National Association of State Mental Health Program Directors Annual Meeting

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Dr. Pinals consults and advises to state and other government entities as well as organizations in addition to her
teaching role. The views in this report do not necessarily reflect those of any governmental or other entity with
whom she is affiliated.
Acknowledgements

• Elizabeth Sinclair Hancq, MPH
• Ms. Malkah Pinals
• NASMHPD TEAM!
Mental illness and [intellectual and developmental disabilities] are among our most critical health problems.

They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources and constitute more financial drain ... than any other single condition.

President John F. Kennedy
Special Message to Congress
February 5, 1963
The Problem: Everyone seems to be burdened, backlogged, and waiting….for “Beds”
2017 Recommendations:
1. The vital continuum
2. Terminology
3. Criminal and juvenile justice diversion
4. Emergency treatment practices
5. Psychiatric beds
6. Data-driven solutions
7. Linkages
8. Technology
9. Workforce
10. Partnerships
• Availability of early screening, identification and timely response after the onset of mental illness symptoms in youth and adults
• Access to effective medication and other evidence-based therapies for individuals with psychiatric conditions
• Compliance with legal requirements for health care networks to make the full continuum of psychiatric care accessible to patients
• Access without delay to the most appropriate 24/7 psychiatric emergency, crisis stabilization, inpatient or recovery bed
• Diversion from arrest, detention or incarceration when individuals with mental illness intersect with the justice system and can be appropriately redirected
• Homeless people with serious mental illness permanently housed
• Suicides prevented
National Association of State Mental Health Program Directors
2019 Annual Conference

NINE THEMES INCLUDING:
8. Disaster response and opportunity for sustained improvement
9. Mental Health as part of Public Health

BEYOND THE BORDERS:
Lessons from the International Community to Improve Mental Health Outcomes
Before COVID-19

- Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020
COVID-19 AND RAPID SYSTEM SHIFTS
NASMHPD 2020:
CRISIS SERVICES:
LOOKING AHEAD
Catalysts Driving Need for Crisis Response Systems

- Suicide Rates
- COVID-19
- Opioid Overdose Crisis
- Jail Diversion/Law Enforcement
- Prevention/Services for Children/Adolescents
- Litigation and Regulations

Litigation and Regulations

Catalysts Driving Need for Crisis Response Systems

Suicide Rates

COVID-19

Opioid Overdose Crisis

Jail Diversion/Law Enforcement

Prevention/Services for Children/Adolescents
The Promise of 988

• FCC passes “9-8-8” in July 2020
• States receive 988 planning grants
• 988 activities ramp up over the year
Beyond Beds

Recommendation #10: Partnerships
Recognize the vital role families and non-traditional partners outside the mental health system can play in improving mental health outcomes and encourage and support the inclusion of a broader range of invited stakeholders around mental illness policy and practice.

Recommendation #8: Technology
Create and expand programs that incentivize and reward the use of technology to advance care delivery, promote appropriate information sharing, and maximize continuity of care. Policymakers should require as a condition of such incentives that outcome data be utilized to help identify the most effective technologies, and they should actively incorporate proven technologies and computer modeling in public policy and practice.

Recommendation #9: Workforce
Initiate assessments to identify, establish, and implement public policies and public-private partnerships that will reduce structural obstacles to people’s entering or staying in the mental health workforce, including peer support for adults and parent partners for youth and their families. These assessments should include but not be limited to educational and training opportunities, pay disparities, and workplace safety issues. The assessments should be conducted for the workforce across all positions.

Recommendation #3: Criminal and Juvenile Justice Diversion
Fund and foster evidence-based programs to divert adults with serious mental illness and youth with serious mental illness or emotional disorders from justice settings to the treatment system. These programs should operate at all intercept points across the sequential intercept framework and be required to function in collaboration with correctional and other systems.

Recommendation #1: The Vital Continuum
Prioritize and fund the development of a comprehensive continuum of mental health care that incorporates a full spectrum of integrated, complementary services known to improve outcomes for individuals of all ages with serious mental illness.
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Moving from Beyond Beds to Beyond Crises and to a Full Continuum of Psychiatric Care
## Top Three *Beyond Beds* Recommendations from State Mental Health Leaders (n=25)

<table>
<thead>
<tr>
<th></th>
<th>Recommendations where significant progress has been made</th>
<th>Recommendations where more progress is needed</th>
<th>Recommendations more important after COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First</strong></td>
<td>The Vital Continuum</td>
<td>The Vital Continuum</td>
<td>Workforce</td>
</tr>
<tr>
<td><strong>Second</strong></td>
<td>Criminal and Juvenile Justice Diversion</td>
<td>Workforce</td>
<td>The Vital Continuum</td>
</tr>
<tr>
<td><strong>Third</strong></td>
<td>Partnerships</td>
<td>Criminal and Juvenile Justice</td>
<td>Technology</td>
</tr>
</tbody>
</table>
• “The pandemic has highlighted many issues including the shrinking workforce. This must be a priority or everything else will fall short.”

• “It would be helpful if federal agencies worked together to plan strategically. Funding has been initiated in one-time funds with many limits as to what can be paid for. Some laws put out co-responder models and others support mobile crisis.”
### Identified Barriers to 988 Implementation from State Mental Health Leaders (n=25)

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Count</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce shortages</td>
<td>16</td>
<td>64%</td>
</tr>
<tr>
<td>Rural/geographic concerns for mobile crisis</td>
<td>13</td>
<td>52%</td>
</tr>
<tr>
<td>Technology/IT</td>
<td>9</td>
<td>36%</td>
</tr>
<tr>
<td>Not enough crisis system infrastructure</td>
<td>9</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>8</td>
<td>32%</td>
</tr>
<tr>
<td>Meeting needs of diverse populations and geographies</td>
<td>6</td>
<td>24%</td>
</tr>
<tr>
<td>Insufficient crisis bed capacity</td>
<td>4</td>
<td>16%</td>
</tr>
<tr>
<td>Ensuring 24/7 availability</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>Limited collaboration across law enforcement, emergency medical and mental health systems</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>Legislative barriers</td>
<td>2</td>
<td>8%</td>
</tr>
</tbody>
</table>
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Surveys Regarding the Emotional Impact of the COVID-19 Pandemic
Collective Emotional Responses to Disasters

- EMOTIONAL PHASES OF A DISASTER: COLLECTIVE REACTIONS

Adapted from Zunin & Myers as cited in DeWolfe, DJ 2000 (HHS publication No. ADM 90-538)
During late June, 40% of U.S. adults reported struggling with mental health or substance use.

- Anxiety/depression symptoms: 31%
- Trauma/stressor-related disorder symptoms: 26%
- Started or increased substance use: 13%
- Seriously considered suicide: 11%

*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020
†In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping

CDC.GOV  bit.ly/MMWR81320  MMWR
Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days

Select Time Period: Aug 4 - Aug 16
Select Indicator: Symptoms of Anxiety Disorder or Depressive Disorder

State Ranking

NOTE: All estimates shown meet the NCHS standards of reliability. See Technical Notes below for more information about the content and design of the survey.
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020-2021

https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm
Survey of 26,174 state, tribal, local and territorial public health workers
CDC Survey of Public Health Workers
(CDC MMWR July 2021 [Bryant-Genevier, et al. 2021])

- N= 26,174 state, tribal, local, and territorial public health workers
- 53.0% reported symptoms of at least one mental health condition of anxiety, depression, trauma-related symptoms, suicidal ideation over the prior 2 weeks (3/29/21-4/16/21)
- Symptoms were more prevalent among those who were
  - unable to take time off
  - worked ≥41 hours per week
- Symptoms were also worse for those
  - Who experienced other loss during the pandemic
  - ≤29 years, transgender or nonbinary persons of all ages, and those who identified as multiple races
Healthcare workers and “Coping with COVID” Survey
(Prasad et al. The Lancet 2021)

Data between May-Oct 2020 20,947 healthcare workers

61% fear of exposure or transmission

38% reported anxiety/depression

43% suffered work overload

49% had burnout

Stress scores highest for: nursing assistants, medical assistants, social workers; inpatient>outpatient, women>men, Black and Latinx>whites

Odds of feeling burnout were 40% lower for those who felt valued by their organization
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Diversity, Equity and Inclusion Call to Action
Data tells the story

- Disparities in the impact of COVID-19
- Disparities in deadly outcomes with law enforcement
- Disparities in prevalence of social determinants of health

Figure 3: Lessons from History on Disparities in Health Outcomes During Prior Pandemics

Studies examining previous pandemics indicate that persons of the lowest socioeconomic status had the highest mortality rates from pandemics in 1918 and in 2009. Although there was some indication that there were two waves, with the first hitting the poor, and the second hitting the rich. Another study of the influenza pandemic of 1918 showed that Black Americans had lower morbidity but higher case fatality rates for unclear reasons.

(Mamelund et al 2019; Mamelund et al. 2018; Økland et al 2019)
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

The Promise of 988 and Crisis Best Practices to Service Anyone, Anywhere, at Anytime
Pima County's Crisis Response Center: beautiful, and functional, too

July 12, 2012

Dennis Grantham, Editor-in-Chief

My ongoing involvement with the annual Behavioral Healthcare Design Showcase—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase. And, while our annual Showcase program honors the efforts of architects and designers involved in behavioral healthcare, we all know that design is but one of the elements of a successful crisis response system.

Zero Suicide

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

Zero Suicide presents both a bold goal and an aspirational challenge. Organizations that have used this approach found a 60-80% reduction in suicide rates among those in care.

The foundational belief of Zero Suicide is that suicide deaths in health care systems are preventable.
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Workforce Needs
Current State of Workforce

• Workforce needs expressed in daily discussion
• Some states declaring emergencies
• Innovative strategies being examined
• Need for COVID-19 vaccination among workforce remains
TAKING STOCK: KEY AREAS OF FOCUS THAT WILL SHAPE FUTURE OUTCOMES

Advancing Technology
Advances in Technology

- Shift to telepractice everywhere
- Challenges remain for rural areas and for populations with limited access to equipment
- Data related to technology also creates potential for advances
KEY AREAS FOR PRIORITY IN BEHAVIORAL HEALTH SERVICES BEYOND COVID-19 AND BEYOND BEDS
<table>
<thead>
<tr>
<th>No.</th>
<th>Compendium Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ready to Respond: Mental Health Beyond Crisis and COVID-19</td>
</tr>
<tr>
<td>2</td>
<td>Disaster Behavioral Health Through the Lens of COVID-19</td>
</tr>
<tr>
<td>3</td>
<td>Suicide Prevention and 988: Before, During and After COVID19</td>
</tr>
<tr>
<td>4</td>
<td>Law Enforcement and Crisis Services: Past Lessons for New Partnerships and the Future of 988</td>
</tr>
<tr>
<td>5</td>
<td>Strategies and Considerations for Providing a More Equitable Crisis Continuum for People of Color in the United States</td>
</tr>
<tr>
<td>6</td>
<td>The Effects of COVID-19 on Children, Youth and Families</td>
</tr>
<tr>
<td>7</td>
<td>Mental Health System Development in Rural and Remote Areas during COVID-19</td>
</tr>
<tr>
<td>8</td>
<td>Funding Opportunities for Expanding Crisis Stabilization Systems and Services</td>
</tr>
<tr>
<td>9</td>
<td>Technology’s Acceleration in Behavioral Health: COVID, 988, Social Media, Treatment and More</td>
</tr>
<tr>
<td>10</td>
<td>Using Data to Manage State and Local-level Mental Health Crisis Services</td>
</tr>
</tbody>
</table>
Priority 1.

Expand and achieve a full continuum of crisis services.
Priority 2.

*Rebuild and reboot a robust, diverse, and well-qualified workforce.*
Priority 3.

Expand telehealth practices while ensuring ongoing quality and access.
Priority 4.

*Foster integration of disaster behavioral health into emergency preparedness and response.*
Priority 5.

Consider creative financial opportunities to maximize access to crisis response and other community-based mental health and substance use services with no wrong door.
Priority 6.

Focus intentionally on diversity, equity and inclusion to reduce disparities in mental health outcomes.
Priority 7.

Enhance interconnectedness with other systems and across borders for improved global responses.
“We are very excited about the work of 988 and what it means for individuals experiencing a MH crisis in the United States. We look forward to continued work to realize the vision for all Americans.” Commissioner Survey Respondent, June 2021
Conclusions:
• Needs are still great
• Challenges remain
• State Mental Health Leaders are ready to respond!
GRATITUDE MOMENT.....
THANK YOU!

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