Improving Access to Mental Health Services: A Community Systems Approach

Leslie Mahlmeister, MBA
PhD Student
Department of Political Science
Wayne State University
Detroit, Michigan

Acknowledgements

- This project was conducted by the Oakland County Community Mental Health Authority under the direction of Heather Visingardi, Manager of Best Practices and Utilization Management, and Marquitta Massey, Manager of Quality Management.
- The database was designed by Ronald Olson, PhD, Oakland University.

Special Thanks

Special thanks to the Ethel and James Flinn Family Foundation for funding this project and for its continued support of mental health initiatives in the State of Michigan.

Agenda

- Description of Kevin's Law
- Goals and Objectives
- Methodology
- Findings
- Conclusion
- Next Steps

Kevin's Law

- Passed in March, 2005, in Michigan
- Named for a teen who was killed by an individual with mental illness who was not in active treatment
- Gives probate court judges power to order individuals into assisted outpatient treatment (AOT)
- Alternative to commitment with alternative treatment orders (ATO)

Kevin's Law AOT versus Traditional ATO

- Eligibility: Traditional ATO only if imminent risk of harm but Kevin's Law AOT can be issued if person
  - is non-compliant and not likely to become so
  - has been hospitalized at least twice or had an act or threat of serious violent behavior in last 48 months
- Length of order: Traditional ATO capped at 90 days and Kevin's Law AOT up to 180 days
- Non-compliance: Kevin's Law AOT more flexible than traditional ATO in terms of procedure for reporting and bringing person into compliance

Goals and Objectives

- Protect public safety
- Improve outpatient mental health care
- Improve consumer compliance
- Improve outcomes
- Reduce psychiatric hospitalizations
- Reduce recidivism in probate court
- Reduce arrests/incarcerations

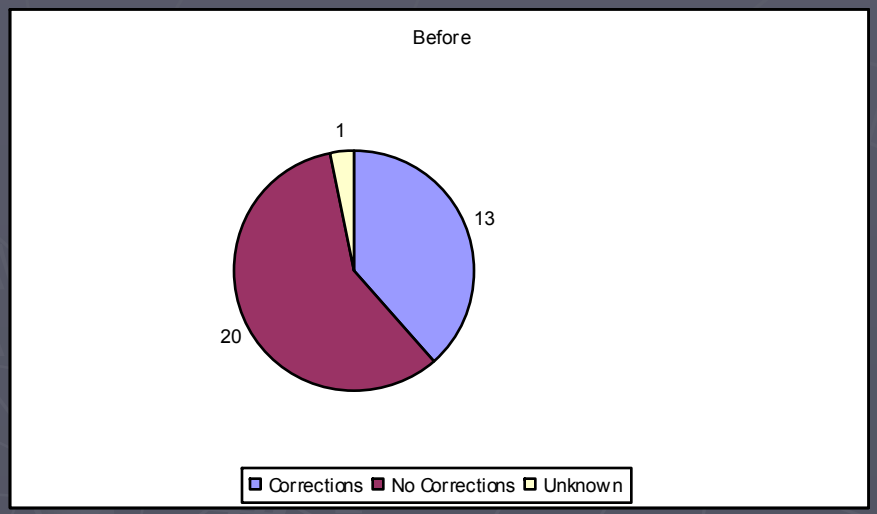
Methodology for Preliminary Policy Analysis

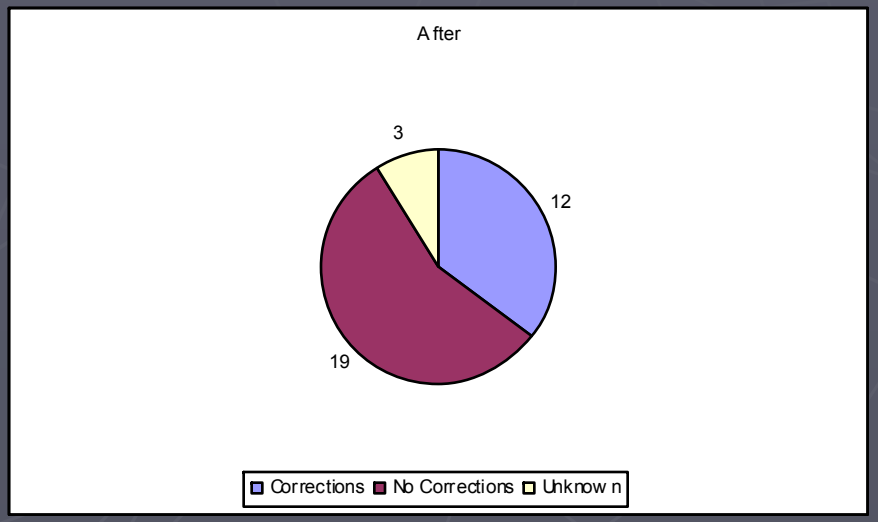
- Data collected from:
  - Mental health administrative databases
  - Petitions to the probate court
  - Case records at provider organizations
  - County jail
- All activity 12 months prior and 12 months post petition
- Assembled in master database
- Time period: March, 2005 – April, 2006
- Total of 34 cases
- Descriptive statistics
- Before and after comparison of costs and utilization of services

Findings

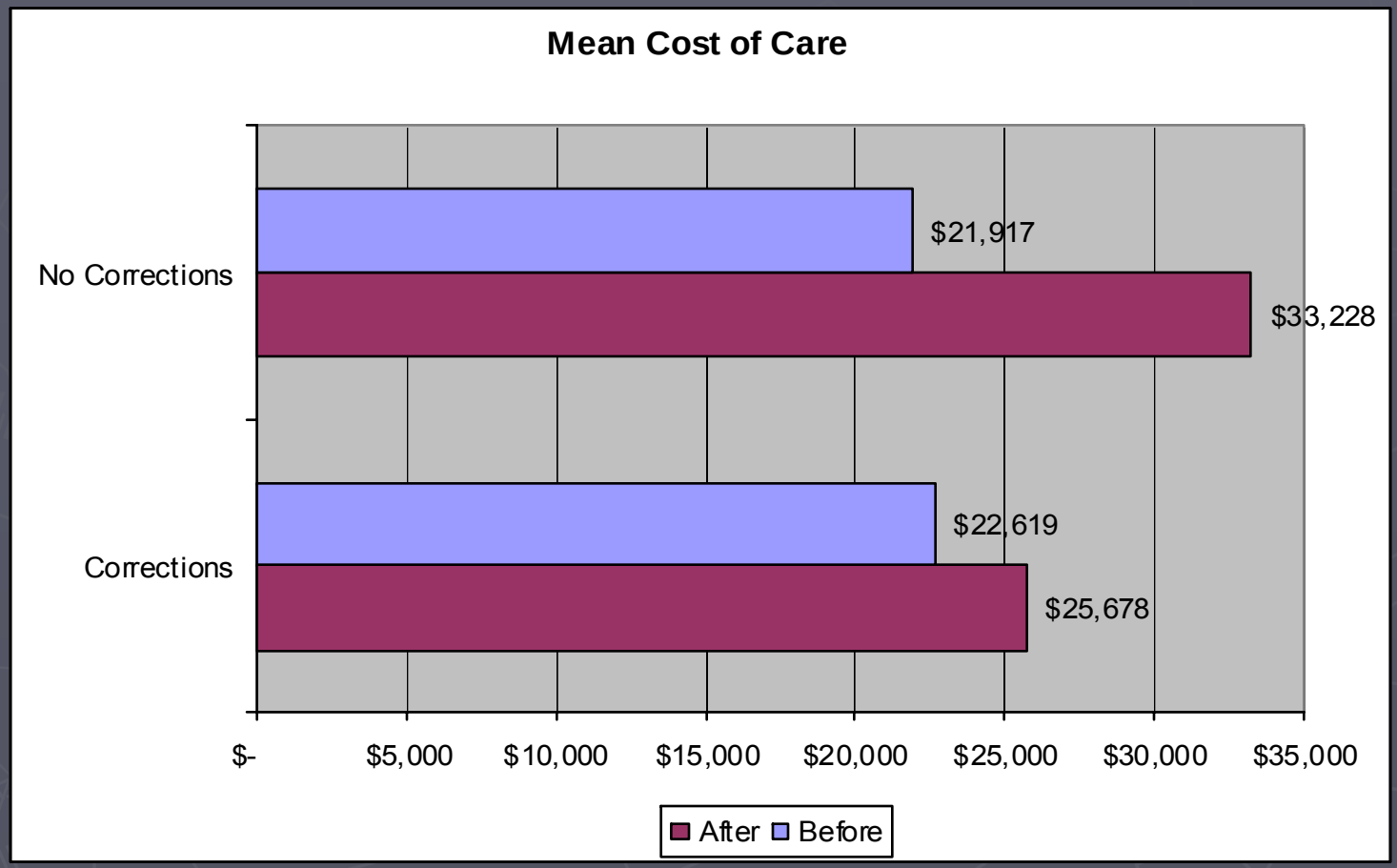
- Mean age: 41 years; range: 21 to 69
- 59% male; 38% female
- Mean GAF score: 40; range: 15 to 55
- Mean number of days hospitalized:
  - Before 31.6 After 34.1 (not significant)
- Mean number of services
  - Before 37 After 76 (p=.002)

Corrections Status

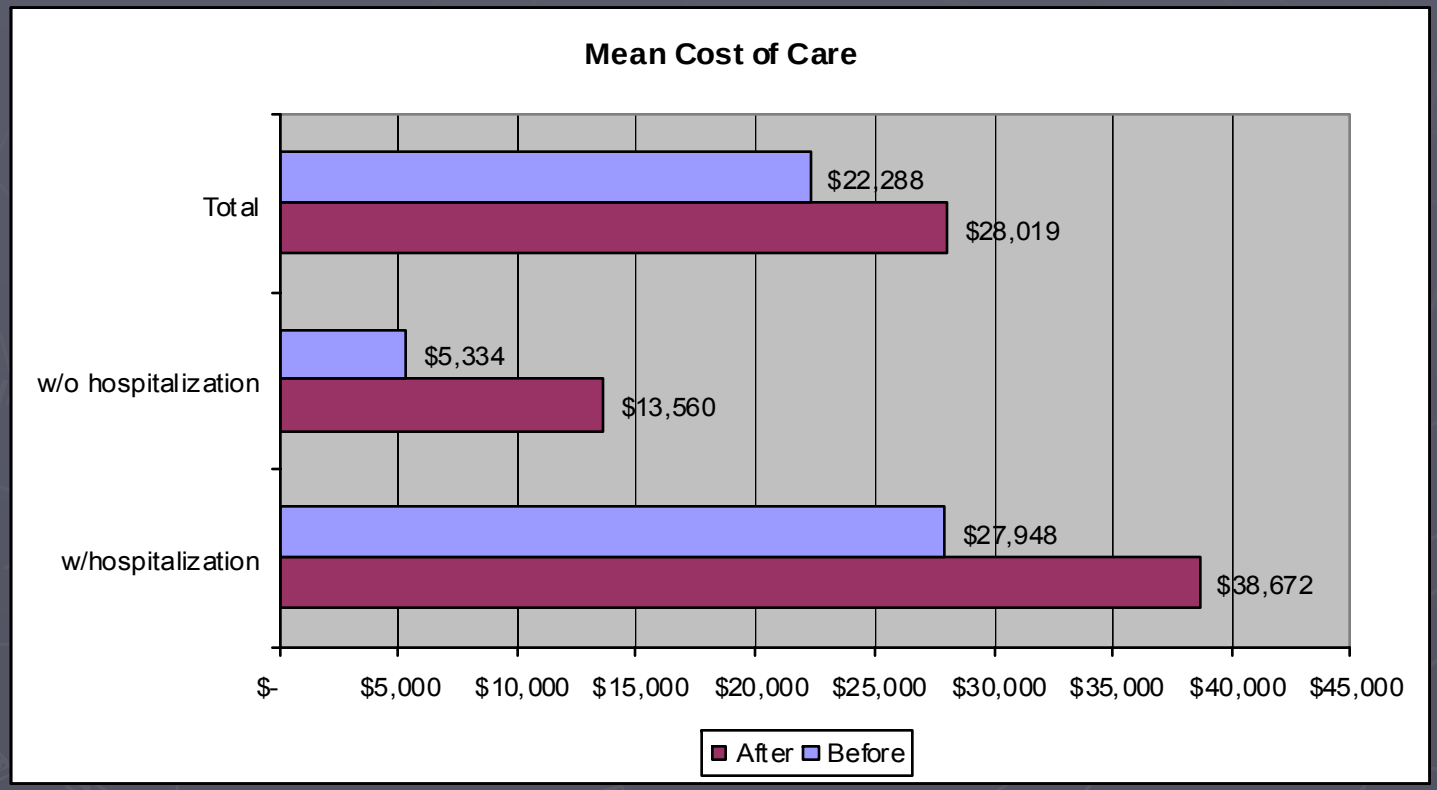




Cost
(with vs. without criminal justice involvement)



Cost
(with vs. without hospitalization)



Costs increased in 22 of the 34 cases.

Service Utilization

- Total volume of services increased 51%
  - Before petition was 1,275
  - After petition was 2,603
- Most significant increases:
  - Medication administration and review
  - Targeted case management
  - Self help and peer services
  - Clubhouse services

Service Utilization (for those with hospitalization)

- Total volume of services increased 27%
  - Before petition was 1,126
  - After petition was 1,540
- Most significant increases:
  - Medication administration
  - Targeted case management
  - Self help and peer services
  - Crisis residential services
  - Group therapy

Conclusion

- Corrections status did not change significantly; however, the time period may not be sufficiently long to allow for change.
- There appears to be a relationship between increased use of outpatient mental health services and no criminal justice involvement, given the sharp rise in costs. Further qualitative investigation should help define this relationship.

Conclusions (continued)

- Use of community mental health services did improve for this population, as evidenced by the increase in costs and utilization.
- As expected, increases were apparent in medication administration/review and case management services. However, increases in self help and peer services also increased. This is an unexpected finding that requires further investigation.
- Hospitalization did not decrease as expected but rather slightly increased. This finding also requires further investigation.

Next Steps

- Comparison to other counties in Michigan
  - One county that makes more extensive use of traditional ATO's
  - One county that is rural
- Replication of data in other two counties
- Case study of the three counties including:
  - Interviews of key stakeholders, including staff in the probate court and mental health system as well as consumers, families, and first responders
  - Satisfaction surveys of key stakeholders
  - Process mapping and observation of a sample of cases
  - Social network analysis among key stakeholders

Key Questions

- **Collaboration:** How do the probate court and community mental health system collaborate on implementation?
- **Networking:** What systems are in place to facilitate this collaboration and how well do they function? How has Kevin's Law impacted networking between the systems and between professionals within each system?
- **Process:** What is the process for issuing AOT's within the probate court and how are consumers linked to the community mental health system? What are facilitators and barriers of the process? How consistent is it?
- **Compliance:** Have subjects been compliant with their assisted outpatient treatment orders? Have they been more or less compliant with Kevin's Law AOT's than they were with traditional ATO's? Why or why not?

Key Questions (continued)

- **Mental Health Costs:** Has the number of hospitalizations decreased after the implementation of this program? Has the cost of inpatient hospitalization decreased? Why or why not?
- **Court Costs:** Has the incidence of recidivism or return to the probate court decreased? Has the overall court cost per consumer decreased? Has the rate of incarceration decreased?
- **Satisfaction:** How satisfied with the system are key stakeholders (e.g. consumers, petitioners, court staff, mental health professionals, police officers)? Are they more or less satisfied with AOT's than they were with ATO's?

Thank You

Questions?

Leslie Mahlmeister, MBA
PhD Student, Political Science
Wayne State University
640 Temple, Suite 750
Detroit, MI 48201
313/833-2914
lmahlmei@med.wayne.edu