Providing Health Care for the Acute Mentally Ill: A Community Response

San Antonio, Texas

David A. Hnatow, MD, FAAEM, FACEP
Emergency Medicine Physician, GSEP
Chairman, CMDRT
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- All faculty members are required to disclose to the program audience any actual or apparent conflict of interest related to the content of their presentations. Program planners have an obligation to resolve any actual conflicts of interest and share with the audience any safeguards put in place to prevent commercial bias from influencing the content.
Disclosures

None of the speakers or planners disclosed any relevant financial relationships.
CRISIS IN THE ER

Turnaways and huge delays are a surefire recipe for disaster. What you can do
The Center for Health Care Services

UNIVERSITY HEALTH SYSTEM

- Bexar County Pop = 1,409,834
- San Antonio growth (22.3%) among highest in nation
- Provider for Bexar County uninsured
- Only civilian Level 1 Trauma Center for 22-counties
Primary Problem

Providing Health Care for the Acute Mentally Ill

NMHA News Release

April 27, 2004

Contact: Heather Cobb 703-797-2588
hcobb@nmha.org

Emergency Departments See Dramatic Increase in People with Mental Illness Seeking Care

*Emergency Physicians Cite State Health Care Budget Cuts at Root of Problem*

WASHINGTON, April 27, 2004—A recent upsurge in people with mental illness seeking treatment in emergency departments is taking a significant toll on patient care and hospital resources nationwide, according to a new survey of emergency physicians conducted by the nation’s leading mental health organizations and the American College of Emergency Physicians. Six in 10 emergency physicians surveyed report that the increase in psychiatric patients is negatively affecting access to emergency medical care for all patients, causing longer wait times, fueling patient frustration, limiting the availability of hospital staff and decreasing the number of available emergency department beds.
Learning Network
Input/Throughput/Output Model

**INPUT**
- Demographics
- Health Status
- Insurance Status
- Availability of Alternatives
- Perceptions of Quality
- Physician Practice

**THROUGHPUT**
- Triage, Registration Processes
- Care Processes
- Staffing
- Specialist Availability
- Diagnostic Services Availability
- IT Systems

**OUTPUT**
- Death
- Hospital Admission
  - OR/ICU/CCU/MedSurg Capacity
  - Bed availability/tracking
  - ED/Floor interaction
  - Transport Services
- Community Discharge
  - Availability of post-acute care, community mental health, other services, primary and specialty care
Emergency Department’s Default Role

Medical clearance for:

- Patients under Emergency Detention
- Patients in Acute Psychiatric Crisis
- Patients who want to enter drug & alcohol treatment programs
- Patients who require involuntary commitment to the state hospital
- Patients under arrest by law enforcement
- After hours jail care
ED Law Enforcement Wallpaper
Mental Health & Criminal Justice System

- Nearly half the inmates in prison with a mental illness were incarcerated for committing a non-violent offense!

- Some 150,000 former patients of TDMHMR now find themselves caught up in the criminal justice system—mainly because there is no other place for them.
Jail Diversion

THE Bexar County Story
A Community Commitment to Mental Health

A story of two groundbreaking programs:
Jail diversion and cognitive adaptation training -
keeping the mentally ill out of jail, off the street, and out of the hospital
by providing access to treatment and support services.
Benefits of Jail Diversion

- Decriminalization of persons with mental illness
- Overrepresentation of people with mental illness in the criminal justice system is addressed
- Reduced hospitalization
- Increased public safety
- Reduction of inappropriate incarceration of persons with mental illness
- Length of stay in jail is shortened in favor of increased access to treatment
- Greater efficiency in the use of law enforcement
- Violence and victimization is reduced
The Solution

The Mental Health Crisis is a community problem requiring a community solution.
Community Medical Directors Roundtable

- Sponsored by the Center for Health Care Services
- Planning Committee for Crisis Care Services
- Chaired by David Hnatow, MD
  Former University Health System Emergency Center Medical Director
- Includes reps from CHCS, UHS, SA Metro Health, SA State Hospital, SAPD, Bexar County Sheriff, & others
- Planned for over a year to address this community wide problem
Community Medical Directors Roundtable

- Membership
- Agenda
- Benefits to the Community
- Additional Programs
- Legislative & National Initiatives
Community Medical Directors Roundtable Membership

- Medical Directors
- Law Enforcement
- Medical and Mental Health Organizations
- Community Organizations
- Legal and Political
Community Medical Directors Roundtable Membership

- Medical Directors:
  - University Hospital Emergency Center
  - University Hospital Emergency Center Psychiatric Emergency Services
  - Community Medicine Associates
  - University Health System Downtown Express Med Clinic
  - University Health System Chief Nursing Officer
  - University Health System Director of Psychiatric Nursing
  - Center Health Care Services Chief of Staff
  - Center Health Care Services Crisis Services
  - Center Health Care Services Sobering Unit
  - Center Health Care Services Detox Unit
  - City of San Antonio Magistrate’s Office – Metro Health
  - Bexar County Jail/Detentional Health Services
  - San Antonio State Hospital
  - San Antonio Area Health Systems ED Medical Directors
  - San Antonio EMS
  - Patrician Movement (Detox Provider)
Community Medical Directors Roundtable Membership

Law Enforcement:
- San Antonio Police Department
  - CIT Officers
- Bexar County Sheriff Department
  - Deputy Mobile Outreach Teams (DMOT)
- San Antonio Area Police Chiefs
- University Health System Police Department
- University Health System Security
Community Medical Directors Roundtable Membership

Medical and Mental Health Leaders:

- University Health System, Board Members
- Center for Health Care Services, Board Members
- University Health System, CEO
- University Health System, Senior Vice President for Ambulatory Services
- Center for Health Care Services, Executive Director, CFO, COO
- UT Medicine, COO
- San Antonio State Hospital, Executive Director
Community Medical Directors Roundtable Membership

Community Organizations:
- CHCS – Director of Jail Diversion and Crisis Services
- CHCS – Community Liaison
- Greater San Antonio Hospital Council
- EHDG – Mental Health Workgroup
- EHDG – ED Medical Director’s Workgroup
- PATH
- Veterans Administration
- UTHSCSA Department of Psychiatry
- Private Hospitals – Behavior Health Services
- Patrician Movement – Substance Abuse Services
Community Medical Directors Roundtable Membership

- Legal and Political:
  - Honorable Judge Polly Jackson Spencer (Probate Court)
  - Community Court Judges
  - Legal Council for UHS, CHCS
  - Mayor of San Antonio
  - City of San Antonio City Council
  - Bexar County Judge
  - Bexar County Commissioners
  - State of Texas Senators and House Representatives
  - Texas Health & Human Services
Community Medical Directors Roundtable Agenda

- Address Law Enforcement Needs
  - Where do they go? (Making multiple trips for one individual)
  - Prolong Emergency Department Waiting Times
- Decompress the Emergency Departments of Mentally Ill
- Medical Clearance/Support: MD, PA, Lab, Radiology
- Developing Mutual Criteria amongst all parties involved
- Address the consumer’s Needs
- Substance Abuse
- Logistics:
  - Location
  - Volume
  - Workforce
  - Security
  - Data Collecting
Medical Director Input

- Standardized Medical Clearance and Screening of Psychiatric Patients

Medical Clearance and Screening of Psychiatric Patients in the Emergency Department
Jonathan S. Olshaker, MD, Brian Browne, MD, David A. Jerrard, MD, Heather Prendergast, MD, Thomas O. Stair, MD

ABSTRACT

Objectives: To study the frequency of medical complaints and need for routine ED medical, laboratory, and toxicologic clearance for patients presenting with psychiatric chief complaints.
Methods: A retrospective, observational analysis of psychiatric patients seen in an urban teaching hospital ED over a 2-month period was performed. The individual sensitivities of history, physical examination, vital signs, and complete blood counts and chemistry panels for identifying medical problems were determined. The sensitivities and predictive values of patient self-reporting of recent illicit drug and ethanol use were also determined.
Annual SAPD Emergency Mental Health Detainees Requiring Screening Exams

- University EC 749 - 41%
- Methodist System ERs 402 - 22%
- CHCS 237 - 13%
- Baptist System ERs 182 - 10%
- San Antonio State Hospital 109 - 6%
- Nix 73 - 4%
- Laurel Ridge 36 - 2%
- Other 37 - 2%
- Total 1825 - 100%

Anecdotally, we know there is considerable wait time involved before the appropriate screening is obtained in the ER setting.
Current Situation

The San Antonio Police Department’s annual requirement for medical and mental health screenings for emergency detainees is estimated to be:

1825 (or 5 per day)
In addition to the SAPD other agencies require medical screenings for emergency detainees, the annual estimate is:

- San Antonio State Hospital       1,095
- Center for Health Care Services  730
- Other law enforcement agencies   730
Current Situation

In addition to medical screenings, agencies require medical care or care for minor injuries for persons under their control. The annual estimate is:

- Magistrates office: 949
- Correctional Health Care Service: 730
- SAPD: 1460
- Other Law Enforcement: 365
- SASH: 365
Current Situation

Substance abuse service providers need medical services. The annual estimate is:

- The Patrician Movement: 730
- HOW Foundation: 156
The total annual demand for service events (medical screenings and medical care) for these populations is estimated to be:

9135 (or 25 per day)
Current Central City Services

- UHS operates an Acute Care Clinic 8:00 am to 8:00 pm Monday – Friday and Saturday 8:00 am to 4:00 pm at the Downtown facility that provides medical services.

- CHCS operates a crisis clinic 24/7 at 711 E. Josephine that provides mental health services.
Crisis Care Center

Center For Health Care Services (CHCS)
University Health System (UHS)
University of Texas Health Science Center (UTHSCSA)
The Proposed Solution

- A Crisis Care Center (CCC) operating 24/7 providing medical and mental health screenings with ten 23-hour observation beds.

- The CCC would be located at the UHS downtown facility.

- The patient would have a single diagnosis of mentally ill, mentally ill with medical problem, no diagnosis of mental illness but with medical problem. The patient may have a substance abuse diagnosis.
The Proposed Solution

- The CCC would accept patient referral from:
  - Police departments
  - Sheriff's Office
  - Substance abuse providers
  - Also by self, friend or guardian for mental health services only.
The Proposed Solution

The patient flow from the CCC:

- Admission to the San Antonio State Hospital
- Admission to Bexar County Jail or step down service (preferred)
- Admission to the inebriate holding cells or a step down service (preferred)
- Private hospitals
- Home with Outpatient follow-up
- Transfer to UHS-Emergency Center
The Proposed Solution

Expected benefits of the CCC include:

- Patients will be brought to appropriate level of care by law enforcement officers (i.e. not an ER)
- Medical screening for admission to SASH, the Bexar County Jail, and readmission to the inebriate detention facility will be enhanced.
- Law enforcement officers’ time to “hand off” to the appropriate clinical staff will be rapid (20 minutes is the goal).
- Hospital ERs will be relieved from caring for this unique patient population.
Benefits to the Community

- More appropriate, timely disposition of patients in crisis (to SASH, private psych facility, jail, or other setting)
- Reduced police officer time spent in ED and increased street time because of faster medical service at a central location
- Reduction of non-emergent patients in all SA emergency rooms
Endorsements

The Crisis Care Center proposal has been formally endorsed by:

- Judge Nelson Wolff
- SAPD Chief Albert Ortiz
- SAMHD Director Dr. Fernando Guerra
- Director of SA Municipal Courts
- Greater San Antonio Hospital Council
The PLAN satisfies the 6 components for improving the quality of our health care system.

- Patient centered
- Equitable
- Efficient
- Timely
- Effective
- Safe