



INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

Criminal Justice – Behavioral Health: Partnerships Creating Integrated Healthcare

Better Outcomes at the Intersection of Mental Health and Criminal Justice

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INSTITUTE FOR BEHAVIORAL HEALTHCARE IMPROVEMENT

The Institute for Behavioral Health Improvement (IBHI)

- Organized in 2005
- Independent Not For Profit (501C3)
- Dedicate to helping organizations serving people with behavioral health problems to get better results
- Website is www.IBHI.net

We are dedicated to:

- to become more effective as resource stewards – helping bend the cost curve,
- to change the way the public perceives behavioral health,
- to save lives

We have created conditions that make criminal behavior all but inevitable for many of our brothers and sisters who are mentally ill. Instead of treating them, we imprison them. And then, when they have completed their sentences we release them with minimal or no support system in place, just counting the days until they are behind bars again. We spend far more on imprisonment of the mentally ill than we otherwise spend on treatment and support.

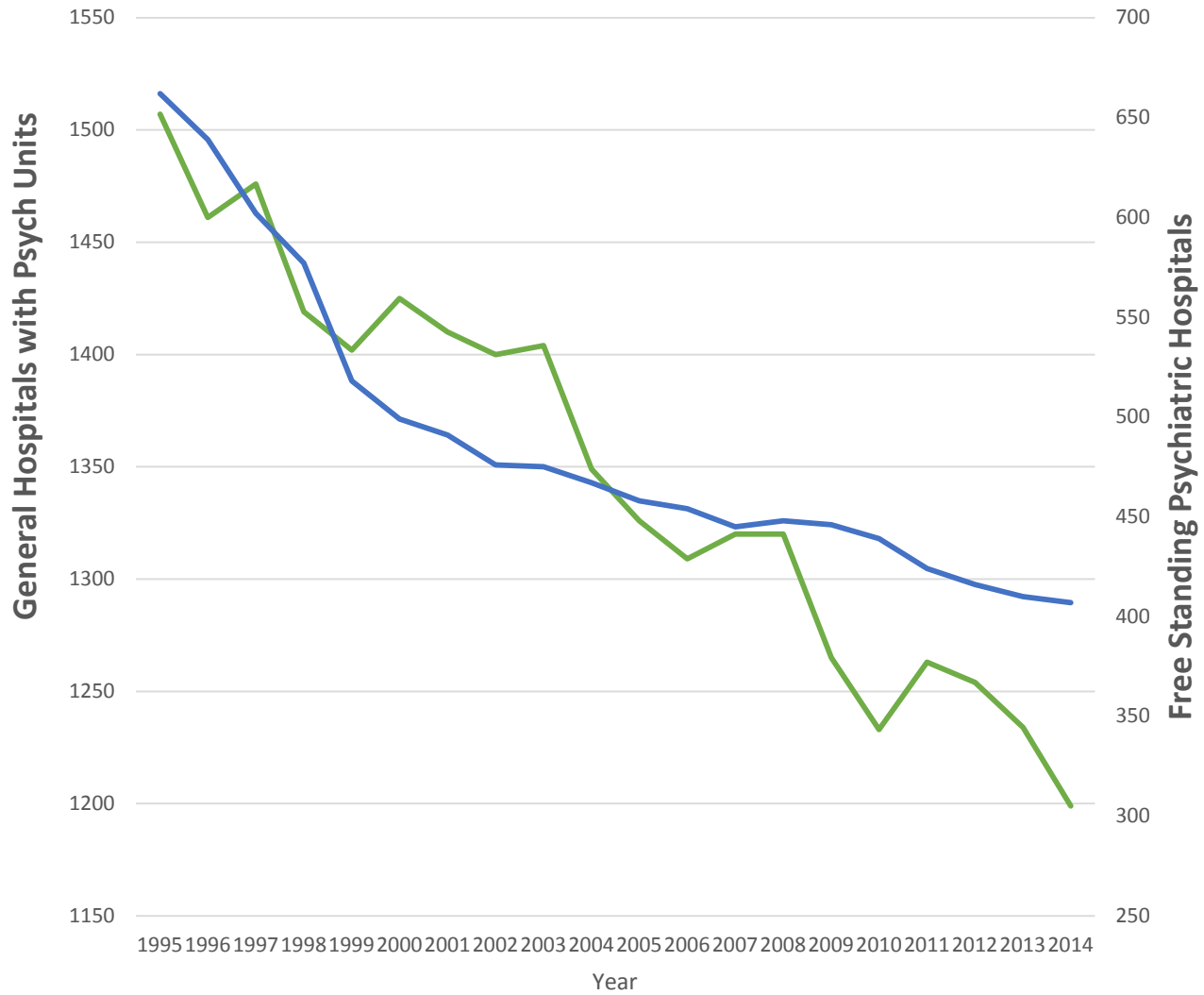
Our National Situation

- 1 in 4 individuals will struggle with mental health and substance abuse disorder annually
- National Comorbidity Survey showed that access to behavioral health or substance abuse disorders is limited. Only 36% of people with these conditions receive clinical care.
- Many studies show substantial increase in costs and reduced life expectancies with comorbid mental health and physical health conditions and positive results from collaborative care models
- More than three quarters of counties in the US have a serious shortage of mental health professionals.

What We Face: The Results of Lack of Community Resources

- Gov't spending on mental health comprises only about half as much as it did in 1986 with a 20% cutback since 2010. (HR 2646)
- The proportion of all health care spending devoted to MH and SA is 28% smaller today than in 1986.
- US Suicide rate has grown since 2006. CDC reports 13 per 100,000 in 2014, the highest since 1986. It is important to recognize the effects of social determinants and disparities on those with serious mental illness – health, housing, socio-economic status


Psychiatric Inpatient Care Units and Freestanding Psychiatric Hospitals, 1995-2014



— General Hospitals

SOURCE: Health Forum, AHA Annual Survey of Hospitals, 1995-2014.
 - Hospitals with a psychiatric unit are registered community hospitals that reported having a hospital-based inpatient psychiatric care unit for that year.
 - Freestanding psychiatric hospitals also include children's psychiatric hospitals and alcoholism/chemical dependency hospitals.

- This shortage of psychiatric beds combined with lack of access to community outpatient resources impacts EDs who are experiencing increased numbers of behavioral patients who come to the ED and increasing numbers of boarded patients.
- A recent ACEP poll of ER physicians 21 percent, said they had patients waiting two to five days in the ER for inpatient beds, "The absolute number of psychiatric visits increased by 55 percent, far outpacing the growth of non-psychiatric visits"



Reports from individual states within the past 18 months suggest that the emergency room problem is becoming increasingly severe

At a hospital in North Dakota, "since just last year the number of patients with psychosis as their primary diagnosis" admitted through the emergency room

In Massachusetts, it has been reported that "mental health patients [are] flooding local ERs"

In New Jersey, the number of mentally ill individuals seeking treatment doubled between 2005 and 2012

CA : Since ACA more than 25% increase in ER visits

In South Carolina, the director of an emergency room commenting on this problem said, "They say it is going to get worse, but I don't know how....It is really horrendous"

In Arizona, "emergency room psychiatric consultations have spiked by 40% since last spring"

In Louisiana, "the lack of mental health beds is forcing hospital emergency rooms to become *de facto* psychiatric units"

- Presently the US incarcerates an estimated 350,000 prisoners who suffer from serious mental illness, almost 10 times the number of persons housed in the nation's psychiatric hospitals.

And Jails and Prisons Are The Defacto Mental Health Treatment Centers

- Epidemiological studies place between 15 and 24% of prison inmates as severely mentally ill. With 1 in 5 in state and federal prisoners suffering from depression and 12% with bi-polar symptoms. Three decades ago, the percentage was 6.4 percent. (MHA, 2015)
- Studies also report that 40 percent of individuals with serious mental illnesses have been in jail or prison at some time in their lives.
- In CA 45% of state prison inmates have been tx'ed for serious mental illness. According to the National Sheriff's Assoc and Tx Advocacy Center, ten times as many mentally ill people are in prison and jail in America today than are in mental health tx facilities
- The US prison population has quadrupled in the past 25 yrs, but those receiving tx increased only slightly
- According to the Bureau of Justice Statistics, while there is a high prevalence of mental health disorders among prison and jail inmates, about 1 in 3 state prisoners and 1 in 6 jail inmates received treatment in custody.

Costs associated with managing mentally ill individuals in the CJ system

- Mental health costs are higher than other prisoners with a higher percentage having more costs associated with managing their (mis)behavior twice as likely to be violent and to harm prison staff
- Have higher recidivism rates than those without mental health problems. Texas study found inmates with bipolar disorders were 3.3 times more likely to be incarcerated again, and those with major mental illness were 2.5 times more likely. (Baillargeon, 2009)
- Utah found that offenders with severe MI returned to prison on average 358 days sooner than other offenders and a higher percentage (Cloyes, 2010)

Better Care Means Lower Cost

- A cost benefit analysis of mental health courts reported by the Pew Charitable Trust and McArthur Foundation found that for every \$1 spend on one state's mental health court system resulted in \$7 in incarceration savings
- In Michigan, the State Administrative Corrections Office evaluated ten mental health courts and found that participants re-offended at a rate 300 percent lower than non-participants
- In CA, the annual prison cost for an inmate in the general population is \$51,000 while the annual community housing and treatment costs for persons with mental illness is \$20,412

Overcrowding and Early Release

- In nearly every state, they face overcrowding of their jails and prisons. They also face court orders to reduce overcrowding and must resort to releasing inmates before their sentences are completed.
- According to the [National Institute of Corrections](#), prison and jail inmates who have physical health, mental health and substance abuse conditions experience more reintegration difficulties upon release, making access to care a re-entry priority for them. Those with mental health conditions reported poorer housing, employment, and family support than those returning prisoners without MH conditions (Urban Institute, 2015, Mallik-Kand et al., 2008)

Insurance Gaps

- Despite no federal law mandating Medicaid termination for prisoners, ninety percent of states have implemented policies that withdraw inmates' enrollment upon incarceration.
- This leaves a mentally ill and vulnerable population uninsured during the months following release. It is a time period during which former inmates are vulnerable to increased risk of medical problems and even death.
- If former prisoners seek psychiatric help and are not covered by Medicaid or other financial assistance programs, they will end up in the emergency room.
- With the expansion of Medicaid under federal healthcare reform starting on January 1, 2014, all parolees should be covered with private insurance or Medicaid.

Proposals to start us on the path

- Reform the way we sentence the mentally ill – all new sentences should take into account the mental health of each defendant, where appropriate provide a non-prison sentencing for nonviolent/nonserious offense. Sentence to a mental health tx setting
- Provide meaningful treatment in prison – Mental Health Oversight Court
- Create meaningful treatment after prison – Pre-release evaluation and post-release mental health care

Bright Spots

- Two state studies found averted costs through outpatient treatment services saved between \$5,000 and \$20,000 (Rossman, 2012)
- Providing coverage for services and medication after release, while applications are pending.
- Crisis intervention teams (CITs) are formal partnerships among police departments and mental health providers that offer training to help law enforcement personnel identify, assess and de-escalate situations in which someone is experiencing a mental health crisis. Currently, 2,954 crisis intervention teams operate in 46 states. Laws in at least [18 states](#) address such training for law enforcement personnel.

21st Century Cures Act

- Signed into law, \$6B a number of initiatives several CJ reform measures including Comprehensive Justice and MH ACT and reauth of the MI Offender Tx and Crime Reduction Act (MIOTCRA). Stepping Up Initiative to reduce the # of people with MI in jails. Second Chance Act to use fed funds for MH tx and transitional services such as housing; first responder (CIT) training,

Our Program Design

- Program today:
 - Review the larger picture of the current system, its hopes, successes and failures
 - Establishing new goals
- Program tomorrow: Perspectives on creating New Systems
 - Judicial efforts to improve the system
 - Community redirection efforts and meeting re-entry challenges
 - Best Practices on building alternative treatment programs
 - Opportunity to visit Dade County facilities and do a ride along with members of CIT teams in the area

Program Tuesday: Building New Systems and Achieving Better Results

- Hearing from Dr. McCance-Katz, on her vision for leading SAMHSA
- Understanding the improvement process and methods as a way to meet broader goals
- Using Data to guide improvement

Some Closing Thoughts

Goals to consider

- How to provide better care at reduced costs
- Reduce the number of people who have to be taken to Emergency care
- Reduce the pressure on jails
- Improve community responsiveness
- Improve public perception

Rescue a major segment of our population from a life of pain, failure and hopelessness

Changing systems not a short term project and there must be continued improvement measured in years

IBHI is ready to support you offering workshops and consultation in ED improvement and cultural change

Thanks for being here