

Downsized Mental Health System Leans on Police

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Waco Tribune-Herald

April 17, 2005

When police end up caring for the mentally ill, it's almost always a sign the system has failed, experts say. If that's true, Texas should have a big, blinking billboard.

Across the state, law enforcement agencies are increasingly feeling the crunch of an overcrowded, underfunded mental health care system. They're coming into contact with more mentally ill people than ever before and running into more difficulties finding them treatment.

A decade ago, it was almost unheard of for officers to drive several hours to take someone to a mental hospital. Nowadays, it's the norm in many areas of the state as psychiatric hospitals have closed or downsized.

Even in Waco, which has a psychiatric facility, police take their share of road trips.

The factors that have contributed to the situation are complex. But the reason law enforcement is being saddled with more of the burden isn't. Rather than picking up the tab for mental health treatment at the front end, the state has opted to play a shell game of sorts and pay for it on the back end.

"We have continually been cut back year after year in terms of who we serve and the level of services provided," said Tom Thomas of the Heart of Texas Region Mental Health Mental Retardation Center. "If you squeeze one end, you'll see an increase at the other end."

Prior to the 1960s, most people with a mental illness lived in institutions. But as other civil rights movements gained steam, so did the idea that people with mental illness should have the opportunity to live in the community. Aiding the movement were new psychiatric medications that let people function better than ever before.

The phenomenon, often called deinstitutionalization, started in 1961 when a presidential committee recommended building 2,000 community centers to deliver mental health and mental retardation services over the next 20 years. Three years later, Congress funded the recommendations by providing block grants to the states.

Texas got in on the trend with the Texas Mental Health Mental Retardation Act of 1965. In effect, it authorized the creation of community centers to provide mental health and mental retardation services.

A decade later, in 1974, a class action lawsuit acted as another catalyst. Hospital patients and their families sued the state over poor hospital conditions and a lack of access to less restrictive treatment options. They won and the court ordered Texas to move most mental patients from hospitals into their communities.

That combination of community centers and court orders produced dramatic results. From 1970 to 1999, the number of mentally ill people living in Texas hospitals plummeted by 81 percent, from 12,413 to 2,309. Right now, an average of 2,268 people are in state mental hospitals each day.

Mental health advocates lauded the metamorphosis. Philosophically, they thought it was the right thing to do; practically, they thought the state could beef up community services with the money it saved on hospital care.

But many advocates now say the transformation was never completed. Community services have been funded to some extent, they say, but never adequately.

"It just didn't work," said Denise Brady, public policy analyst for the Mental Health Association in Texas. "It works for some people but not nearly enough."

The lack of community services might have caused the system to revert back to what it had been except for one big catch: the number of hospital beds had been cut dramatically as people were deinstitutionalized. So even if people wanted to go back, there wasn't a place for them.

In recent years, the scarcity of hospital beds has become more pronounced as the population has grown with no new beds being added, said Dave Wanser, deputy commissioner for behavioral and community health for the Texas Department of State Health Services. Also, more people have wound up in state care as the result of private insurers reducing or eliminating mental health coverage, he said.

Most recently, the system has been groaning under the weight of a growing forensic case load, Wanser said. The number of people placed in state hospitals because they have committed crimes has grown from 16 percent to 27 percent in the past five years, Wanser said. Since those patients tend to stay for months or years rather than days like other patients, the increase is a special problem.

"You've got all these drivers that really restrain the availability of that resource," Wanser said. "If nothing else changes, you can't make those numbers work."

For some, the knee-jerk reaction is to build more hospitals or add beds to existing facilities. But most experts who work with the mentally ill don't want that. Instead, they want the state to make good on community services while not ignoring immediate needs.

The Mental Health Association, for example, doesn't want to see any existing beds disappear, especially with law enforcement officers seeking places throughout Texas to transport mentally ill individuals. It doesn't make sense to be "mothballing wings and cutting off staffing when we have people driving across the state like this," Brady said.

Nor is the association opposed to a part of the Texas Senate budget plan that would increase state hospital funding slightly, Brady said. It would bump up hospitals' allotments to cover the number of people they are caring for beyond their budgeted beds. The idea is that it would hopefully decrease diversion of patients to other facilities.

But what the association really wants is for the Legislature to allocate more money for community services. For one thing, it's significantly cheaper, Brady said.

Plus, being near friends and family helps mentally ill people recover, Brady said. If community services were adequately funded, the state would be able to do away with a lot more hospital beds, she said.

"As a society, as a Congress, as a state legislature, we do not fund enough community services so people don't recover, so they keep cycling in and out," Brady said. "If you don't have enough money in the pot, you can never give them enough to make an ongoing difference."

Wanser agreed that expanding the state hospital system is not the best option. Although there will always be a need for hospitals' secure environment, most people who experience a psychiatric crisis don't need longer term care, he said.

About 60 percent of mentally ill people brought in by law enforcement resolve their crisis within 24 hours, Wanser said. Even in cases where people need to go to a hospital, advances in treatment have made average stays much shorter, he said.

The problem with the current system, Wanser said, is that the mentally ill are often sent to state hospitals because there is nowhere else for them to go. He likened the situation to a hospital emergency room. If people only went there for true emergencies, they would function fine.

But as things are now, people who don't get preventive care at a regular doctor go to the emergency room when they get sick, Wanser said. That causes the hospitals to limp along in an overcrowded state, which can quickly get out of hand.

Wanser cited state data which shows that from September to February, the state's 11 hospital campuses operated at an average overall capacity of 101 percent. That means the hospitals were over-full only slightly more often than they were under-full, he said.

"I think we're at a fine line right now," Wanser said. "Ever since the community centers started, we've been trying to find the right balance...I think if we spent more money in the community, we'd need fewer beds. But that's a big investment."

At some level, though, a discussion of whether to fund more hospital beds or more community services is pointless. Except for the Senate's modest proposal, the Legislature hasn't shown any interest in increasing mental health spending.

What that means is law enforcement and mental health professionals are going to have to work together to make the current system work better, Wanser said. In some cities, the two groups have developed creative solutions such as enacting mobile crisis teams or training police to better deal with the mentally ill, he said.

Locally, such solutions have been tried, but only in a limited fashion. For example, the mental health/mental retardation center has on-call crisis staff to help in emergencies, but they're only available to people classified as needing the highest level of care.

Also, while a few local police officers have received mental health training, the number is extremely limited.

McLennan County Sheriff Larry Lynch said his office has had discussions with the local MHMR center about other possible solutions. One idea is to have all area law enforcement agencies contribute money to the center. But he has doubts that will happen because police budgets are already stretched thin.

"This problem is going to get worse, no question," Lynch said. "We're looking down the road to see what we can do, because if calls for service continue to rise, it stands to reason there will be more (hospital) diverts."

Thomas, of the local MHMR center, acknowledges he's not sure what all the answers are, either. But he hopes more conversations like the ones between the center and the sheriff's office will happen.

"I think collaboration is the only way we're going to be able to do it, short of an infusion of funds, which I don't think we'll see anytime soon," Thomas said.

Brady, from the mental health association, says part of that cooperation should include education efforts aimed at the public. People need to know they're not avoiding the tab for mental health care by not funding community services. Their tax dollars are still being used, she says, just in a less optimal way.

She also says it's too easy to blame Texas legislators fearful of voting tax hikes to fund mental health concerns and incurring voters' wrath.

"I blame all of us," she said. "I say hold up a mirror. It's all of us who don't want to pay more taxes."

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---- Austin State Hospital facts ----

- * Funded for 301 beds, 30 of which are designated for children and adolescents.
- * Serves a 36-county region for adult patients and a 71-county area for children and adolescents.
- * Average wait time for someone to be screened for admission is two hours.
- * On average, only 40 of the 350 people the hospital screens each month for admission are deemed not in need of hospitalization.
- * The average length of stay for the hospital as a whole is 16 days. For adults who are admitted on an emergency basis, the average stay is nine to 10 days.
- * Recidivism ñ defined as how many people come back to the hospital within a 30-day period ñ is 11 percent.
- * The average cost a patient a day is \$419. The statewide average is \$322.
- * The hospital has gone through a significant downsizing. As recently as 1990, it had 850 beds.
- * The hospital has seen a 10 percent rise in patients every year for the past five years. Officials attribute it to a growing population and more people having limited or no insurance coverage for mental health treatment.

---- About the Heart of Texas Region Mental Health Mental Retardation Center ----

- * The center is one of 41 quasi-government entities statewide that are known as community MHMR centers.
- * The center receives most of its funding from the state but also receives money from the federal government and local sources.
- * The center sees about 1,100 adult clients on a monthly basis and serves a total of about 1,900. It also serves about 160 children.
- * The types of services offered by the center include therapy, medication assistance and referrals to support groups.
- * Under state guidelines that went into effect in September, the center can only serve adults who have one of three illnesses, except in rare cases in which an exception is made. The so-called "priority population" ñ people who have schizophrenia, major depression or bipolar disorder.
- * When the state first announced it would institute the priority population, the local center had 260 people who didn't fit the criteria. But it was able to whittle the figure down to about 35 people by re-diagnosing clients and getting exceptions for others.
- * The most common types of illnesses that don't fit the criteria are personality disorders, post-traumatic stress disorder and mood disorders. The center turns away at least 10 to 20 people each month because they don't fit the criteria.
- * Income is not a factor in determining eligibility for services. People who have no means to pay are not charged at all. For those who can pay, there are sliding-scale fees.
- * The local center is allotted \$2.56 million per year for client care at the Austin State Hospital. A client staying there costs the center \$260 to \$300 per day for adults and \$342 for adolescents. Plus, there is a \$425 processing fee each time a person is admitted to the hospital.
- * The average length of time center patients stay at the Austin hospital is 25.7 days.
- * The center used a total of 12,664 bed days at all state hospitals combined last year. That includes patients who needed short-term care at Austin, as well as others who have been in the hospital for years.
- * Per capita, the center is the fourth-lowest funded in the state. Its budget for adult mental health services this year is \$4.9 million. For children and adolescent mental health services, the budget is \$893,442.