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Bazelon Center for Mental Health Law

Applying Performance-Improvement Techniques to Empower Community Mental Health Programs to Reduce Crises among People with Serious Mental Illnesses

All too commonly, mental health systems take a reactive approach to psychiatric emergencies, providing high-end, late-stage services when individuals are regarded as dangerous to self or others—even when these scenarios are recurrent and predictable. These crises and the resulting responses pose great physical and psychological risks. They also drain resources that should be available to avert such emergencies and to support successful community living. The goal of this Bazelon Center initiative is to spur a culture change within mental health systems, so that these emergencies are regarded as service problems rather than immutable manifestations of serious mental illnesses. Using performance-improvement processes that are already common in many healthcare settings, this initiative seeks to embed in clinical practice a proactive orientation to mental health crises and, ultimately, to strategically reinforce this change through reforms in public policy and reimbursement structures.

The Bazelon Center for Mental Health Law has a strong interest in helping communities address the unmet needs of their residents who have serious mental illnesses. Our goal is to ensure that children and adults with mental illnesses have access to the tools and supports they need to participate meaningfully as members of their communities. The Center has an extensive record of pursuing this goal in partnership with local stakeholders, through legal and policy advocacy and by providing technical assistance and informational materials. Building on this substantial body of work, the Center now proposes sustained strategic collaborations with local community mental health systems to implement reforms that:

- Target fundamental problems in mental health consumers' access to the services and supports that are crucial to recovery and community membership;
- Represent sustainable, replicable models for broad-based change in the delivery of services and supports, rather than being simply demonstration projects;
- Comport with the goals and mandates of the Americans with Disabilities Act and related measures aimed at remedying the marginalized status of individuals who have mental illnesses;

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- Empower mental health programs not only to improve their services and outcomes, but also to play an active role in influencing public policies that define the scope and accessibility of the services they offer, how these services are delivered, and the level and type of resources available in support of these services; and
- Inform the Bazelon Center's continuing advocacy for effective federal and state policy on behalf of individuals with serious mental illnesses.

Rationale for this Project

Today, unaddressed needs of adults and children with serious mental illnesses are manifest in various ways: school dropout and failure; cyclic psychiatric re-hospitalizations;[1] needless institutional confinement; child welfare or juvenile justice intervention; arrest and incarceration;[2] rare but well-publicized episodes of violence; and astronomically high rates of unemployment.[3] Each has significant harmful consequences for people with mental illnesses, their families and, ultimately, their communities. While individuals with the most serious psychiatric impairments must often rely on public systems, generally no single governmental agency is plainly accountable for the services and supports they need. Rather, responsibility for addressing their needs—and for the consequences of their unmet needs—is dispersed across an assortment of public, private, state, regional, county and local entities, each with its own guiding rules.

Local community mental health programs were intended to be the key point of services and supports for this population. Yet these programs face massive caseloads, complicated funding and regulatory requirements, and resources that are often inadequate to address the essential needs of the people they serve. Instead of having a prominent role in shaping needed reforms, community mental health programs typically are preoccupied with providing late-stage crisis interventions, rotely dispensing medications and attempting to help their clients access basic services across bureaucracies that work at cross purposes. The disconnect between front-line program staff—who are best situated to understand the needs of the individuals they serve—and decision-making about the convoluted policies that define these services has contributed to system dysfunction and the vulnerable status of people with serious mental illnesses.

This situation prevails across the nation. During the past several years, the Bazelon Center has exposed underlying flaws in how mental health services are delivered in this country and the untoward consequences for at-risk individuals. In 2001, the Center published *Disintegrating Systems: The State of States' Public Mental Health Systems* and, the following year, *A New Vision of Public Mental Health,* outlining in the form of a model law the steps needed to turn the system around. The Center also contributed to analyses of the problems by the federal government, including the Surgeon General's 1999 Report on

[1] Based on federal data, about 1 in 10 individuals discharged from a state hospital will be readmitted within 30 days and about 1 in 5 will be readmitted within 180 days of discharge. It is not unusual for systems to derogatorily label people "frequent fliers" because they have multiple hospital admissions in the course of a year, sometimes five or more.

[2] About 20% of incarcerated individuals have a mental illness; a very significant number of them have been arrested for non-violent crimes.

[3] About 79% of people with mental illnesses who live in the community are unemployed.

Mental Health and the recommendations of the 2002-3 New Freedom Commission on Mental Health. Drawing on findings that poor mental health outcomes are sustained by a dysfunctional administrative structure, these analyses led to federal "transformation" grants to states seeking to break down bureaucratic silos and promote cross-agency coordination. The Bazelon Center is currently supporting these efforts through technical assistance to state mental health authorities and by producing publications addressing such factors as states' legal obligations to people with serious mental illnesses and funding options for community services. [4]

Over the long term, the transformation initiatives may infuse some coherence into selected state systems where bureaucratic silos constrain meaningful assistance to people with mental health needs. The improved coordination and accountability that is being sought at the state level ultimately should have a positive impact on some of the poor outcomes now experienced by people who rely on public services.

Ironically, some pilot programs are demonstrating positive and often cost-saving outcomes for people who have serious mental illnesses, but given the difficult bureaucratic climate, they generally exist as isolated models within larger, poorly managed systems. Further evidence of the mental health system's inability to capitalize on good practices is the finding that it takes on average 15 to 20 years for research on evidence-based programs to get translated into practice.[5]

In summary, the nation's community mental health systems have fallen far short of becoming the centers for innovation and social change that were envisioned more than 40 years ago, when they were created to supplant large, archaic state hospitals. While today these programs seek to go beyond mere maintenance to promote recovery and hope among people with serious mental illnesses, community mental health providers commonly suffer low morale, even a sense that they operate within a siege environment. Still, the Bazelon Center's work in developing the initiative described here confirms that the community mental health movement retains a strong desire to assert its intended role in promoting meaningful community participation among the people served. We believe that these programs and their clients have tremendous untapped capacities. This initiative by the Bazelon Center aims to create a vehicle for these capacities to be demonstrated.

Performance Improvement as a Method to Reduce Psychiatric Emergencies

In 2008 the Bazelon Center for Mental Health Law, with federal support,[6] convened a panel of distinguished experts to discuss best practices by mental health and other systems in reaction to psychiatric emergencies. The panel affirmed that psychiatric crises are recurrent among people with serious mental illnesses, not so much due to a lack of know-how, but in very large measure because of stagnant and inaccessible public services. From

[4] For example, *Recovery in the Community* and *Get it Together: How to Integrate Physical and Mental Healthcare for People with Mental Disorders.*

[5] New Freedom Commission on Mental Health, 2003

[6] Funding was through the Substance Abuse and Mental Health Services Administration, the federal agency within the Department of Health and Human Services with responsibility to promote quality mental health services

this meeting came a comprehensive report, *Practice Guidelines: Core Elements in Responding to Mental Health Crises*. Among its recommendations, the panel urged providers and agencies responsible for dealing with mental health crises to make use of performance-improvement (PI) techniques to reduce and, ideally, prevent the occurrence of psychiatric crises.

PI is a quality-assurance process that is generally required for certification among healthcare providers. Typically, PI programs monitor problems in care and systematically track the impact of measures taken to correct these problems. For example, in state psychiatric hospitals, there is growing recognition that the use of locked seclusion rooms or physical restraints (e.g., leather cuffs) is physically and psychologically dangerous. These interventions were once accepted as routine on psychiatric units, but now, under new certification rules, hospitals are required to treat seclusion and restraint episodes as treatment failures and to apply PI techniques accordingly.[7] The role of the PI is to "look back" and investigate where the system may have failed in preventing the episode, thus revealing gaps in service delivery. As a result, many hospitals—particularly state institutions—have shown dramatic decreases in the use of seclusion or restraint, sometimes going months without a single episode. Instead, they have adopted practices intended to avert in the first place the situations that would result in seclusion/restraint use.

The Bazelon Center's Proposed Performance-Improvement Initiative

This initiative will build on the lessons of seclusion/restraint reform and similar initiatives and will apply PI techniques in a new way.[8] While heretofore PI has largely been confined to a specific facility (for instance, behavioral problems among hospital patients that cause use of seclusion/restraint), we intend that community mental health providers apply PI techniques much more broadly. For example, problems affecting the welfare of community mental health clients may—and, often, do—reflect practices of the provider (e.g., wait times, relevance of services). But they also reflect a broad array of systemic variables (e.g., what services are Medicaid-reimbursable, police actions, access to housing). A PI process that looks only at factors within the community mental health center ignores the host of external issues that critically affect outcomes for people with serious mental illnesses. Particularly given the current diffusion of responsibility for services and supports to people with serious mental illnesses, this initiative seeks to position community mental health programs both to improve their own services and to advocate effectively with other public systems on behalf of the people they serve.

A Strategy for Reform

Having reviewed various opportunities for PI intervention by community mental health, we have concluded that psychiatric emergencies entailing police involvement are strategically important as a way of introducing this reorientation. Media attention to tragedies involving police and individuals with serious mental illnesses has generated both

[7] The Bazelon Center successfully advocated for reforms in federal law and in hospital certification standards that brought about practice changes.

[8] The performance-improvement initiative being promoted by the Bazelon Center is consistent with an emerging approach, "Robust Quality Improvement," which is concerned not only with improving outcomes, but also with creating an environment where refinements are sustained and reinforced over time.

public and political concern, feeding public skepticism about state hospital closures and the community integration of people with serious mental illnesses.

Throughout the country, psychiatric emergency calls to police are so commonplace that they are widely regarded as routine matters and, essentially, an inevitable aspect of a city's police operations. People with serious mental illnesses are at very high risk of involvement with police, often resulting in their arrest or transport to an emergency room. In our meetings with officials in one location, a city of about 100,000, the police department estimated that it takes the equivalent of two full-time officers to deal with such cases. Aside from the problems for the individual, this diverts police resources from the pursuit of serious crime.

While this gives a general sense of the scope of the problem, information about these episodes, their disposition and their associated cost is not uniformly collected, organized or shared across systems. Beyond the effect of these calls in drawing scarce police resources from other activities, there is an enormous human cost. Contact between police (particularly when untrained) and people in acute mental health crises poses substantial physical risks for all parties involved.[9] And even if physical harm is avoided, these encounters may have a particularly deleterious impact on people who have both a serious mental illness and a history of trauma—which many do. Various localities have undertaken efforts to improve police responses, and these are certainly positive steps. However, they generally apply only after police have been called—that is, when something has already gone wrong for the individual with a mental illness. We believe that appropriate PI measures at the community mental health service level would ultimately reduce the likelihood that people with serious mental illnesses will come into crises and, as a result, draw police attention.

Role of a Performance-Improvement Team

The Bazelon Center proposes to assist community mental health systems (which generally operate at the county level) in convening PI teams comprising representatives of relevant city, county or municipal departments, state agencies, community mental health providers and other key stakeholders. The team would serve as a central point of data collection, information analysis and accountability. The team would be established around several bold assumptions to be articulated by community mental health and aimed at significantly altering expectations. For instance:

1. Mental health emergencies are not inevitable, but represent a breakdown in multiple systems.
2. Mental health emergencies have a harmful impact on individuals, their families and their communities.
3. Police involvement poses risks both for the individual and for officers, and diverts city resources that could be used for other police activities.
4. With changes in public policy that support appropriate capacities, flexibility in services and incentives for good outcomes, community mental health and related

[9] E.g. recently, "Mentally Ill Man Shot by Police 'Sick, Not Violent,' Family Says," *San Bernardino Press-Enterprise*, March 19, 2009; "Another Police Shooting of a Mentally Ill Man," *Washington (DC) City Paper*, January 27, 2009.

systems could dramatically improve outcomes for residents with serious mental illnesses to the point that police involvement in psychiatric emergencies would be greatly reduced and might be virtually eliminated.

Bazelon Center Progress to Date

Because of its significance to *Olmstead* implementation,[10] several states have requested and availed themselves of the Bazelon Center's technical assistance relating to criminalization and police encounters. The Center has provided broad consultation in response to these requests. In the process we have been able to initiate discussions with prospective partners in several sites that are "ripe" for a PI initiative: Pittsburgh, PA; Westchester County (White Plains), NY; Austin, TX; and possibly Philadelphia or a location in Michigan. These sites have fairly refined community mental health systems and access to types of data that will be critical to the project.

In each of these venues, the Bazelon Center has been working to explore the development of a PI program with groups that variously include state and local mental health authorities, providers, consumer and family advocates, police and court representatives, local funders and other key stakeholders identified by local officials. With consultation by Bazelon, local "steering committees" have already been established in some sites to chart implementation strategies and ultimately guide the work of the PI teams that will be formed. The essential framework for these steering committees and PI teams is as follows:

1. Adopt and promulgate an ambitious set of goals that reflect the true potential of residents with serious mental illnesses and the systems charged with assisting them.
2. Conduct an inventory of existing data sources, within mental health and other public service systems.
3. Identify scenarios in which individuals with serious mental illnesses are vulnerable to police interaction. These scenarios may be defined by neighborhood, venue, time of day, or clinical or social factors.[11]
4. Review these scenarios to determine where PI attention might strategically focus, for instance, launching the program where "early wins" can be achieved, where there is political interest, etc.
5. Gather and align data both within mental health and from police and other systems to allow careful root-cause analysis of mental health emergencies encompassed by the targeted scenario. Include intense reviews of sample case records and interviews with front-line providers to identify what services and supports—had they been available in a timely way—might have averted police contact.

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[10] States' ongoing efforts to comply with the Supreme Court's 1999 decision that under the Americans with Disabilities Act, people with mental or physical disabilities are entitled to receive services in the most integrated setting—in the community, rather than institutions.

[11] For example, police in one city being considered for this project indicated that each evening when the train station closed for cleaning, substantial numbers of homeless individuals with mental illnesses returned to the streets and became subject to arrest for minor "crimes of survival," such as public urination.

6. Conduct an analysis of opportunities, given current resources, to address identified needs consistent with the above analyses (e.g., altering service hours, streamlining referral processes, or conducting mobile outreach to at-risk individuals). Establish specific indicators of progress; monitor the impact of these changes.

   Concurrently, conduct an analysis of additional barriers to providing identified services—both within community mental health and across systems (e.g., limitations in Medicaid reimbursement, need for cross-system training). In collaboration with the Bazelon Center, target specific barriers for advocacy at the local, state or federal levels. Develop detailed advocacy plans, including such approaches as collection of data about outcomes and costs to make the "business case" for policy change, involvement of the media, or education of key legislators.

7. Over the long term, replicate this process to address other aspects of unmet mental health needs.

Next Steps

The Bazelon Center envisions working intensively with three or four sites to roll out the program in ways that capitalize on local political dynamics. Ultimately, we will rely on these initiatives to build a template for sustainable change in jurisdictions nationwide. In each site, the community mental health authority must play a key role. The Center's role will be to coordinate the development of the local teams, facilitate cross-team interactions, assist in problem solving, and develop and implement strategies for needed policy change at the local, state and federal levels.

The response to this initiative has been enthusiastic among leaders in the jurisdictions mentioned above and in others where word of this proposal has filtered through. What must happen next is a focused effort to refine the plan, select the target sites and, in each, begin recruiting and educating members of the PI team. The Bazelon Center is seeking a combination of local and national resources to undertake this innovative project.

Conceptually, a broad and aggressive PI program within community mental health is an appealing way of spurring much-needed reforms from the bottom up. However, the poor status of people with serious mental illnesses is attributable to myriad issues that are both internal and external to public mental health systems. The success of this initiative will depend on the ability of community mental health to take on issues in a deliberate way, capitalizing on outcomes that have political importance, demonstrate cost-savings (or at least cost-neutrality) and can be clearly supported with data. From this perspective, the Bazelon Center's established expertise in legal and policy advocacy and our capacity to execute reform strategies at the state and federal levels make us an ideal partner with community mental health in this initiative.

We realize for this initiative to be successful and to have legs beyond our initial involvement, it must have local financial support. We have met with funders in two of the locations and a state official in another, all of whom have indicated they are willing to fund

the project in part. However, they have yet to move forward. It has become clear that support by a national funder who offers either an outright commitment to the PI initiative or a challenge grant would provide an incentive for the local funders to make concrete commitments.

Framework for Implementation

Project Year	Objectives	Local Site Strategies	Bazelon Center Strategies
1	• Establish local PI structure	o Local mental health leadership convenes key decision-makers from mental health, police and other relevant agencies; appoints PI Coordinator; establishes cross-agency Steering Committee and PI Team	o Consults with local leadership around Steering Committee and PI team composition and approaches o Facilitates consistency of approaches and problem-solving via cross-site conferencing
	• Develop consensus on a set of concrete outcomes to be sought through this initiative	o Steering Committee surveys project participants and key external stakeholders (e.g., consumers, providers, policymakers) regarding the local scope, nature and predictability of police encounters and current approaches to addressing the problem; identification of stakeholders likely to be proponents of reform or obstructions to change; and identification of media and political factors relating to project goals	o Assists Steering Committees in developing survey and analyzing service and political ramifications of findings o Develops project-wide consensus goals through cross-site conferencing o Develops strategy for project evaluation o Assists Steering Committees in developing plans for promulgation of goals that will engage key stakeholder groups
	• Develop initial blueprint for intervention in police contacts with individuals with serious mental illness	o Steering Committee conducts an inventory of existing data and PI structures within mental health, police and other relevant systems o Steering Committee evaluates unmet data needs, issues in cross-agency information-sharing and establishes approaches to resolution o Steering Committee reviews data and identifies scenarios where police encounters are probable o Steering Committee identifies a subset of scenarios likely to produce early project wins and political impact	o Provides technical assistance in evaluating opportunities to gain political traction on local, state and national levels and selection of scenarios targeted for initial PI intervention o Provides technical assistance around resolution of identified obstacles (e.g., privacy restrictions affecting information-sharing) o Consults with sites around planning to promulgate information about progress among relevant audiences; develops strategies for national promulgation
	• Operationalize PI Teams	o Steering Committees facilitate training in PI techniques and approaches o Steering Committees task PI Teams with retrospective and/or concurrent evaluation of scenarios identified for initial project focus o Steering Committees and PI Teams establish concrete plan for conducting assessments and data reporting o PI Teams convene regular meetings according to plan, conduct root-cause and other analyses of police encounters occurring within targeted scenario (e.g., review of case records and aggregate data from relevant systems, interviews with consumers, case managers and other key	o Provides PI Teams with information about PI techniques and consultation around data collection and evaluation o Assists Steering Committees in identifying types of data that will document project impact and have relevance to key audiences (e.g., policymakers, media) o Provides technical assistance, as requested, by PI Teams

Project Year	Objectives	Local Site Strategies	Bazelon Center Strategies
		informants to understand what service or intervention—had it been available—would have averted the police encounter and, as applicable, the underlying crisis) o Based on their analyses, PI teams make specific recommendations to the Steering Committee about changes in service approaches, etc., that would address identified needs	
	• Implement PI interventions that are anticipated to reduce police involvement in the targeted scenario and that achievable with existing resources	o Steering Committees work with their PI Teams to identify, implement and monitor the impact of changes in practice (within mental health, police and other local systems) not requiring significant changes in policies or resources (e.g., changing mental health service hours, venues or staff assignments)	o Consults with sites around data collection to document impact o Facilitates cross-site conferencing aimed at information sharing, mutual problem solving, and alignment of approaches
	• Develop advocacy plans for interventions that will require new resources or policy changes	o Steering Committees identify needs that will require changes in structure or reimbursement policies (e.g., Medicaid reimbursement, services to uninsured individuals)	o Works with Steering Committees to devise and implement advocacy in pursuit of needed reforms, including identification and engagement of critical decision-makers, underlying policy analyses, compilation of data needed to make the political case for change, and media strategy. Initial project work will focus on narrowly tailored gains that can be achieved relatively easily; as the program matures, broader-based reforms will be sought.
	• Project evaluation and refinement	o Steering Committees from all sites and Bazelon Center convene an annual conference to review progress, identify lessons learned, review program evaluation data and produce progress report for key local and national stakeholders.	
2	• Monitor Impact of initial PI intervention and make needed refinements	o PI Teams continue assessments of police encounters relating to targeted scenario; gather data per initial PI plan; conduct root cause and other analyses; report findings to Steering Committees o Steering Committees review PI progress, address operational issues, identify opportunities for refinement; facilitate cross-agency coordination	o Reviews progress across sites; organizes periodic conferences among Steering Committees; provides technical assistance, as requested
	• Implement advocacy plans	o Steering Committees and Bazelon Center collaborate to promote changes in public policy driven by PI findings, using project data as a tool to influence decision-makers. Depending on issues identified, this may entail advocacy with local, state or federal agencies; development "business case" or legal argument for change; or a media strategy. As applicable, data will be drawn from a single site or project- wide.	

Project Year	Objectives	Local Site Strategies	Bazelon Center Strategies
	• Develop sustainability plans	o Steering Committees and Bazelon Center review on-the-ground lessons learned and develop strategies to reinforce practice improvements within the service structure. Recommended approaches may include such factors as: changes in cross-agency information exchange, provider documentation, reporting, certification and oversight; refinements in reimbursement approaches; or training requirements.	
	• Project evaluation and refinement	o Steering Committees from all sites and Bazelon Center convene second annual conference to review progress, identify lessons learned, review program evaluation data and produce progress report for key local and national stakeholders. o	
3	• Expand PI Initiative	o As local PI work takes hold with regard to the initially targeted scenarios, PI Teams and Steering Committees implement strategically sound next-steps for expansion, for instance, applying existing model to a broader geographic area or targeting additional scenarios of police encounters for PI intervention. The processes for expanded operations, implementation of refinements by realigning existing resources or external advocacy, and data-driven monitoring are as outlined in year 1.	o Continues to provide consultation around strategic interventions, problem resolution and technical assistance. o Continues to convene cross-site conferences to promote information-sharing and alignment of goals among sites. o Continues to gather data for project evaluation.
	• Evaluate impact of advocacy plan	o As applicable, Steering Committees establish and implement monitoring plans for PI Teams to track the effects of changes secured through its advocacy strategy	o Gathers data across sites. As applicable, provides continuing technical assistance.
	• Continue strategic expansions of the project	o As delineated above.	o As delineated above.
	• Project evaluation and recommendations	o Steering Committees from all sites and Bazelon Center convene annual conference to review progress, identify lessons learned, review program evaluation data and produce final report with recommendations for next steps.	