Beyond Beds: The Continuum of Care as a Public Health Approach

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Health & Science

My daughter, who lost her battle with mental illness, is still the bravest person I know

The author with daughter Natalie in 2004, soon after publication of their book “Promise You Won’t Freak Out.” (Courtesy of Doris Fuller)
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With support from CMHS, SAMHSA
The Problem: Everyone seems to be burdened, backlogged, and waiting....for “Beds”

Mental health problems put stress on emergency rooms

Patients Wait Hours, Days As Demand For ER Psychiatric Beds Grows

Mental hospital filled with inmates, while other patients wait for help
Important messages

• Persons with mental illness are over-represented in the justice system

More complicated and subtle:

• Do all people in jails and prisons need a psychiatric hospital bed?
• No translation of any data beyond the need for beds....
The Vital Role of the State Psychiatric Hospital

• NASMHPD said state hospitals are vital......
• And they are....
• But there is more to say
Beyond Beds

A Paradigm Shift
Toward the Vital Role of the Continuum of Care

Supported by the Center for Mental Health Services,
Substance Abuse and Mental Health Services Administration,
U.S. Department of Health and Human Services
Across the age continuum....

- Child
- Adult
- Older Adult
Contributing Landscape...
The Need for Individualized and Stratified Care

• Illness is not static and needs shift over time
• Levels of care exist but are not standardized
ASAM Criteria:
Moving away from the cookie cutter approach

ASAM Continuum of Care

Note:
Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.
THINKING ABOUT CROSS-SYSTEM PARTNERSHIPS: Introducing Intercept 0 in the Sequential Intercept Model
• Designed to state simply the need to look beyond beds, considering them necessary but not sufficient for a complete mental health system.
• Emphasizes the issues needed to develop an array of services along a continuum
• Introduces....Taylor....fictionalized to make points and describe the experience of walking through mental health services....
• Provides contexts for overarching recommendations seen in the NASMHPD 2017 paper series
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BEYOND BEDS

Contexts and Recommendations
The needs of individuals of all ages with serious mental illness can only be met with a full and appropriate continuum of care.

**RECOMMENDATION #1 — Vital Continuum**

Timely and appropriate outpatient supports are the first line of mental health care. When fully realized, they reduce the demand for inpatient beds, which in turn provide essential backup when psychiatric needs cannot be met in the community. In recognition of this dynamic, policy makers should prioritize and fund development of a full continuum of mental health care that improves outcomes for individuals with serious mental illness by incorporating a full spectrum of integrated, complementary services.
Context

In the current environment, the term “beds” is widely used without differentiating the many functions that 24/7 care can and already does serve in a full and functional continuum.

RECOMMENDATION #2 – Terminology
Policy makers should direct relevant agencies to conduct a national initiative to standardize terminology for all levels of clinical care for mental illness, including inpatient and outpatient treatment in acute, transitional, rehabilitative and long-term settings operated by both the public and private sectors.
Context

These outpatient supports and inpatient services that already often are unevenly distributed and operate in silos rather than in collaboration....

RECOMMENDATION #3 – Linkages

Policy makers should recognize that the mental health, community, justice and public service systems are interconnected and they should adopt and refine policies to identify and close gaps between them. This should include providing “warm hand-offs” and other necessary supports to help individuals navigate between systems in which they are engaged.
Context
The criminalization of mental illness and its human and economic costs is the social issue most commonly attributed to the number of psychiatric beds...

RECOMMENDATION #4 – Criminal Justice Diversion
Policy makers should fund and foster evidence-based programs to divert appropriate persons with serious mental illness from justice settings to the treatment system at all intercept points across the sequential intercept framework. These should be required to function in collaboration with correctional systems as indicated.
A full continuum of care includes a sufficient number of beds....

**RECOMMENDATION #5 — Psychiatric Beds**

Policy makers should identify those policies and practices that operate as disincentives to providing acute inpatient and other beds or that act as obstacles to psychiatric patients accessing existing beds where and when they need access (e.g., the IMD exclusion). Hospitals benefiting from taxpayer dollar investments should be required to directly provide or ensure timely access to inpatient psychiatric beds as a condition of their continued public funding.
The Emergency Medical Treatment and Labor Act (EMTALA) is a federal law that requires stabilization and treatment of all persons coming to an emergency department (ED), regardless of their insurance status or ability to pay.

**RECOMMENDATION #6 - EMTALA**

Federal, State and local agencies must monitor hospitals for their adherence to EMTALA and levy sanctions for its violation, including withholding of public funding. Hospitals with licensed psychiatric beds that refuse referred patients should similarly be sanctioned if monitoring shows they have a record of refusing referred patients without legitimate cause.
Context

Evidence-based public policy and practice require reliable, comparable, scalable data.

RECOMMENDATION #7 - Data

For policymakers, researchers and private enterprise to effectively address the role of mental illness in public affairs and to identify and expand practices that improve individual and community outcomes, more complete and current data are needed. Policymakers should prioritize and fully fund the collection and timely publication of all relevant data on the role and intersystem impacts of severe mental illness and best practices.
Context

The capacity of any system to deliver services effectively and efficiently is impaired by workforce shortages....

RECOMMENDATION #8 - Workforce

Policymakers at every level should initiate mental health workforce assessments to identify, establish and implement public policies and public-private partnerships that will reduce structural obstacles to workers entering or staying in the field. The assessment should include but not be limited to educational and training opportunities, pay disparities and workplace safety issues and should apply to workforce across all positions.
Context

Mental health applications for computer and other technologies are proliferating and hold promise for promoting more precise, timely and effective treatment for individuals with serious mental illness.

RECOMMENDATION #9 - Technology

Policymakers should create and expand programs that incentive 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 reported to help identify the most effective technologies should be required as a condition of any incentives.
Context

A growing number of advocacy organizations, faith-based communities and others outside the mental health field are emerging as able and willing to support and supplement public resources.

RECOMMENDATION #10 - Partnering

Policymakers should recognize the vital role that 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 in processes and practices around mental illness policy and practice.
The new message....

U.S. Mental Health Needs across a Continuum

Bed counts in psychiatric wards in the USA are now far below the numbers required for treatment of serious mental illnesses.

12 available per 100,000 population

50 needed per 100,000 population

State Hospital

Acute Inpatient

Day Related Services—Partial Hospitalization

Crisis Support Services—Diversion Services—ED Access

Outpatient—Medication Access—Peer Support

Adult Foster Care—Staff Supported Living

Permanent Support Housing

Family Outreach and Engagement Supports

Self-Care—Integrated Primary Care
What will it take to build the continuum?
Lessons we are learning...

• Getting the messages clear
• Building stakeholder support and alignment
• Developing a strategy to put the recommendations in action
• Identifying objective, measurable, deliverables in realistic timeframes
• Identifying what requires legislation, policy, training or other approaches
Comments? Questions? Feedback?