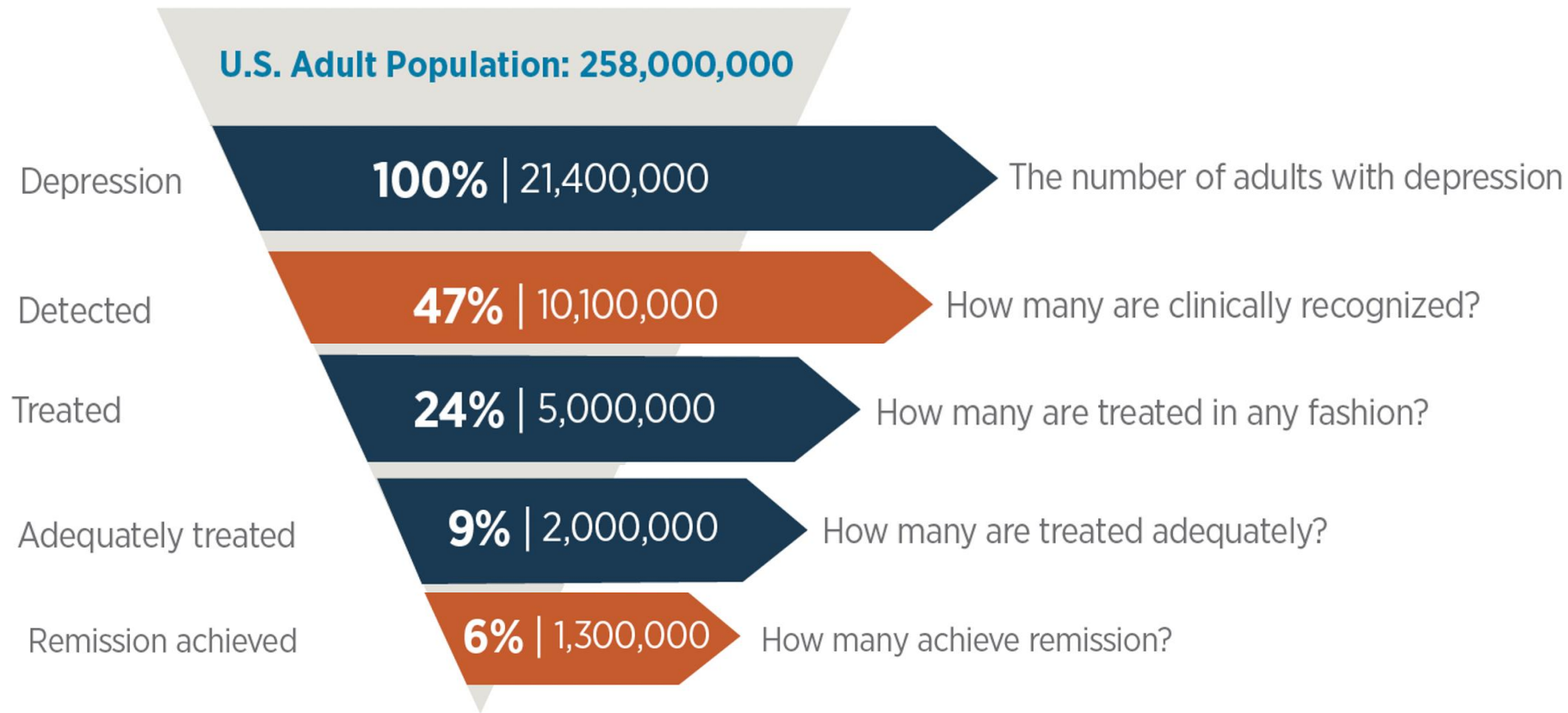
Fragmented Care

Specialty Care
Insufficient Network Capacity

Primary Care

Best Practice Boutique
e.g. McLean, Johns Hopkins

Do We Care Enough To Treat Depression Well?



180,446 THE CURRENT MENTAL HEALTH CARE SYSTEM

SUBSTANCE
RELATED DEATHS
Nationally in 2020

45,979

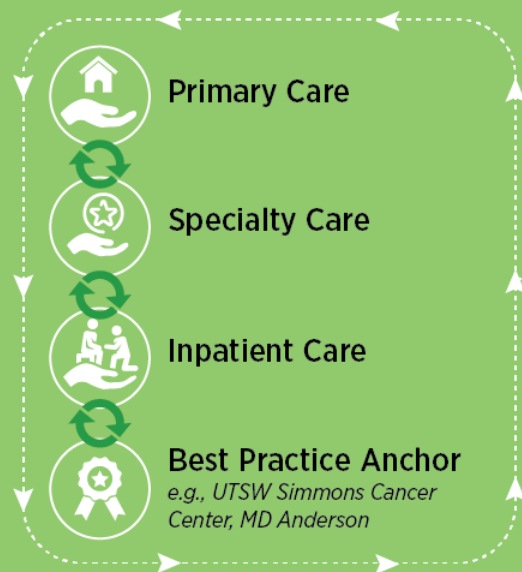
DEATHS BY
SUICIDE
Nationally in 2020

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

HEALTH CARE



MENTAL
HEALTH CARE



The best Mental Health Care
is like the best Health Care



Fragmented Care

Specialty Care
Insufficient Network Capacity

Primary Care

Best Practice Boutique
e.g. McLean, Johns Hopkins

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

SPECIALTY CARE

Sufficient Network Capacity

Sufficient Networks

Outpatient

Outpatient

Rehabilitative Care

Rehabilitative Care

Inpatient Care

Inpatient Care

Best Practice Anchor

e.g., UTSW Simmons Cancer Center, MD Anderson

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



SHIFT #1: 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

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”

A Big Change is Coming in July: 988

- **What is 988?** A 3-digit, universal calling code to be available nationwide for mental health crises generally and suicide specifically.
- 988 goes live nationwide in July, but...
- **RIGHT NOW** – adequate crisis response systems are not available in most places. Efforts are underway to help ensure:
 - Resources are available to build out crisis resources further;
 - Law enforcement is able to reduce its involvement in MH crisis response; and
 - Every community can at least minimally provide the three pillars of an **ideal crisis response** are available to anyone who calls 988 (which would represent remarkable progress).

988 reform is good ...



Mental Health Center of Denver

[Access Services](#) [Resources](#)

Support Team Assisted Response (STAR)

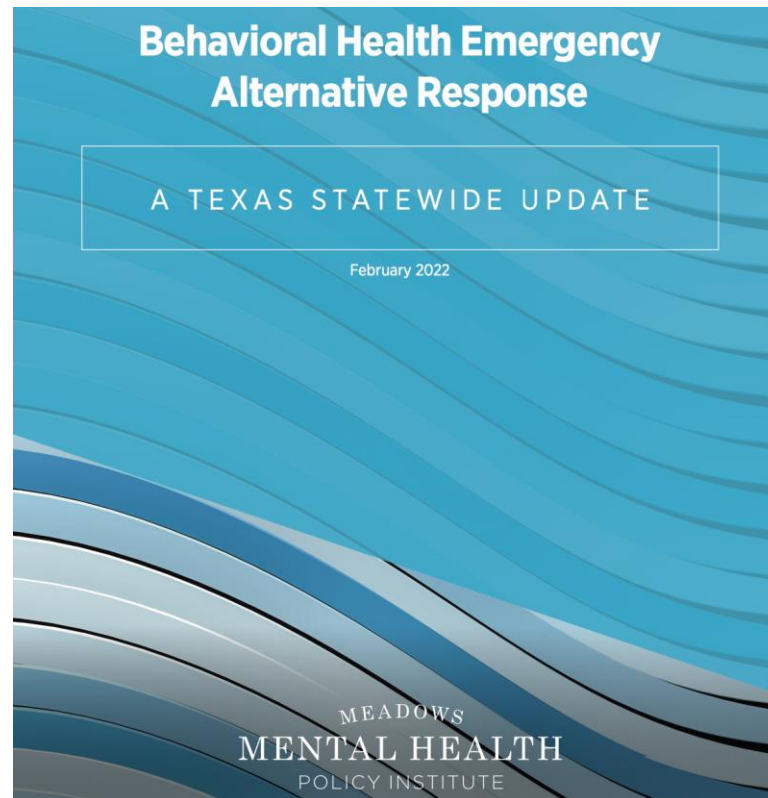
Our goal is to send the right people to help with crises related to mental health, homelessness and more. Learn more about this program below.



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



... 911 requires reform, too



Selected co-response programs' exclusionary criteria for crisis response

Program Name	Will Respond to Calls That Include		
	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	✓

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.

Mental Health Clinician



Referred Family to Treatment • Services

Referrals Provided to Family •
Treat in Place • Link with Care

Taken to Outpatient Clinic

Taken to Community Hospital or
Psychiatric Facility

Assertive Community
Treatment Team Notified

Referred to Mobile Crisis Team

Connection to Housing Resources

Community Health Paramedic



Transportation

Medical Clearance

Follow-up and Outreach

Ongoing Care Connection

Law Enforcement



Secure Scene

Emergency Psychiatric
Detention

Victims' Services

Dallas RIGHT Care



**Dallas
Fire-Rescue
Department:
Paramedic**



**Dallas Police
Department:
Law Enforcement
Officer**



Parkland

**Parkland
Hospital:
Mental Health
Clinicians**

Mission Critical Components

**911 Embedded Mental Health
Clinician**

**Same Day Walk-in Clinic and
Prescriber Services**

**CIT Training for Officers,
Clinicians and Paramedics**

**24/7 Community Crisis Bed
Capacity**

**Crisis Care Capacity for People
Under Influence of Intoxicants**

Housing Referral Network

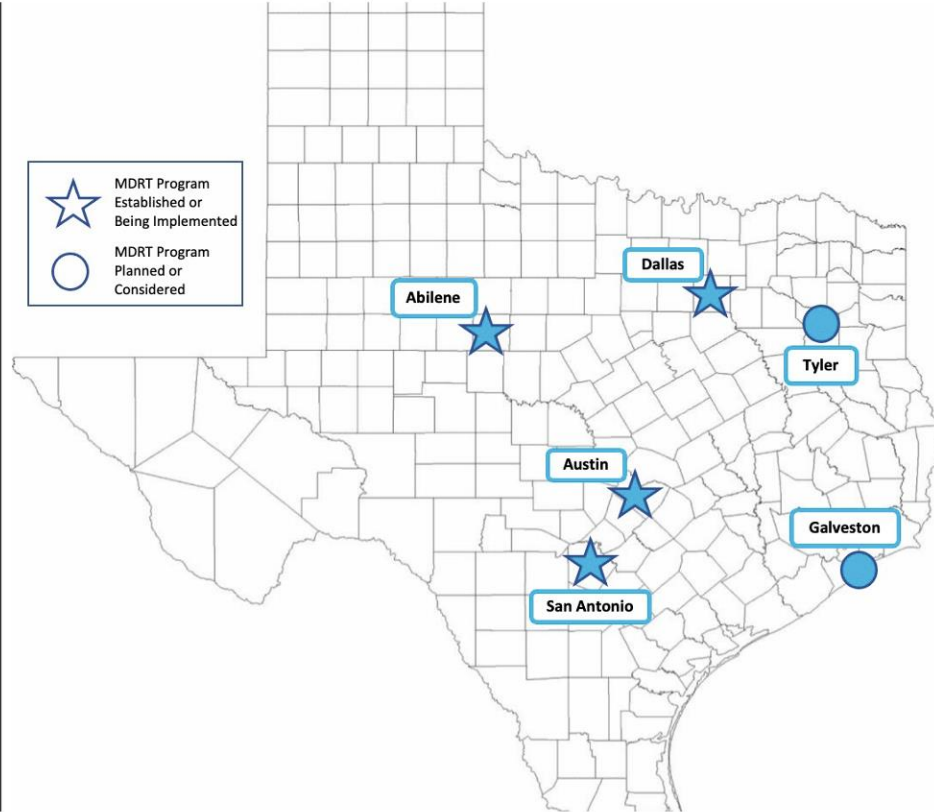
Year 1 Outcomes from the City of Dallas

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%

BUILDING ON SUCCESS: MDRT ACROSS TEXAS

Other National Cities looking at it:

- ◆ Baltimore, Maryland
- ◆ Chicago, Illinois
- ◆ Detroit, Michigan
- ◆ Philadelphia, Pennsylvania
- ◆ New York City, New York





SHIFT #2: ADDRESSING THE MH/SU EPIDEMIC LIKE WE DO THE PANDEMIC

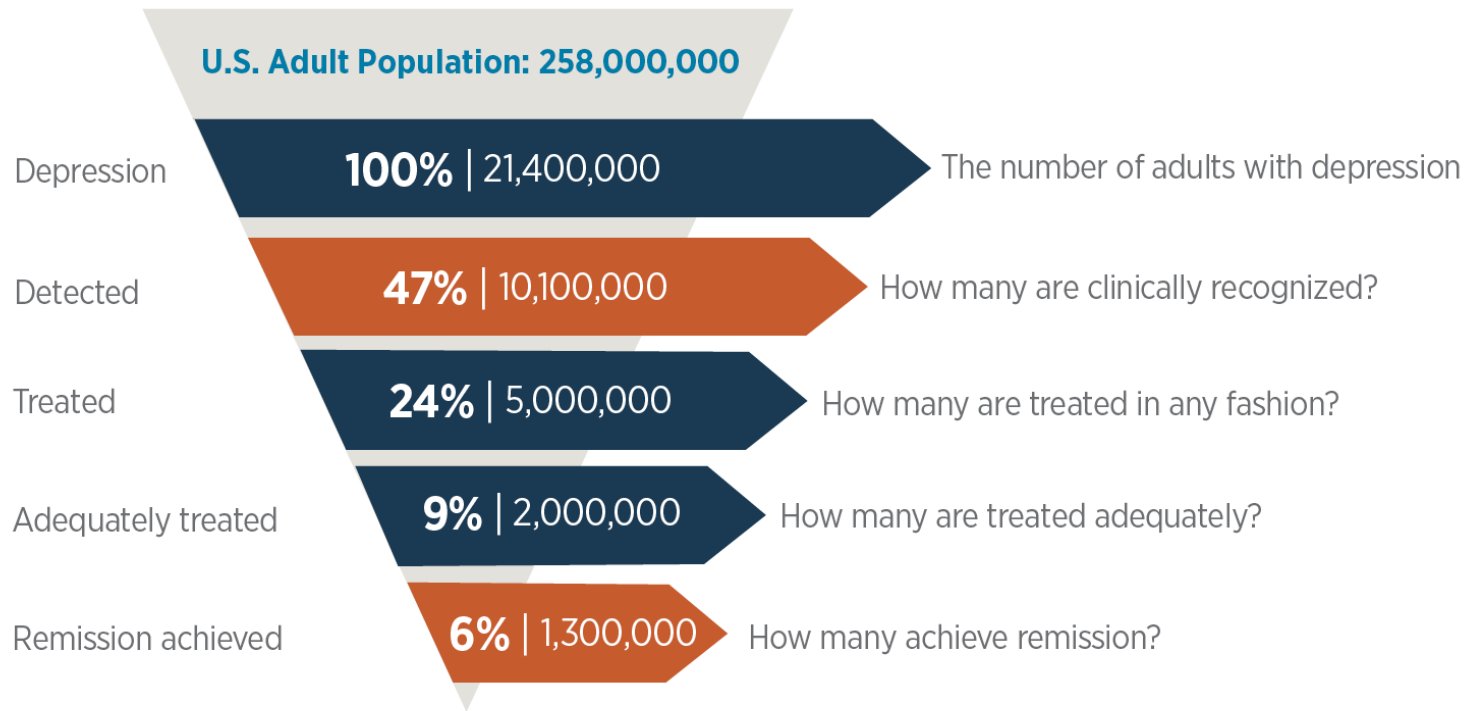
COVID-19 and Mental Health Impacts

COVID-19 has dramatically increased mental health needs.

- ***Largely unknown fact: Only age drove more COVID mortality than depression.***
- The Centers for Disease Control and Prevention (CDC) now tracks mental health needs. As of March 14, 2022:
 - Symptoms of anxiety disorder up 3.4x (27% vs 8%)
 - Symptoms of depression up 3.3x (22% vs 7%)
- Rates of death from overdose are up over 30%.
- Early in the pandemic, the proportion of mental health-related ED visits increased 24% among children aged 5–11 and 31% among adolescents aged 12–17.
- The rate of pediatric emergency room visits for suicide is now double pre-pandemic levels.

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

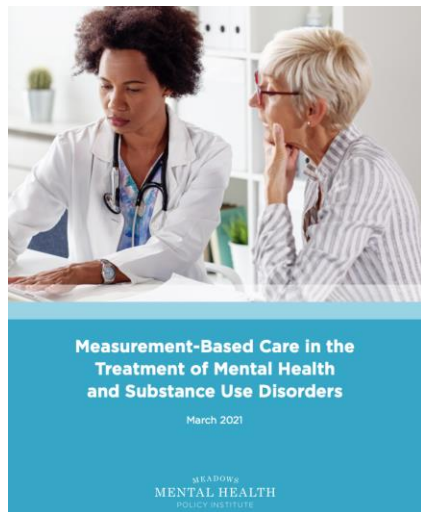
Do We Care Enough To Treat Depression Well?



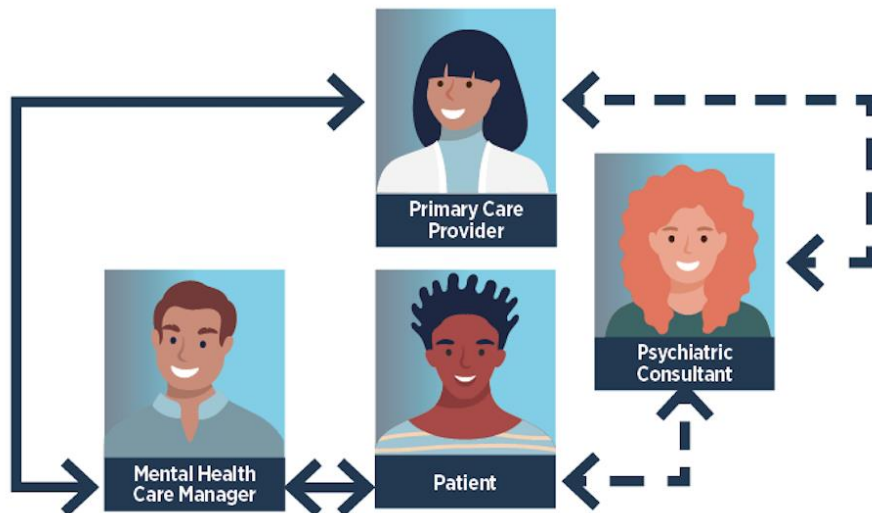
Two Existing Solutions

Measurement-Based Care (MBC):

Systematic use of repeated, validated measures to track symptoms and functional outcomes over time.



Collaborative Care Model (CoCM): Integrates care managers and consultant psychiatrists directly within primary care office; helps over 40% of people achieve full remission and another 25% achieve substantial relief.



Implementation Barriers . . . and Solutions

Barriers to implementation of these system-wide supports include:

- Relatively small costs for IT changes, workflow redesign, hiring new staff (current reimbursement rates can cover costs after 6 months).
- Technical assistance to ensure model fidelity and reimbursement.
- *The biggest barrier is bandwidth and competing priorities.*

Solutions include:

- Grant funding to cover initial costs and ensure prioritization.
- Proven technical assistance over an 18- to 24-month period (proven to improve clinical outcomes and helps sustainability).

Integration of Behavioral Health into Primary Care

- Two models offer the promise of reaching people in primary care rather than referring them to overwhelmed and understaffed specialty care systems:
 - 1) The Collaborative Care Model (CoCM) (90+ RCTs)
 - 2) Primary Care Behavioral Health (PCBH) (Promising for Children)
- Both have the potential to magnify the reach of our limited workforce:
 - CoCM can leverage psychiatrist time 3.5 times over and
 - PCBH can leverage other licensed practitioner time 2.7 times
- A comprehensive 2021 RAND study offered specific recommendations for scaling CoCM and PCBH nationwide, similar to efforts to scale electronic health records, and legislation (HR 5218) is being considered that includes:
 - Incentive grants to overcome start-up costs and
 - Technical assistance to access existing billing codes that cover costs.

Lone Star Depression Challenge



Lyda Hill Philanthropies awarded \$10 million to a collaboration of the *Meadows Institute, UT Southwestern, Harvard Medical School*, and other *leading medical schools across Texas*. Within five years, the Lone Star Depression Challenge will:

- Save over a **thousand lives from suicide**,
- Help at least **1 million Texans recover** from depression, and
- Enable at least **10 million Texans to access health systems** prepared to detect and effectively treat depression.

Scope: BSWH System-wide roll out of CoCM and MBC, 150+ primary care clinics

Phase 1: 8/2020 – 12/2020

- 2 sites/4 clinics
- 49,500 patients*

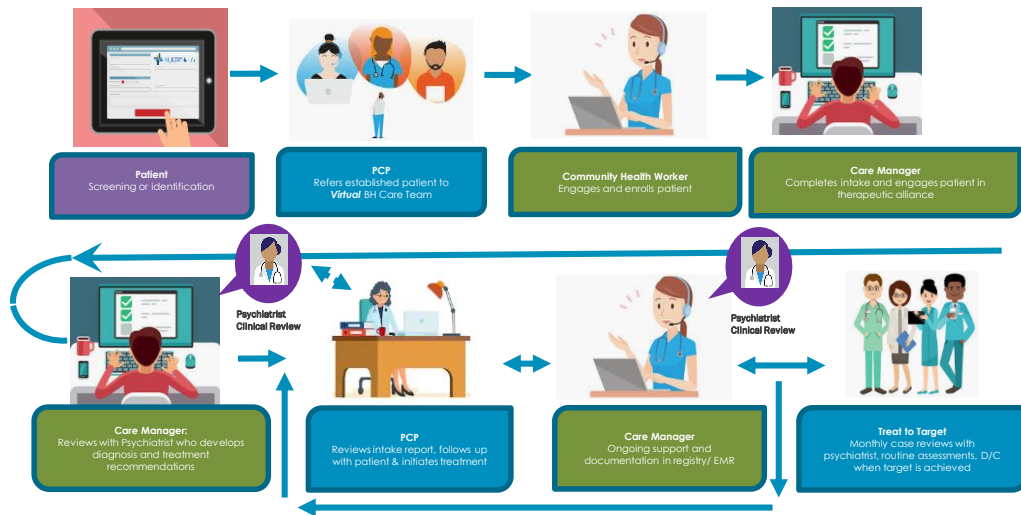
Phase 2: 1/2021 – 6/2021

- 1 site/1 clinic
- 8,800 patients

Phase 3: 7/2021 – 6/2022

- 45-50 clinics
- ~400,000 patients*

Phase 4: 7/2022 – 6/2023, TBD



Example: Baylor Scott & White Health System

Patients enrolled in CoCM improved faster than patients working only with primary care or specialty BH care providers

<ul style="list-style-type: none">➤ N = 344 patients➤ CoCM enrollment 6+ weeks➤ Starting PHQ9>9 (Average = 14)➤ As of: 7/30/2021	BSWH CoCM Population	Expected PCP	Expected Specialty
Any improvement	75%		
Response (>50% improvement)	42%	20%	26%
Remission (PHQ9<5)	26%	<8%*	<20%**

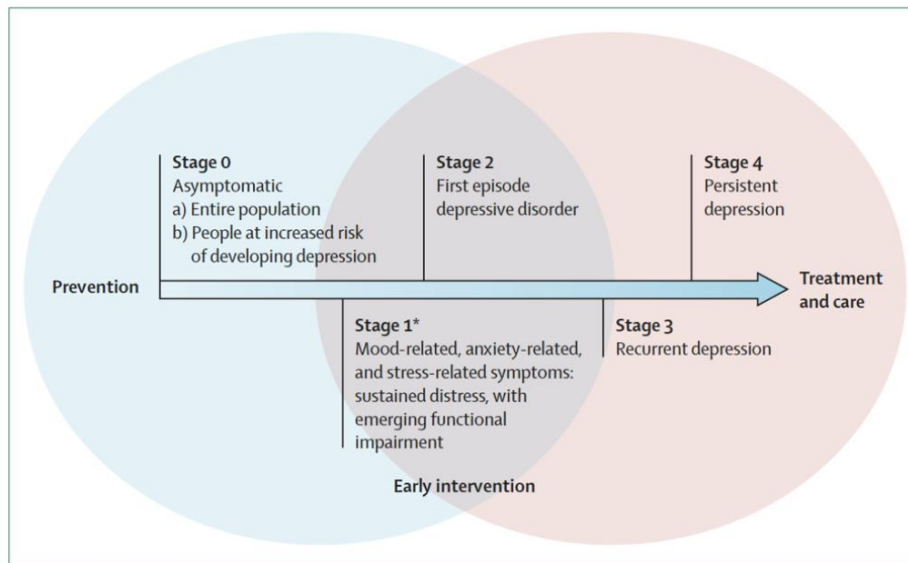
*Minnesota Measurement Remission Measure

**Hedis benchmarks of NQF 711; MDD in clinical trial setting=45%

A Time for United Action

The Lancet Commissions

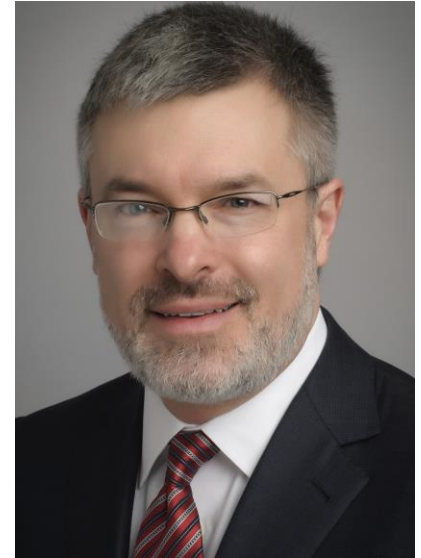
A staged approach to care





SHIFT #3: TREATING MH/SU NEEDS AS PEDIATRIC HEALTH CONDITIONS


75% of Mental Illnesses Begin Pre-Adulthood



Texas Child Mental Health Care Consortium

- **Vision:** All Texas children and adolescents will have the best mental health outcomes possible.
- **SB 11- 86th Legislature:** leverage health-related institutions of higher education to improve mental health care for children
- **Initiatives:**
 - Child Psychiatry Access Network – primary care consultation
 - Texas Child Health Access Through Telemedicine (in schools)
 - Community Psychiatry Workforce Expansion (public system)
 - Child and Adolescent Psychiatry Fellowship Expansion
 - Research


Child Psychiatry Access Network (CPAN)

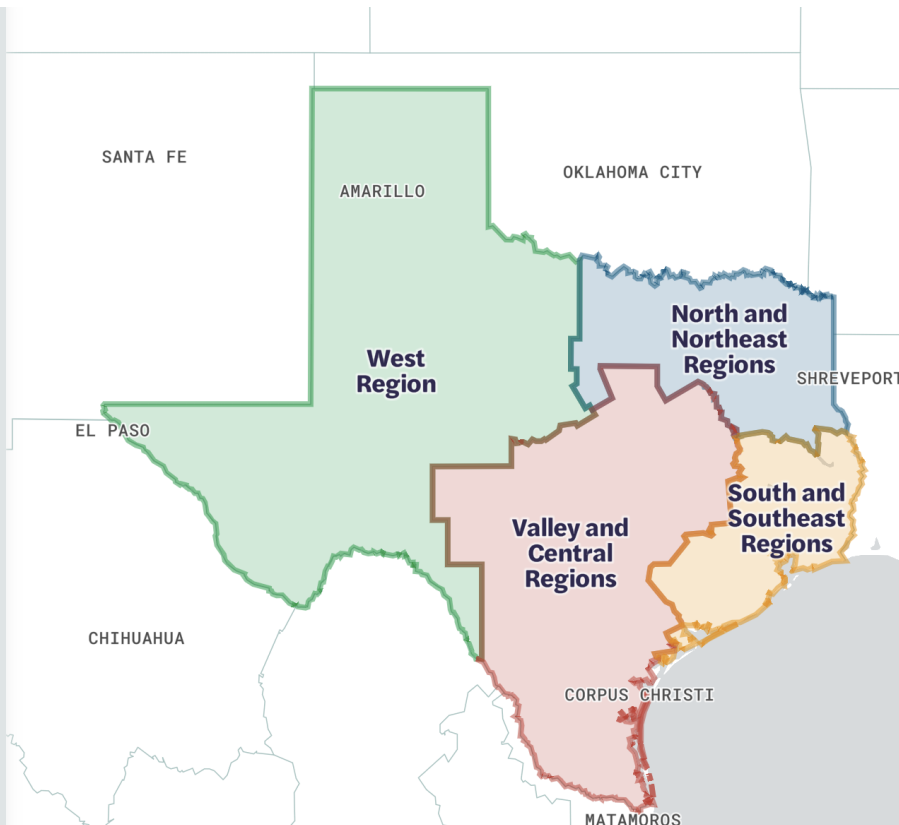


CPAN
Child Psychiatry
Access Network

Dial (888)901-2726 to reach CPAN

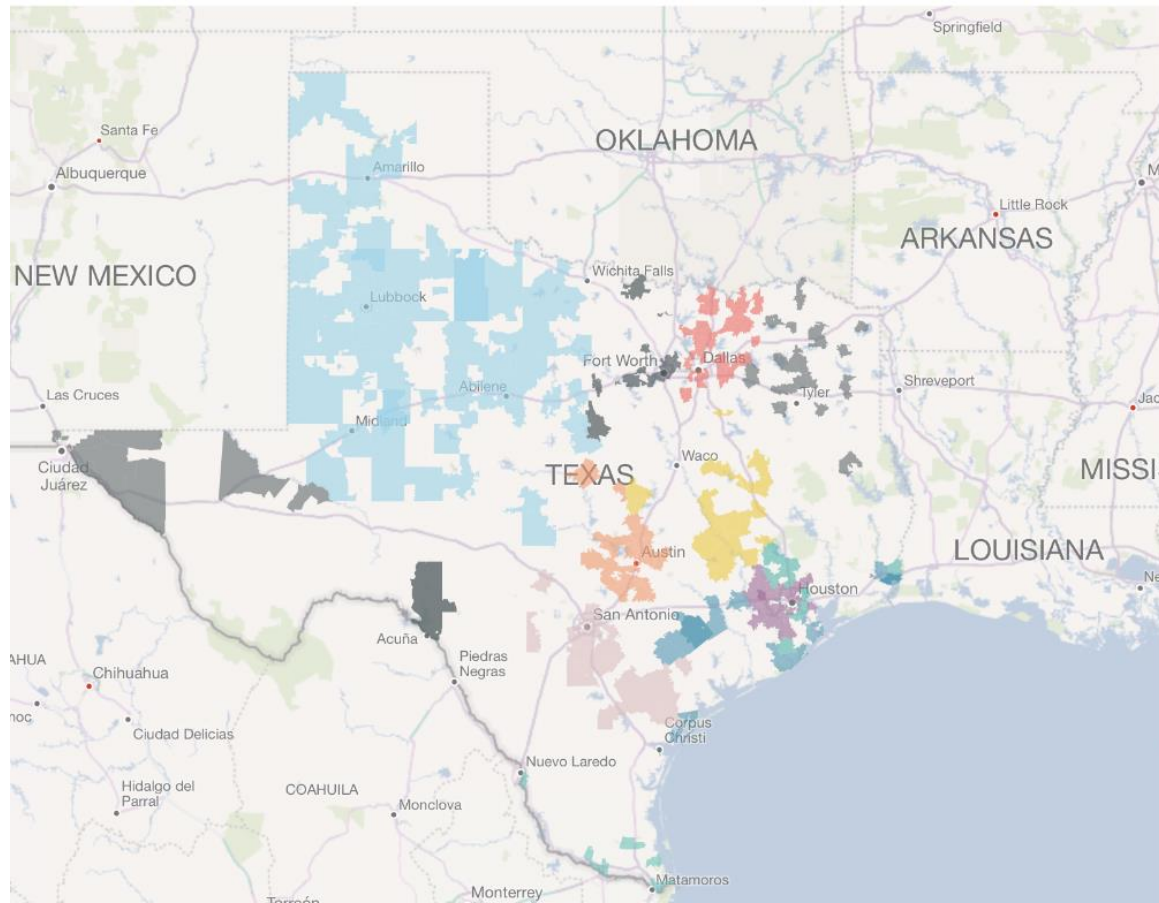
Type in your Zip Code or zoom and click on your county for simple switchboard instructions





Texas Child Access Through Telemedicine (TCHATT)

TCHATT Funded Services by HRI



Student Population Who Can Access Services

2,114,878

of School Districts

325

of Campuses

3025

HRI

- ☐ Select all
- ☐ BAYLOR COM
- ☐ DELL MED
- ☐ TAMU
- ☐ TEXAS TECH HSC EL PASO
- ☐ TTUHSC
- ☐ UNT HSC
- ☐ UT SOUTHWESTERN
- ☐ UTHSC HOUSTON
- ☐ UTHSC SAN ANTONIO
- ☐ UTHSCT
- ☐ UTMB
- ☐ UTRGV

MOU Status

- ☐ Select all
- ☒ ACTIVE
- ☐ INACTIVE
- ☐ PENDING

School District

All

Campus

A B DUNCAN COLLEGIATE EL
A C JONES HEALTH PROFESSIONS MAGNET ACADEMY
A C JONES HIGH SCHOOL
A E BUTLER INTERMEDIATE SCHOOL
A M PATE ELEMENTARY SCHOOL

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

SPECIALTY CARE

Sufficient Network Capacity

Sufficient Networks

Outpatient

Outpatient

Rehabilitative Care

Rehabilitative Care

Inpatient Care

Inpatient Care

Best Practice Anchor

e.g., UTSW Simmons Cancer Center, MD Anderson

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

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



THE HACKETT CENTER
FOR MENTAL HEALTH



*The truth is: mental illness affects more people than you may think, and we need to talk about it. It's
Okay to say...* okaytosay.org
