Connecting Brain Injury and Behavioral Health

NASHIA: Partners in Progress: Addressing Traumatic Brain Injury, Mental Health and Addiction

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Brian M. Hepburn, M.D.

Executive Director

National Association of State Mental Health Program Directors (NASMHPD)

NASMHPD

Individuals dually diagnosed with substance use disorders and severe mental illness may have a high rate of head injury.

WILL DISCUSS

- NASMHPD
- Trends in Behavioral Health
- SAMHSA and Strategic Plan
- Beyond Beds
- 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.
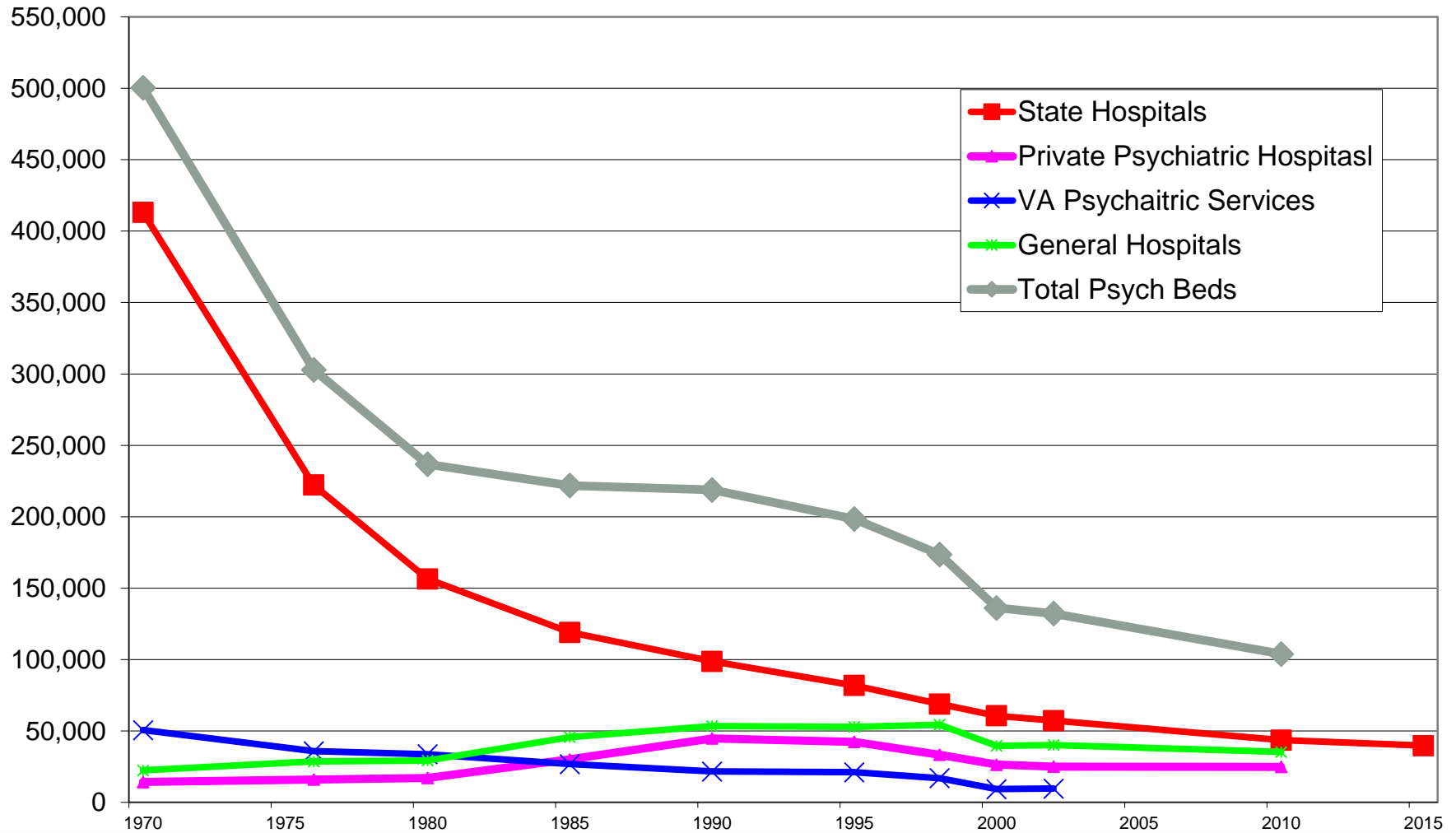
TRENDS IN BEHAVIORAL HEALTH

Residents in State Psychiatric Hospitals, Jails, and Prisons, 1950 to 2014
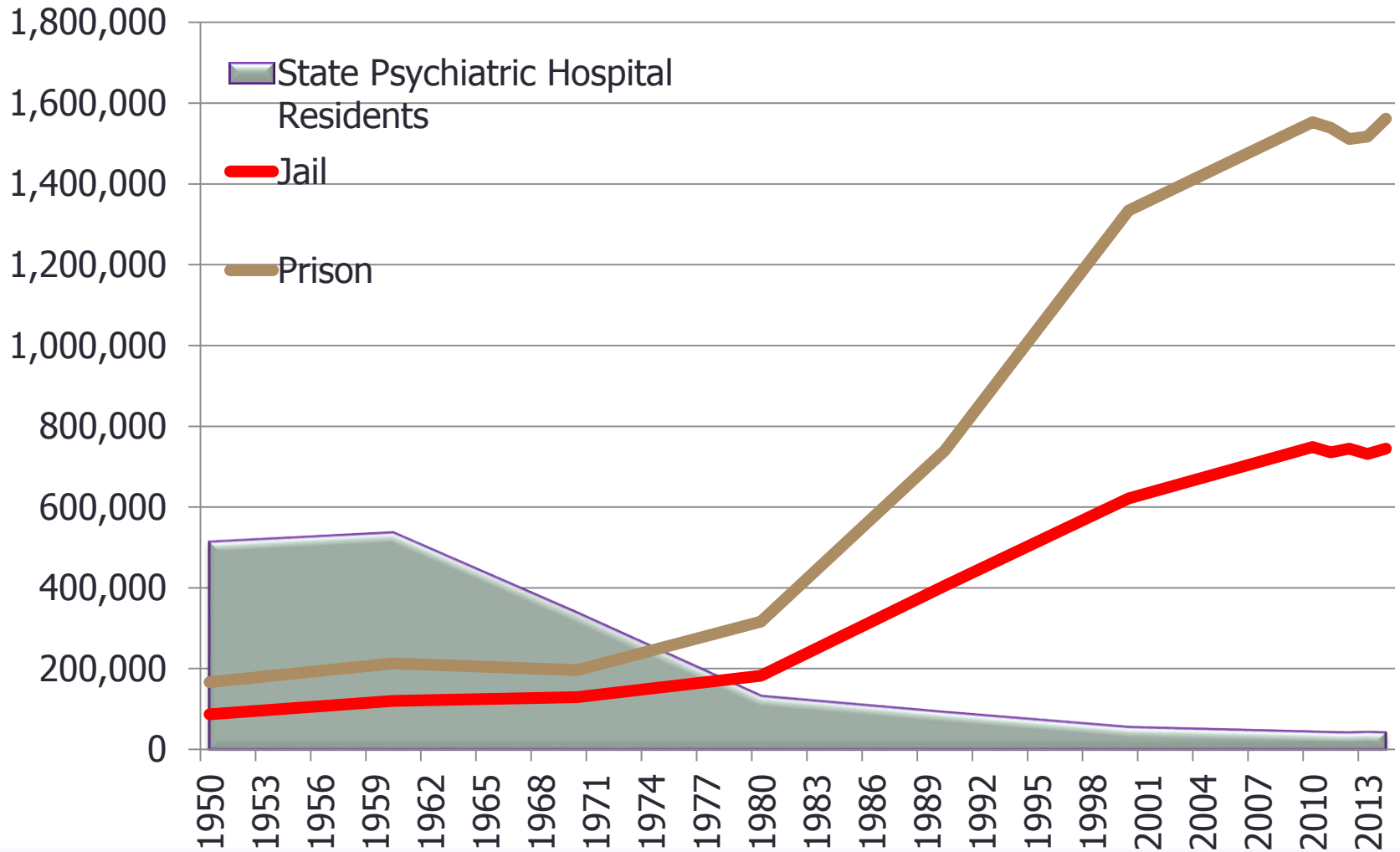
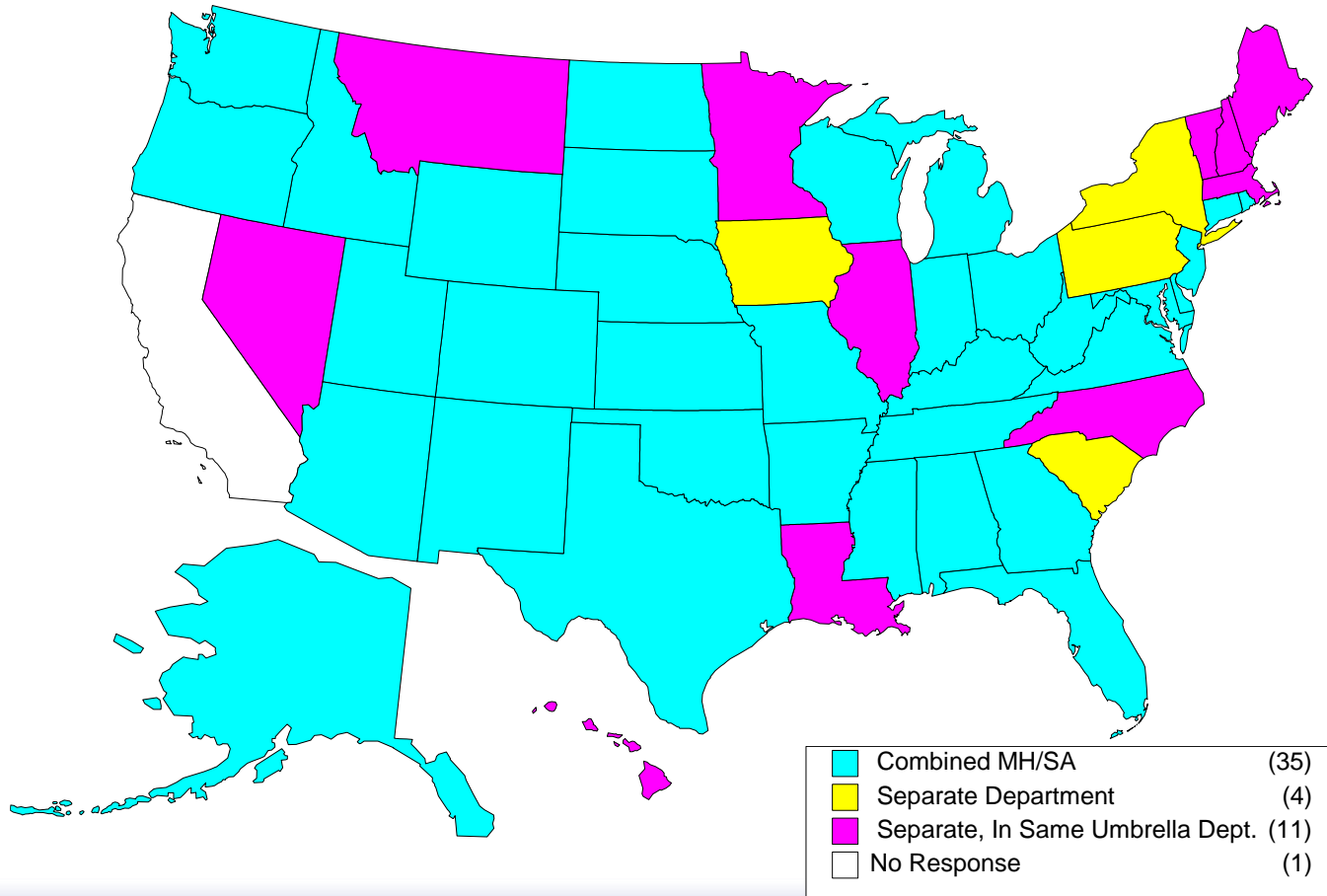# Trend in All Psychiatric Beds: By Type of Hospital, 1970 to 2015

EPISODES OF CARE

- Don't have national data for episodes of care

- However, using Maryland Health Care Commission data and Los of 6 days for acute general hospital psychiatric units, 10 days for Private Psychiatric hospitals and 6 months for state facilities (This varies in states with the number of acute beds versus chronic. In Maryland almost all admissions to state hospitals are court involved).

- Just comparing acute general psychiatric, Private Psychiatric hospitals and state hospitals: 68% of episodes of care are in acute general psychiatric units, 30% are in acute psychiatric hospitals and 2% are in the state hospitals.

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%
RTCs for Children	370	81%	60	13%	28	6%
RTCs 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%

Source: SAMHSA N-MHSS, 2014

Organization of M/SUD Service Responsibilities:2015

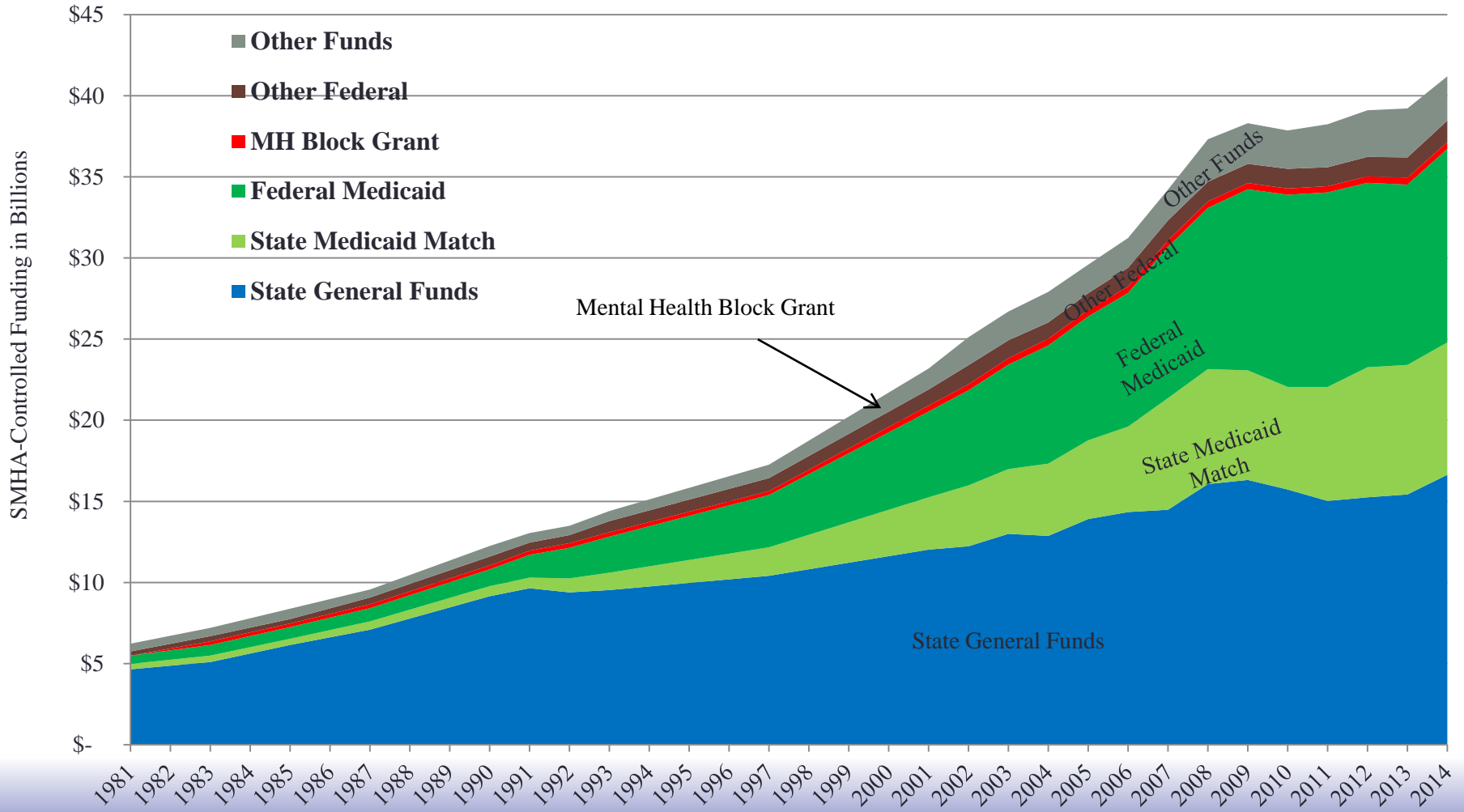|		
Combined MH/SA		(35)
Separate Department		(4)
Separate, In Same Umbrella Dept.		(11)
No Response		(1)

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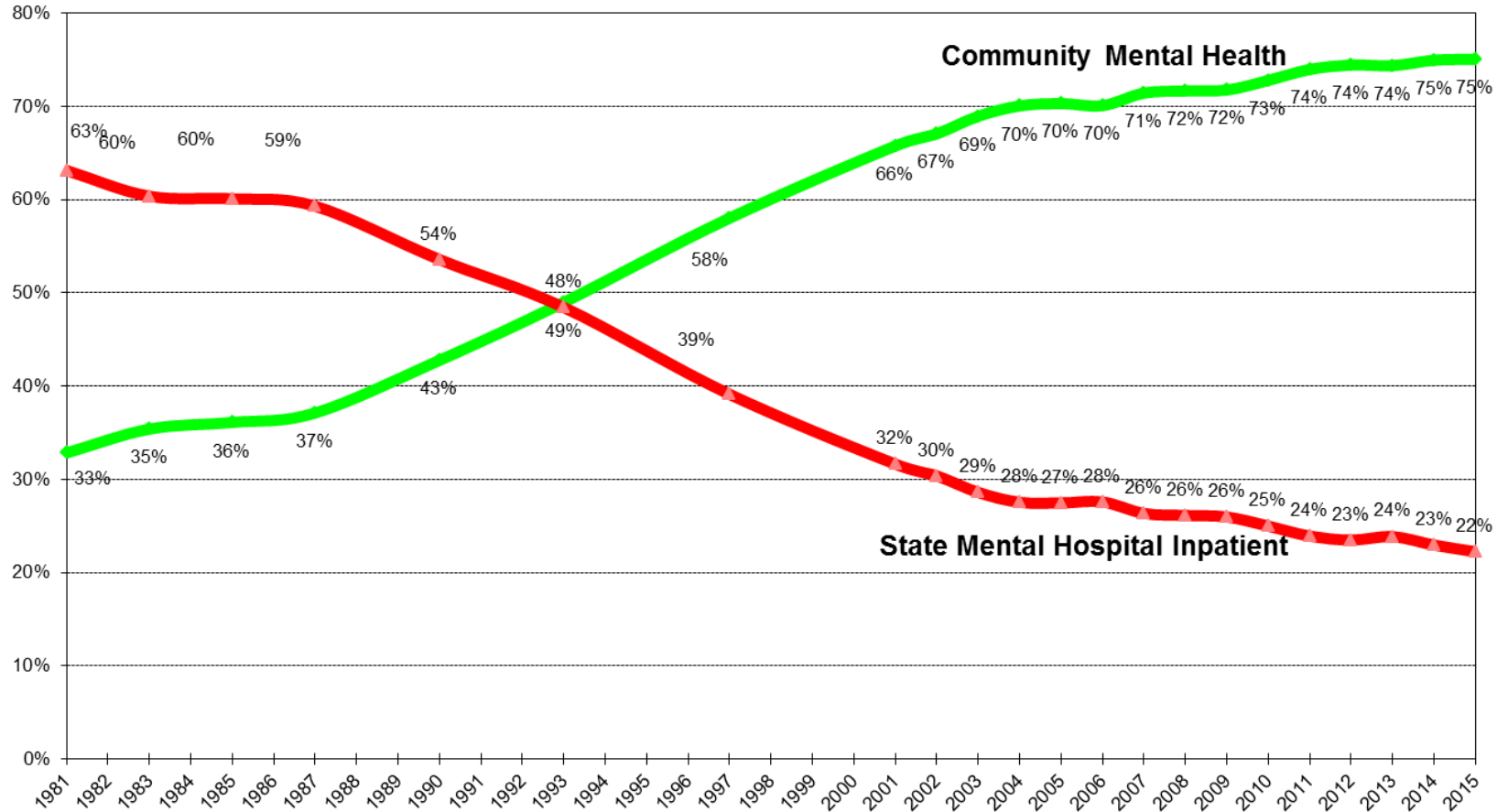
SMHA-Controlled Revenues for Mental Health Services: FY 1981 to FY 2014

SAMHSA STRATEGIC PLAN FY2019 – FY2023

SAMHSA Strategic Plan

- The SAMHSA Strategic Plan FY2019-FY2023 outlines five priority areas with goals and measurable objectives that provide a roadmap to carry out the vision and mission of SAMHSA over the next four years. The five priority areas are:
  - 1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services
  - 2. Addressing Serious Mental Illness and Serious Emotional Disturbances
  - 3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
  - 4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
  - 5. Strengthening Health Practitioner Training and Education

Priority 2

- Objective 2.1: Strengthen federal coordination to improve care

- Objective 2.2: Facilitate access to quality care through services expansion, outreach, and engagement

- Objective 2.3: Improve treatment and recovery by closing the gap between what works and what is offered

- Objective 2.4: Increase opportunities for diversion and improve care for people with SMI or SED involved in the criminal and juvenile justice systems

- Objective 2.5: Develop finance strategies to increase availability and affordability of care

Objective 2.4

- Support, through SAMHSA funding, training, and technical assistance, state and local efforts to divert if appropriate, individuals living with SMI or SED from the juvenile or criminal justice systems to community-based care for mental and substance use disorders and through other developmental support services

- Identify and promote evidence-based practices with the goal of reducing the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and criminal justice system interactions

- Provide training and technical assistance to stakeholders to help address issues of competency restoration in states to assure delivery of timely and appropriate care

Objective 2.4

- Strengthen collaboration with adult and juvenile justice-based organizations to provide education and training to first responders, courts, jails, prisons, and parole officers on how to work with individuals who have SMI or SED

- Collaborate with federal and nonfederal partners to promote therapeutic justice dockets in federal, state, and local courts for individuals living with SMI or SED

- Improve information sharing among justice, mental health, and others who interact with individuals at risk for or living with SMI or SED, to promote coordinated service delivery

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

October 2017

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

2018 Technical Assistance Coalition Papers

1	Bolder Goals, Better Results: Seven Breakthrough Strategies to Improve Mental Illness Outcomes
2	Experiences and Lessons Learned in States with On-Line Databases (Registries) of Available Mental Health Crisis, Psychiatric Inpatient, and Community Residential Placements
3	Speaking Different Languages- Breaking Through the Differences in the Perspectives of Criminal Justice and Mental Health Stakeholders on Competency to Stand Trial Services: Part 1
4	Medical Directors' Recommendations on Trauma-informed Care for Persons with Serious Mental Illness
5	A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness
6	Going Home: The Role of State Mental Health Authorities to Prevent and End Homelessness Among Individuals with Serious Mental Illness
7	Changing the Trajectory of a New Generation: Universal Access to Early Psychosis Intervention
8	Making the Case for a Comprehensive Children's Crisis Continuum of Care
9	Achieving Recovery and Attaining Full Employment through the Evidence-Based IPS Supported Employment Approach
10	Weaving a Community Safety Net to Prevent Older Adult Suicide

GOALS FOR FUTURE BEHAVIORAL HEALTH SYSTEM

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- Access to quality services at each point in the continuum including "beds"
- 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!

Brian Hepburn

Brian.Hepburn@nasmhpd.org