

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Policy Issues Affecting Justice and Mental Health

Andy Keller, PhD | Friday, April 8, 2022

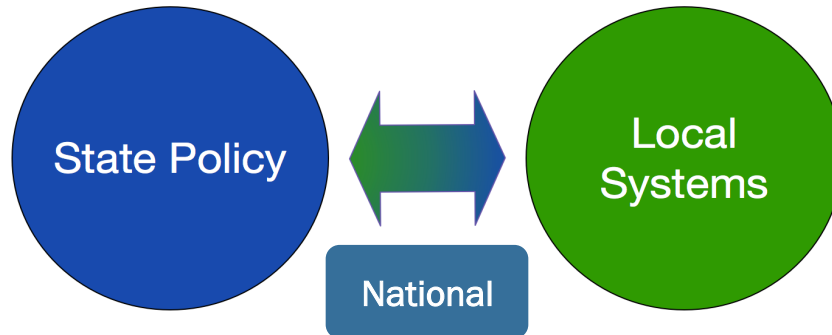
Meadows Mental Health Policy Institute

Vision

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

Mission Statement

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.



COVID-19 and Mental Health Impacts

COVID-19 has dramatically increased mental health needs.

- The Centers for Disease Control and Prevention (CDC) now tracks mental health needs. As of March 14, 2022 (the most recent update):
 - 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.

COVID-19 Mental Health Impacts on People of Color

For over a decade prior to the COVID-19 pandemic, every leading indicator related to mental health and addiction was worsening:

- After increasing by over one-third across two decades, suicide rates paused overall in 2019, but **continued to worsen for Black, indigenous, and other people of color**. Suicide is now the 4th leading cause of life years lost (after heart disease, lung cancer, and driving) and 2nd leading driver of disability.
- And the effects of COVID-19 **worsened underlying inequities**. Throughout the pandemic, Black (48%) and Latino (46%) adults have been more likely to report symptoms of anxiety and depression than white adults (41%), and **people of color have also disproportionately shouldered the burden of negative financial impacts**.
- Additionally, **grief is a primary driver of mental illness**, and the pandemic has taken four times as many working age Latino Texans, and nearly 50% more Black children have lost a parent to COVID-19 than other children.

180,446 THE CURRENT MENTAL HEALTH CARE SYSTEM

SUBSTANCE
RELATED DEATHS
Nationally in 2020

45,979

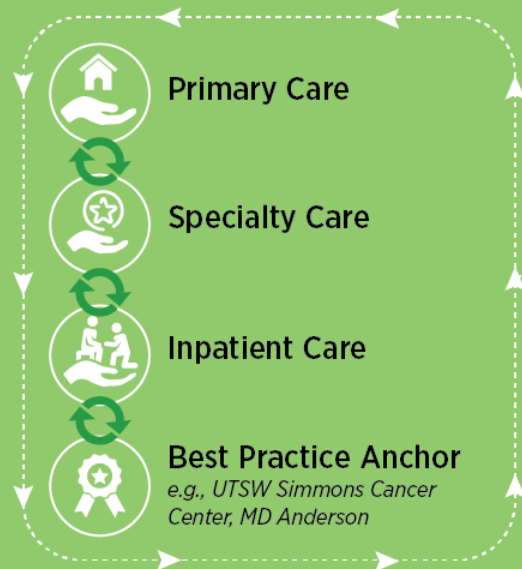
DEATHS BY
SUICIDE
Nationally in 2020

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

HEALTH CARE



MENTAL
HEALTH CARE



Primary Care

Specialty Care

Inpatient Care

Best Practice Anchor
e.g., UTSW Simmons Cancer
Center, MD Anderson



Crisis

Law Enforcement

ER / Hospital

Jail

Fragmented Care

Specialty Care
Insufficient Network Capacity

Primary Care

Best Practice Boutique
e.g. McLean, Johns Hopkins

The best Mental Health Care
is like the best Health Care



POST-ARREST POLICIES: SHIFTING FROM A JUSTICE TO A HEALTH PERSPECTIVE

Involuntary Civil Commitment: Where We've Been and Where We Need to Go

1964:

DC and California adopt the dangerous standard for commitment

1975:

O'Connor v Donaldson - US Supreme Court ruled unanimously that a person could not be held in a psychiatric hospital for mental illness alone

1976:

From a quasi-medical model to a legalistic model based on criminal law - Lessard v Schmidt imposed procedural due process; dangerousness as a standard; and evidentiary rules

1979:

A Texas case (Addington v Texas) resulted in a US Supreme Court ruling that “clear and convincing evidence” was required to commit a person, this raised the bar from “preponderance of the evidence” and furthered the legalization of civil commitment

The result was rapid transformation of civil commitment law across the country, adoption of legal model of commitment and reliance on “dangerousness” as the required criterion for commitment

1980s-Present: A Focus on Clinical Issues, Not Just Explicit Dangerousness

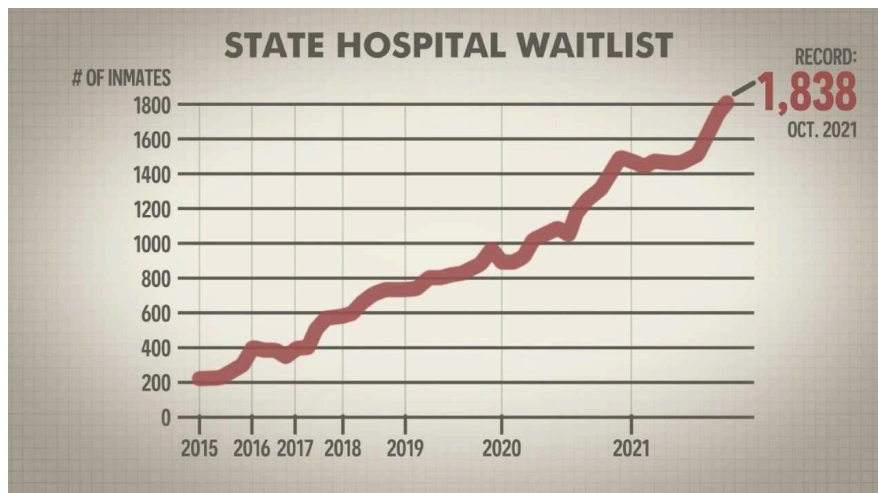
- The adoption of commitment statutes that permit commitment because of one or more factors such as severe deterioration, disabling illness, or general inability to care for self.
 - This effectively broadens the dangerous standard from an “explicit threat” standard to a more explicitly clinical standard.
- Adoption of outpatient civil commitment (Assisted Outpatient Treatment [AOT]).
 - When resources follow, it can have major impact on community stay, reduced homelessness, and other core issues.
- Recognition that civil commitment is applied within an under-resourced mental health system, and that we must reconcile civil commitment laws within a reformed and expanded health/behavioral health system

Competency to Stand Trial: Walking Ourselves into a Dead End

- Current Texas law dates to 2003, but is based on constitutional standards established by the US Supreme Court in 1960.
- Competency to stand trial has long roots based on principles of fairness and integrity of the judicial process, however, in Texas and nationally it has become a textbook example of good intentions with horrible consequences:
 - For the person
 - For their families
 - For jails
 - For communities

Today in Texas

1,883 Persons in 2021
Today: 2,500



- Half for **non-secure** facilities, some for more than one year
- Many **homeless** at or before arrest
- **12 deaths** on waitlists in the five most populous counties in the last three years
- **Dramatic increases** nationally during the COVID pandemic

Driven by Misdemeanors and Low-Level Offenses

- Rates at which misdemeanants referred for competency evaluation are found incompetent (national rate for felonies is 27%):
 - Colorado: 61.5%
 - Houston, TX: 65.5%
 - Minneapolis, MN: 52.8%
 - Virginia: 44%
 - Case Rate: 55.8%

Competency to Stand Trial Going Forward

- We need to keep people out of the justice system when appropriate
 - Would we treat people with strokes the same as we do people with mental illness
- We need to create paths to treatment
 - Civil treatment would be better than commitment
 - But the cost of keeping people incarcerated is high
- We need to explore alternatives such as AOT
 - But we need to focus on the “T” component, too



PRE-ARREST POLICY: SHIFTING FROM PUBLIC SAFETY TO HEALTH PERSPECTIVE

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

Expanding Hospital Capacity: Good But Not Enough

Regular Session – State Hospital Operating Funds

- Kerrville State Hospital: 70 new maximum-security beds (\$29.3M)
- Houston’s John S. Dunn Behavioral Sciences Center: 264 beds (\$40.3M)
- San Antonio State Hospital: 40 new beds (\$16.7M)
- Community inpatient beds: \$30M in new funds

Third Special Session – State Hospital Building Funds

- Dallas: 200 beds (\$237.8M)
- West Texas: 100 beds (initial allocation of \$40M)

Local Efforts

- Forth Worth: Planning to build up to 300 new beds
- San Antonio: Reviewing inpatient options in forensic settings

988 reform is good ...



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

Support Team Assisted Response (STAR)

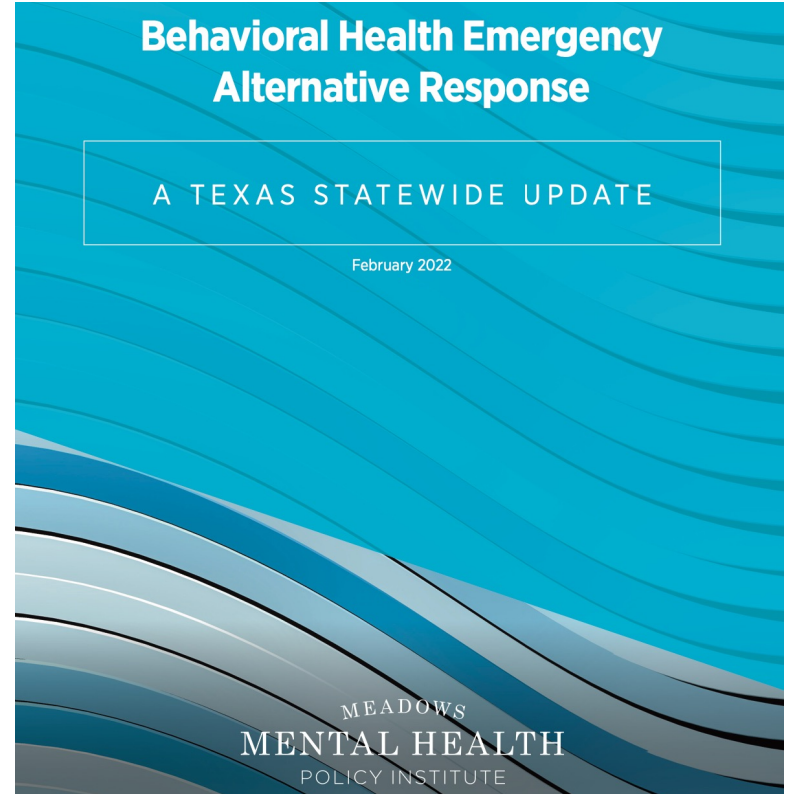
Our goal is to send the right people to help with crises related to mental health, homelessness and more. Learn more about this program below.



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... 911 requires reform, too



Behavioral Health Emergency Alternative Response

A TEXAS STATEWIDE UPDATE

February 2022

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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



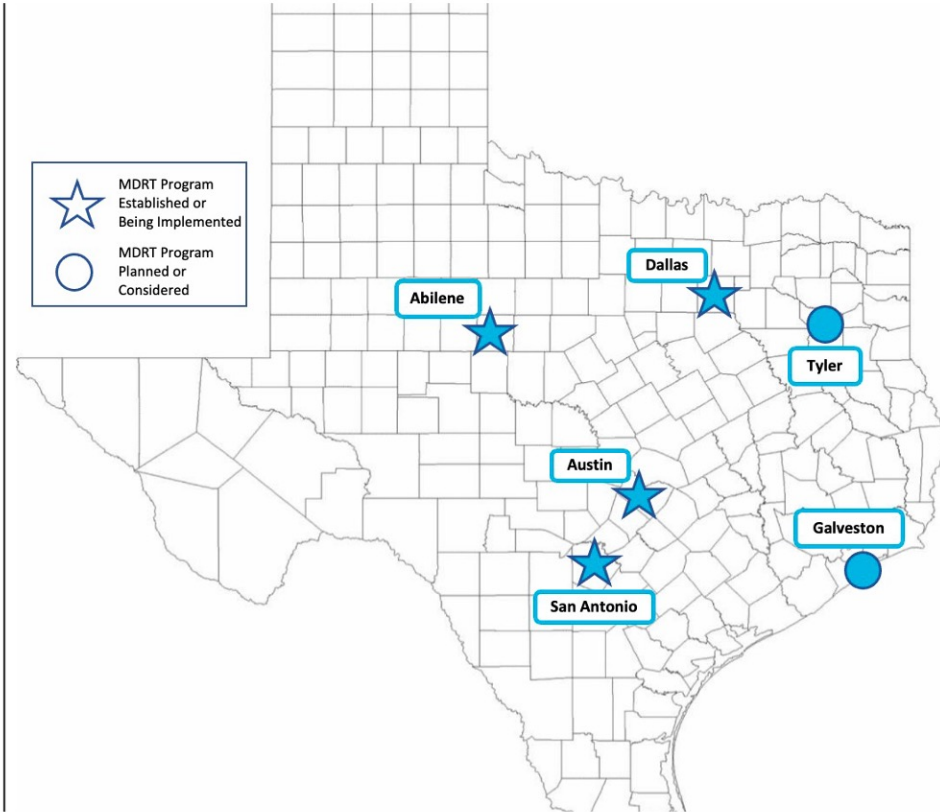
Parkland

Parkland
Hospital:
Mental Health
Clinicians

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 ¹⁶

Crisis Intervention Team (CIT): Good But Not Enough

- CIT began in Memphis in 1988 after the police killing of a person who was suicidal with a history of mental illness who appeared threatening to others.
- In 2019, there were at least 2,700 programs nationally with significant adoption throughout Texas.
- **What it appears to do:**
 - Changes officer self-perceptions on use of force, officer satisfaction, and (maybe) diversion from jail to psychiatric facilities.
- **What it does not do:**
 - There is little evidence that shows CIT's benefits on objective measures of arrests, officer injury, citizen injury, or use of force.

CIT for the Future

- It is essential but not enough.
- CIT trained officers acting alone cannot be expected to preserve safety, diagnose health and mental health conditions, and decide what disposition is best for the person.
- CIT trained officers are a critical part of MDRT.
- These teams can take full advantage of an officer's training and keep people off of the criminal justice path when appropriate.

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

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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
