Advancing Suicide Prevention through Collaborative Partnerships

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Objectives

- NASMHPD overview
- Trends in behavioral health
- Continuum of care
- Lifeline communication report
- Collaborative partnerships
Represents the $41 Billion Public Mental Health System serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia.

Affiliated with the approximately 195 State Psychiatric Hospitals: Serving 147,000 people per year and 41,800 people at any one point in time.
MISSION

NASMHPD will work with states, federal partners, and stakeholders to promote wellness, recovery, and resiliency for individuals with mental health conditions or co-occurring mental health and substance related disorders across all ages and cultural groups, including: youth, older persons, veterans and their families, and people under the jurisdiction of the court across the full continuum of services including inpatient.
NASMHPD Research Institute (NRI)

- NRI collects and analyzes data related to federal reporting requirements for the Mental Health Block Grant Program, as well as collection and reporting activities related to state psychiatric hospitals.
- NRI maintains a data base on financing, quality management and information systems.
- NRI conducts specialty state study analyses.
- For additional information contact Ted Lutterman (703-738-8164)
SMHAs provided mental health services to over 7.5 million individuals during FY 2015

- 2.3% of the US Population
- 68% of Adults served had a Serious Mental Illness (SMI)
- 70% of Children served had a Serious Emotional Disturbance
98% of clients received community-based mental health services
- 22.3 per 1,000 population (range from 0.8 to 51.2 per 1,000)

2% of clients received services in state psychiatric hospitals
- Range from less than 1% of clients (in 11 states) to 12% in (2 states) of total clients served

4.6% of clients received services in other psychiatric inpatient settings (37 states reporting on OPI)
SMHA-Controlled Revenues for Mental Health Services: FY 1981 to FY 2014

- Other Funds
- Other Federal
- MH Block Grant
- Federal Medicaid
- State Medicaid Match
- State General Funds

Mental Health Block Grant

State General Funds

Federal Medicaid

State Medicaid Match

Other Funds

Other Federal
1 Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care

2 The Role of Permanent Supportive Housing in Determining Psychiatric Inpatient Bed Capacity

3 The Vital Role of Specialized Approaches: Persons with Intellectual and Developmental Disabilities in the Mental Health System

4 Crisis Services’ Role in Reducing Avoidable Hospitalization

5 Quantitative Benefits of Trauma-Informed Care

6 Older Adults Peer Support: Finding a Source for Funding

7 The Role State Mental Health Authorities Can Play in Delivery of Integrated Primary and Behavioral Health Care for People with Serious Mental Illness, including those with Co-Occurring Substance Use Disorders

8 Cultural and Linguistic Competence as a Strategy to Address Health Disparities


10 Trend in Psychiatric Inpatient Capacity, United States and Each State, 1970 to 2014

2017 papers and previous years are at the following link: https://www.nasmhpd.org/content/tac-assessment-papers
Beyond Beds

- **Recommendation #1:** The Vital Continuum—Prioritize & 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.

NASMHPD Papers can be viewed at: [https://www.nasmhpd.org/content/tac-assessment-papers](https://www.nasmhpd.org/content/tac-assessment-papers)
U.S. Mental Health Needs across a Continuum

- 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
Core Community Crisis Flow

Police
- The untrained MH workforce.
- Traumatize situation

Individuals, Friends, Family Walk-In
Primary Care & Social Services

Crisis Call Centers
- Peer Warm Lines
- Mental health safety net

Mobile Outreach
- Few locations
- Increase coordination
- Peer workers

Core Community Crisis Flow

ACUTE SERVICES
- Extreme cases only where capacity exists

REFERRED ELSEWHERE
- Outpatient Mental Health
- Community Resources
- Detoxification/Substance Abuse Services

SERVICES DECLINED
- Referred back to community/natural supports
- No therapeutic support
- Incarceration/Relocation

Increased Mental Trauma

Homelessness
Social Isolation
Unemployment
Suicide

Source: D. Covington, Crisis Now: Transforming Services is Within Our Reach
Lifeline Commissioner Reports

- State/territory customized bi-annual reports detailing call volume trends, statewide Lifeline members, and benefits to joining the network.
Lifeline Commissioner Reports

- Promotes engagement and information sharing between Lifeline and SMHA
  - communication and awareness
  - collaboration between departments and agencies
  - statewide advocacy

- Positive effect at the state level
  - state examples
Strategies for Partnership

• Establishing and sustaining relationships
  – Stay on the radar
  – SMHA, Public Health, Children/Family Services, Hospital Associations
  – Advocacy groups (AFSP, MHA, NAMI)

• Developing policy/legislative recommendations that promote the full continuum of crisis services care

• Securing funding
  – Braided/collaborative
  – Federal grants
  – Peer workforce
Thank you!

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