

## **Kronkosky Charitable Foundation**

### **Roundtable Discussion**

**Topic:**                    **Adult Mental Health Transitional Issues**

**Date:**                    **December 14, 2000**

**Prepared by:**        **Marc Deadrick**

#### **Participants**

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##### **Invited Representatives**

Robert Martindale	Executive Director	San Antonio Metropolitan Ministries
Laura Dupree	Program Director	Fairweather Lodges
John C. Sparks	Medical Director	Bexar County Detention Center
John Mares	Chief of Caseworkers	San Antonio State Hospital
Gilbert Gonzalez	Director of Safety Net Services	Center for Health Care Services

##### **Foundation Staff**

Palmer Moe	Executive Director
Mark Carmona	Grants Manager
Fred Cardenas	Grants Manager

## **Overview**

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### **Fairweather Lodges**

- Provides transitional housing for adults diagnosed with mental illness.
- Vocational services are provided. On average, a resident is employed for 15-20 hrs per week performing janitorial or landscaping duties.
- Many of the residents have been in jail.
- Many of the residents utilize the Center for Health Care Services for treatment of their mental illness.
- Current capacity is 30 individuals.
- The organization receives approximately 13 calls per week from agencies seeking a placement for clients.

### **San Antonio Metropolitan Ministries**

- Operates several programs including:
  1. SAMMinistries on Commerce; provides emergency shelter for 230-280 individuals.
  2. Dwyer Avenue Center Overflow Shelter; provides emergency shelter for 63 individuals. (women and children only)
  3. Transitional Living and Learning Center; provides housing and services for up to 40 families.
  4. SAMMinistries Housing Corporation; provides transitional housing in single-family homes for up to 25 families.
- The focus of SAMM is transitional housing and services for families.

- Approximately 30% of clients are individuals with mental illness. Many of these are chronic.

### **San Antonio State Hospital**

- Described as the “hospital of last resort” for the mentally ill in San Antonio.
- SASH has a 375-bed capacity.
- The primary service area for the SASH spans 31 South Texas counties.
- The hospital attempts to take only committed patients; there are two types of commitments:
  1. A temporary commitment allows an individual to be kept up to 90 days.
  2. An extended commitment allows an individual to be kept up to 1 year.
- When an individual meets his or her maximum hospitalization benefit, an attempt is made to discharge the individual. If the individual is no longer considered a danger to themselves or others, the individual is discharged and an outpatient treatment regime is initiated.
- Managed care mandates the number of days that an individual is able to receive inpatient treatment.
- As a result of managed care requirements, the SASH has become more of a short-term crisis institution; the hospital stabilizes individuals and then moves them out to the community.

### **Bexar County Detention Center**

- 3, 670 bed capacity (including both the main jail and the annex).
- A nurse sees every new inmate. If circumstances require it, limited medical intervention as well as prescription medicine is available on-site.

- Other than medication, there is no treatment for individuals with mental illness.
- Over the course of a year, approximately 3200 individuals with mental illness pass through the jail. They tend to stay longer than other inmates; their average stay is 5-6 months.
- Each day, there is approximately the same number of individuals with a mental illness at the jail as there is at the SASH.

### **The Center for Health Care Services**

- The Center is an agent of the state of Texas. It was chartered to provide support for Bexar County residents.
- One goal of the Center is to keep individuals with mental illness out of hospitals and jails.
- The Center collaborates with the Bexar County Detention Center to identify individuals with mental illness during the pre-trial phase.
- The Center collaborates with the University Healthcare System as well as the SASH. The Center also contracts with other providers.
- The Center has a \$10.8 million dollar budget for inpatient care.
- The Center has a fiduciary responsibility for its clients; it is obligated to find the “best value” for the services for which it contracts.
- The Center plans to operate as a single-portal system with 24/7 availability.
- The Center plans to create an integrated system that is clinically driven. The goal is to share information with organizations such as the San Antonio Police Department. Doctors will have access to an array of treatment options.

Treatment options will span from locked-down facilities to places that are merely for observation.

- The Center plans to be able to offer the appropriate treatment for a given individual. To date, clinicians have not had access to a step-down system to meet the needs of individuals with mental illness. For example, as an individual shows improvement, a facility that provides a lower level of care may be warranted.

## **Issues**

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### **Where do individuals with mental illness go when they are stabilized?**

- There is a continuum of places. At one end of the continuum is the SASH and jail. At the other end is independent living or living with the support of family members. In between exist nursing homes, group homes, and boarding homes.
- There is a need for more supportive housing facilities. A mix of housing options is needed. For example, some doctors like for their patients to go to a facility with a certain level of care—so a facility with a medical component may be desirable. Alternatively, a patient may prefer a facility where there are relatively few rules—so an independent facility may be desirable.
- Some nursing homes do not want patients that have a psychiatric diagnosis.
- Supportive housing can ensure that individuals with mental illness are minimally compliant; for example, taking their medication.
- Individuals with mental illness have various preferences. Some do not want to live in homes that place restrictions or requirements on their behavior and daily routine.

- Guardianship is needed for some individuals with mental illness.
- Individuals with mental illness are spread over the city in various types of residential settings.
- Some individuals end up living in the street. Homeless individuals may periodically utilize the services of the SAMM shelter or the Salvation Army.
- It is a challenge to provide crisis services along with skills so that clients will not need the services of crisis stabilization in the future.

### **Licensing requirements**

- Residential facilities that operate to house individuals with mental illness who are transitioning from inpatient to outpatient care face a myriad of licensing requirements.
- Individuals with mental illness pay for residential facility fees via their SSI checks.
- Thousands of individuals live in unlicensed facilities. If these places were shut down by regulatory agencies for noncompliance with licensing requirements, many individuals with mental illness would be homeless.
- The consensus of the roundtable participants is that some of the code requirements are unreasonable for facilities that house a small number of people.
- It may be appropriate to target the legislative arena in order to evolve licensing requirements that better serve both providers and recipients of supportive care.

- Much of the licensing requirements involve structural aspects of the facility in which individuals are housed.
- Some of the patients living in transitional residential facilities need the support of the staff to assist with tasks such as taking medication.
- There are no programmatic requirements for transitional residential facilities. Good providers will get their clients into programs such as sheltered workshops. Other providers may offer no such programming.

### **Chemical Dependency**

- 60% -70% of those with mental illness have a dual diagnosis of chemical dependency.
- Individuals with a chemical dependency who are not mentally ill sometimes use mental health services.
- Currently, the only detox facility is the Bexar County Detention Center.

### **Information and Referral**

- Information and referral is a separate issue from treatment.
- Currently there is no central information sharing among the agencies that serve the mentally ill population.
- There is a perceived need for a platform and system for sharing information among agencies.
- Any information sharing platform or standard must conform to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates certain requirements for patient confidentiality.

- An exchange of information may yield a more accurate estimation of the number of individuals with mental illness.
- Information exchange may also serve to identify individuals who are chronic users of services. Individuals who use one agency's services may simultaneously use another agency's services. Sometimes an individual may "bounce back and forth" between two (or more) agencies. Information exchange would allow agencies to provide a more unified and coordinated plan of treatment for individuals with mental illness.
- Clients are sometimes upset with having to provide information repeatedly when seeking services; information exchange may eliminate this.
- Networking and increased communication are likely outcomes of information sharing among agencies.
- Clinicians who are able to access the shared information may be more effectively clinically; this would lead to better outcomes for clients.

### **State of the Mental Ill in San Antonio**

- San Antonio cannot draw upon state money because doing so requires matching funds.
- If San Antonio and South Texas is under funded by the state legislature, how can this be documented so that change may occur?
- The city of San Antonio does not allocate city dollars for mental health.
- A component of information exchange among agencies that serves the mentally ill may include sharing information with the public about the needs of the mentally ill.

- Publicizing the state of the mentally ill in San Antonio may not result in more money being spent on individuals with mental illness; it may be more effective to strive for change at the level of the state legislature.
- There exists a question of whether or not systemic change can come from increasing the amount of dollars that is put into the system.

### **Summary of Identified Needs**

- Increase in placement opportunities, both in numbers and types of placement. Bed space is needed for supportive housing, boarding homes, personal care homes, hospital beds, nursing homes, and all along the continuum. The need is even greater for placement of women and families.
- More substance abuse detox services are needed in the county.
- Guardianship services, such as those offered by Jewish Family Services.
- An extensive needs assessment.
- An electronic community platform.
- A collaborative network that meets regularly with a focus on these specific services.
- Education and information for legislators.