



TREATMENT
ADVOCACY
CENTER

Catalyst

TAC at the White House

For years, the federal government failed those with severe mental illness. It wasn't until the Obama Administration and the tragedies of Sandy Hook that federal policymakers began to take these issues seriously, embracing a host of changes to dramatically reshape mental health care throughout the nation.

In December, a White House Mental Health Summit showed just how far the federal government had come as it convened a series of mental health leaders and government officials to highlight reforms based on the Treatment Advocacy Center's priorities.

Dr. Drew Pinsky set the stage for the day with a discussion of how our mental health system became so broken, citing Dr. Torrey's book *American Psychosis* throughout his talk. Dr. Drew detailed the impact of anosognosia and noted that treatment laws too often focused on dangerousness to the detriment of both those in need of care and society at large.



Left to right: Dr. E. Fuller Torrey, Dr. Drew Pinsky, and TAC Executive Director John Snook

His talk closed with a rejoinder that we at TAC loved: "It's all in Dr. Torrey's book. Read it!"

TAC Executive Director John Snook spoke next as part of a panel moderated by HHS Assistant Secretary Elinore McCantz-Katz focusing on the continued need for reform. The discussion touched on a host of important issues, including the growth of assisted outpatient treatment programs throughout the country, changes to the discriminatory IMD exclusion and the importance of embracing a full continuum of services for those with the most severe mental illness. Mr. Snook also highlighted the results of TAC's recent report, *Road Runners*, noting that law enforcement officers spend a fifth their time transporting people with mental illness, at a cost of nearly \$1 billion annually.

HHS Secretary Alex Azar spoke next, citing a number of Treatment Advocacy Center statistics before saying, "the way we treat serious mental illness is bro-

ken." Secretary Azar then detailed the importance of changes to Medicaid rules allowing for IMD exclusion waivers and referenced assisted outpatient treatment as a "highly effective program" that the Administration was strongly supporting.

A panel of local officials and federal agency officials saw an unexpected interruption—an unannounced appearance by the President. "We're way behind on mental health in our country," President Trump told the audience. "We have to take care of our mentally ill."

The event marked a remarkable shift in federal attention to severe mental illness. Less than a decade before this event, Dr. Torrey had castigated SAMHSA for failing to devote attention to severe mental illness. Now both parties are embracing the Treatment Advocacy Center and Dr. Torrey's reforms.

It's a change that TAC, and the many families who've fought alongside us for years, recognize as long overdue.

DR. DREW PINSKY ON
AMERICAN PSYCHOSIS:
"IT'S ALL IN
DR. TORREY'S BOOK.
READ IT!"

WHAT'S INSIDE

- 2.....Message from the Executive Director
- 3.....SMRI Update
- 3.....Ride-Along with Tucson
- 4.....Meet the Advocates
- 4.....Beginning of the End of the IMD Exclusion
- 6.....Personally Speaking: Iowa's Unique Opportunities
- 8.....June Judge
- 9.....Psychiatric Boarding
- 9.....More Psychiatric Beds Are Needed
- 10.....Involving Families in AOT Proceedings
- 11.....Federally-Funded AOT Programs



Message from the Executive Director

This edition of *Catalyst* highlights the amazing advocates and practitioners across the nation that power the work of the Treatment Advocacy Center (TAC). There is a common thread that runs through each of the advocates we celebrate; despite advocacy

often being emotional and difficult work, each of the advocates highlighted here refuses to accept the status quo and never takes no for an answer!

THERE IS A COMMON THREAD THAT RUNS THROUGH EACH OF THE ADVOCATES WE CELEBRATE; DESPITE ADVOCACY OFTEN BEING EMOTIONAL AND DIFFICULT WORK, EACH OF THE ADVOCATES HIGHLIGHTED HERE REFUSES TO ACCEPT THE STATUS QUO AND NEVER TAKES NO FOR AN ANSWER!

In Iowa, we celebrate a lifetime of advocacy with our Torrey Advocacy Commendation winner June Judge. A teacher, leader, advocate and founder of a host of organizations, including NAMI Iowa, June is truly a "force of nature." The state is also home to Leslie and Scott Carpenter, advocates whose work educating presidential candidates in Iowa is shaping the country's mental health conversation. While educating future

Presidents can seem daunting, Leslie explains it started small, "We just started by telling of our son's story and educating people about how broken the system is. And if that is where you start, that's wonderful."

In Tucson, TAC's research director Elizabeth Hancq joins the Tucson Police Department Mental Health Support Team for a ride-along to document their exemplary diversion program. In San Antonio, TAC's Betsy Johnson details the success of Bexar County's assisted outpatient treatment court and the amazing work of presiding Judge Oscar Kazen. Judge Kazen is familiar to anyone who attended our first AOT national symposium in Ohio, where he was a speaker.

I would also be remiss if I didn't mention that this edition introduces our own TAC advocates! Lisa, Michael, and Sabah, the three attorneys who make up TAC's advocacy department, explain a bit about themselves and what brought them to this work.

Finally, this edition of *Catalyst* details the host of successes that advocates are spurring around the country. From celebrating the results of our AOT grant program, to speaking at a White House summit on mental health, to the first IMD exclusions becoming reality, advocates are changing the world of mental health treatment and overcoming barriers to care for the most seriously ill.

It's an exciting time to lead the Treatment Advocacy Center because of people like you. Thank you for all you do.

John Snook

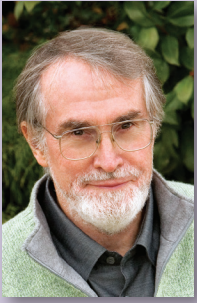
Saying NO to Big PHARMA

No nonprofit can survive, much less thrive, without reliable and generous donors. However, individuals and private foundations are unusually vital to the Treatment Advocacy Center because from the beginning — and alone among major mental health organizations — we accept no funding from the corporations most closely allied with mental illness treatment: pharmaceutical manufacturers.

This is our position because we advocate for reforms that can result in individuals with severe

mental illness being ordered to adhere to treatment plans that may include medication orders. And we believe that taking money from the companies that make those drugs and therefore stand to profit from the policies for which we advocate would create an unacceptable conflict of interest.

Further, we continue to be critical of pharmaceutical practices that result in the over-prescription of certain psychiatric medications, especially to children and individuals with dementia.



STANLEY MEDICAL RESEARCH INSTITUTE REPORT: *Stanley Brain Collection*

By E. Fuller Torrey, M.D.

The Stanley brain collection is widely regarded as the best in the world by researchers on schizophrenia and bipolar disorder. It was started in 1995 with funding from Ted and Vada Stanley as part of the Stanley Medical Research Institute. To date samples have been sent to 325 research laboratories in 23 countries with most laboratories having received multiple shipments. More than 500 scientific publications have resulted from this research. During 2019, for example, the laboratory sent 14,746 individual samples, including brain sections, RNA, DNA, and protein.

The brains were collected from medical examiners in Seattle, San Diego, Minneapolis, and Maine between 1995 and 2005 and included individuals who had been diagnosed with schizophrenia, bipolar disorder, major depression, and normal controls. A total of 653 brains were collected in a uniform manner. One half of each brain was frozen and the other half fixed and put into paraf-

fin, thus allowing many different kinds of research to be carried out. One unique aspect of the Stanley brain bank is that for research purposes the brains were divided into specific collections. For example, the Stanley Neuropathology Consortium consists of 60 brains, 15 each with schizophrenia, bipolar disorder, major depression, and normal controls. The four groups were matched by age, sex, race, side of brain, time interval between death and when the brain was obtained, pH, and quality of the tissue as assessed by RNA. The Array Collection contains 35 each with schizophrenia, bipolar disorder, and normal controls. The Depression Collection contains 12 each with major depression with psychotic features, major depression without psychotic features, and normal controls. Researchers that apply for tissue from one of these specific collections are required to describe briefly the research they intend to do. Almost all requests are approved, and the tissue is sent without charge.

CONTINUED ON PAGE 8

A Ride-Along with the Tucson Police Department

By Elizabeth Sinclair Hancq

Just before the holidays, I had the privilege of spending a day with Tucson Police Department Mental Health Support Team (MHST) Officer Dustin Dial.

Over the course of the day, I learned the ins-and-outs of the operations of a specialty mental health law enforcement team and experienced first-hand the compassion and dedication these officers have to their job and the people that they serve.

Tucson, Arizona is a city 60 miles north of the Mexican border and surrounded by five different mountain ranges; the metropolitan area holds a little over one million people. Dominating the landscape is the trademark giant saguaro cactus, of which there are upwards of two million in the national park alone!

Tucson is one of the few places in the country that offers an example of a



PHOTO: TUCSON POLICE DEPARTMENT

Tucson Police Mental Health Support Team teaching de-escalation techniques

well-functioning system for people with serious mental illness. This is a result of good treatment access laws (including a psychiatric deterioration standard), robust outpatient treatment efforts, and an adequate number of inpatient psychiatric beds as a part of the continuum of care.

A key component of Tucson's success is how law enforcement has responded to address the mental health care needs of the community.

CONTINUED ON PAGE 9

Meet the Advocates

This is the advocacy team at the Treatment Advocacy Center. Each brings a unique history and passion to the organization's mission. The department is made up of dedicated professionals unwilling to accept a status quo that criminalizes health conditions, ignores the most ill, and expects those with disabilities to sink or swim on their own. They start from the perspective that what we do should be based on what research tells us will work, and that policy should be guided by empathy and acknowledgment of our common humanity.

LISA DAILEY

As the family member of a person with severe mental illness, I know that the fight for proper diagnosis and treatment in this broken and underfunded system impacts families and communities profoundly. I've seen first-hand the many gaps and obstacles our system puts between people in need and real help. Before law school I studied psychology, and after law school I studied human rights. I didn't originally intend for my career path to lead me to this work but in hindsight it was perfectly tailored to bring me to Treatment Advocacy Center, where I can combine the two and push for the human right to compassionate care for our loved ones with severe mental illness. As an attorney and



advocate, I am dedicated to changing our mental health system so that those most in need of treatment are valued, prioritized, and given the help necessary to survive and thrive with a chronic illness.

What we're doing now is not working.

A system that leaves the most vulnerable among us to die on the streets or to be brutalized in prison is a failed and shameful system. We must be prepared to take firm stances if we want a better future for those with severe mental illness, their families, and our communities.

MICHAEL GRAY

I became an advocate for people and families impacted by severe mental illness because I found that I could help them to achieve real change. Families are not helpless, but they may lack the knowledge of how to navigate federal, state or local politics in order to improve their mental healthcare system. It is often an uphill battle. Families are not voiceless, but their voices may not always be loud enough to reach the right policymakers at the right time. Effective advocates can amplify their words and help to clarify the message. We help citizens most affected by mental illness policy be heard.

I came to work for the Treatment Advocacy Center in 2018

after years of advocacy work in Kentucky because it is an organization with a history of identifying problems in mental health laws and then actually getting them changed. My previous work brought me into contact with numerous families and individuals working on a grassroots level to change treatment laws that caused suffering for their loved ones.



They want a full continuum of care, and I believe it is not too much to ask. My job allows me to help make this modest dream a reality, and I'm proud and humbled to be a part of this fight.

SABAH MUHAMMAD

In 2005 I became a second-generation graduate of Georgia State University. I was also a working SAG actor with a mounting number of screen credits. After graduating, I packed my bags and headed for New York City. But suddenly, the calls from home went from being merely upsetting (*your brother has not come out of his room in three days—not even to eat or bathe*), to tragically alarming (*your brother is sleeping on a bench in town and refusing to come home*). Soon my brother would be caught in the revolving doors of jail and psychiatric hospitals, frequently living on the streets in between. It was and still is written into the Georgia Code that my brother must hurt himself or someone else in order



to be compelled to receive needed medical attention. He did not believe that he was sick. There was nothing I could do; I couldn't change the laws alone.

Then, while in psychosis, my brother harmed someone. I packed my car and returned to Georgia, determined to find a way to help. I didn't know how to do that then, but I left the entertainment industry to become someone who could change laws. The journey began with going to the Georgia capitol to tell our story to lawmakers, and then led to community activism, including with AmeriCorps. Even-

Continued on page 5

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The Beginning of the End of the IMD Exclusion

Washington, DC, Indiana, Vermont and Idaho became the first four states to receive approvals to waive the Medicaid IMD exclusion. The discriminatory IMD exclusion is a longstanding rule that prohibits federal reimbursement for care in psychiatric facilities with more than 16 beds. That limitation plays a significant role in the bed shortages facing states across the nation.

Thanks in large part to the advocacy of Treatment Advocacy Center, CMS issued a directive to state Medicaid directors last November allowing states to apply for special waivers to receive

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reimbursement for up to 30 days of care in an IMD. These waivers, known as 1115 demonstration waivers, require states to submit plans to CMS explaining how they'll incorporate inpatient care into a broader treatment plan as part of a full continuum of care.

In approving Washington DC's first-in-the-nation waiver, CMS director Seema Verma said, "Today's historic approval will substantially increase the range of services that are available to meet the needs of the District's Medicaid beneficiaries who are diagnosed with serious mental illness and substance use disorder."

The Treatment Advocacy is pleased to see that states across the nation are beginning to take up this important opportunity to receive federal funding to support those with the most severe mental illness. We will be working with the remaining 47 states to ensure that Americans are able to get the treatment they need, no matter where they live.

Advocates

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tually I entered law school and joined the Georgia bar. I became a Henry County Public Defender, seeing example after example of mental illness being criminalized because of delays in treatment. I am proud to have joined the advocacy team at Treatment Advocacy Center as legislative and policy counsel. TAC is the only place whose policies reflect and respond to the gut-wrenching tragedy of severe mental illness as it really exists. In a world full of advocates who push laws for those with severe mental illness without ever having looked into the vacant eyes of a sick loved one, TAC is the beacon of understanding for family members. As long as the voiceless need an advocate, I will be dedicated to this work.

Your Voice Will Not Be Ignored!

The National Institute of Mental Health (NIMH) has a tragic history of ignoring the needs of people with serious mental illness. Unfortunately, their draft five-year strategic plan signals their intention to continue down this same failed path.

Spearheaded by our founder, Dr. E. Fuller Torrey, the Treatment Advocacy Center put together a comprehensive analysis highlighting how NIMH's plan would fail those with severe mental illness. We identify sixteen concrete examples of research initiatives the NIMH should be pursuing today, initiatives that could help people with serious mental illness recover and live better lives.

We submitted this analysis to the NIMH in late December 2019 and encouraged advocates like you to submit your own comments to highlight NIMH's failure to focus on severe mental illness.

At a public NIMH advisory council meeting in February, NIMH Director Josh Gordon noted that instead of the few hundred responses they expected to receive, NIMH received more than 6,000 responses!

Thank you to everyone who submitted a response or helped spread the word!

Our Mission

The Treatment Advocacy Center is the only national nonprofit organization exclusively dedicated to eliminating barriers to the timely and effective treatment of severe mental illness.

We promote laws, policies and practices for the delivery of psychiatric care and support the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.

PERSONALLY SPEAKING: *Iowa's Unique Opportunity*

By Leslie Carpenter

Living in Iowa has allowed my husband, Scott, and me the ability to advocate with most of the many presidential candidates over the past two years, to encourage them to come out with mental health plans that incorporate substantive policies that would help to improve the treatment of people with serious brain disorders like Schizophrenia, Schizoaffective and Bipolar Disorders. But, truly, our story began long before two years ago.

Our son began getting sick in 2008, and over the years since then, he has had the typical progression for someone with an illness that evolves to be a Schizoaffective Disorder. It was episodic, with lots of really difficult times for him and our family, with occasional reprieves that I sometimes believed indicated that he had a chance for living a more normal life with less suffering. One of those times was in the late summer and fall of 2015, shortly after we had attended our local NAMI affiliate's Family to Family class. During the class, they showed us a speech that Pete Earley gave while visiting Iowa City. As I sat listening and watching him, I found myself both crying and enraged. It lit a fire in me that has only grown more intense as I have learned even more. Pretty soon, it consumed me more and more, to the point that I am compelled to fix this broken system.

We began volunteering with the Hillary Clinton campaign, and began advocating with her by giving her progressive written messaging. Sadly, our son's illness severely worsened in the spring of 2016 and he didn't improve much until September, and finally the doctor and judge decided to do a civil court order for a residential treatment facility. Scott began speaking and asking her questions publicly when events provided that opportunity. Secretary Clinton sent a wonderful letter to us, and eventually did come out with a mental health plan. Now, it didn't have a lot of specific policy for those with SMI, but it was a start. And, we didn't know as

much in 2015 as we do now in 2020. Well, some might feel we wasted our time with Secretary Clinton. But, that wasn't the case. While attending all these events, we established relationships with many local and state officials.

During the 2018 Iowa Gubernatorial primary and election, we advocated with all the Democratic candidates and volunteered for the Democratic nominee, Fred Hubbell. In addition, we were working on improving the commitment law here in Iowa, with help from the Treatment Advocacy Center. We were able to get our bill attached to a much larger bill, the Complex Needs Mental Health Bill that had a lot of political momentum, and within just a few months, our bill became law!

Here in Iowa, it is possible to not only meet all of the candidates, it is also possible to advocate with their local, regional, and for some, state staff too. Scott and I were approached by many campaign staffers to meet with them and we seized this opportunity to advocate with them all. Soon it became clear having a specific PowerPoint presentation on our phones and/or devices would help us to efficiently tell our son's story, educate them about the history of the country's serious mental illness treatment crisis, and provide specific, substantive policy recommendations. We actively chose to take the time to meet with all these campaign staffers for several reasons: 1) Many will be involved in politics in their future in one form or another. 2) All of them are bright, caring and compassionate young people who

would benefit from learning this information, no matter what their futures would be. 3) It allowed us a "foot in the door" with their campaigns to begin getting improved access to their candidates. (We were often included in pre-event or post-event "clutches" for a select group of local elected officials, campaign volunteers and activists that got time with the candidates.)

Scott and I attended many events for all the candidates. In May, staffers from Pete Buttigieg's campaign were able to get his policy person to reach out to me and I advocated over the phone with him about the need to end the IMD exclusion, expand funding for AOT and mental health courts, increase MH professionals, and several other policies. When his policy was published sometime after that, I was pleased to see that many of our recommendations were included. Also in May, Senator Amy Klobuchar had published her Mental Health and Addiction Plan, which we did not have input into. However, local legislators recommended to her team that she include us on a panel in Iowa City for her announcement of her plan and we were able to do that.

Eventually, we were able to secure a 15- to 20-minute meeting with Senator Cory Booker, after his local campaign staff had advocated on our behalf to do so, along with a friend of ours, State Representative Amy Nielsen. We sat down with him, and a couple other people in this little "clutch" like group and talked through our Pow-

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erPoint presentation. He responded with immediate empathy, compassion, and outrage when listening to our son’s story and the barriers we faced. At the end, he immediately instructed his staff and us that this couldn’t and shouldn’t wait until after the 2020 election. In addition to already having his policy staff work on a campaign mental health plan, he was going to put his Senate policy staff in touch with us to work on legislation. And he did.

After many brief talks we finally got a set meeting with Senator Kamala Harris after an event right here in Iowa City. She had looked at our written handout but



Leslie with Senator Kamala Harris

talking her through it allowed us to share further information. And then, it seems that perhaps the typed letter that I gave her that evening, along with DJ Jaffe’s book, “Insane Consequences: How the Mental Health Industry Fails the Mentally Ill”, moved her. Within just a few days, her policy team reached out to us and we began working with them on developing a plan.

At some point after that, we were finally also able to spend about 10 minutes with Senator Elizabeth Warren to take her very quickly through our talk and ask her to please come out with a mental health plan. Many of our recommendations did make it into her Criminal Justice Plan and in her plan for people with disabilities. She had expressed to me during one of our short discussions in her selfie line, that “you know, there are forces on the other sides of these issues.” I replied briefly to that at the time, but during the meeting,



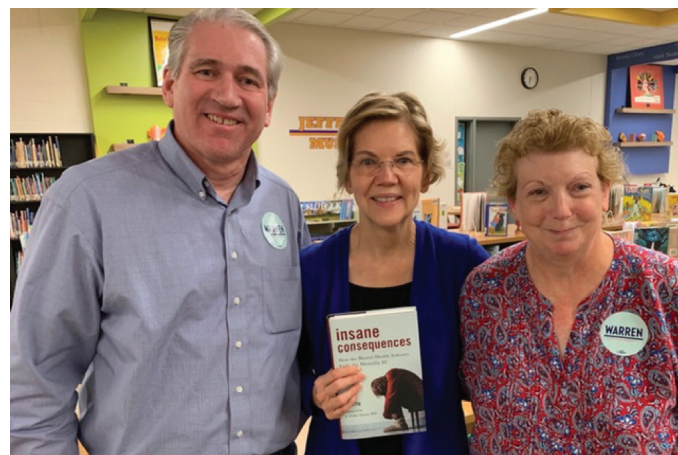
Leslie having a moment with current presidential candidate and former Vice President Joe Biden

I addressed that head on. I said that their opinions matter, but that we were there to advocate for those who had no ability to advocate for themselves. Despite the money and power of some of those “forces”, a strong leader needs to step up and stand up for reasonable policy to help those who were so much more sick and untreated due to policies that were put in place during the 1960’s. She sat back, and said, “You’re right. I can see that now.”

Now, many have asked us, “But what if the candidates that devise plans you like are not the person that becomes the next President?” Well, to be frank, that wasn’t truly the main reason for us dedicating so much time, energy and effort during this pre-caucus season. Instead, we understood that we would have the unique opportunity of meeting and advocating with all these candidates over the course of the season while they were here working for our votes in the “First In The Nation” caucus. And, most of them already hold positions in our federal, state or local governments, and most would in the future as well. Our goal has been to take advantage

of our ability to meet them, speak with them and to advocate, on behalf of the advocates from all over the country, and more importantly, on behalf of the 11.9 million people in our country living with serious brain disorders. If we have been effective, we will now have many leaders in our country with a clearer understanding of the crisis, and the steps we need to take to help fix the broken “treatment” system.

For anyone out there who has not begun to advocate yet, due to the current status of your loved one or your illness, please know that we were there once as well. We grant you grace to do what you need to do for now and know that so many others are working on your behalf. We didn’t know exactly how to start, or even what policies to recommend. We just started by telling of our son’s story and educating people about how broken the system is. And if that is where you start, that’s wonderful. These candidates are listening to everyone who speaks with them, and the more that they hear our stories, the better.



Left to right: Scott, Senator Elizabeth Warren, and Leslie

TORREY ADVOCACY COMMENDATION RECIPIENT

June Judge

The Treatment Advocacy Center is aware that most improvements for the treatment of individuals with serious mental illness come from the efforts of individual advocates at the state level. We strongly applaud such efforts since it is this work that makes our national efforts possible. Periodically we identify outstanding individual advocates and recognize their efforts by awarding them a Torrey Advocacy Commendation.

In 2020, after more than 40 years as an outstanding advocate for individuals with serious mental illnesses, June Judge is retiring at the age of 83. Originally trained as a teacher with a master's degree in early childhood education, she taught children with



special needs in the Iowa school system for more than 30 years. She also raised five children. In 1979 Steve, the eldest child, was a cadet at the Air Force Academy in Colorado. Following an episode of viral encephalitis Steve had a psychotic break and was diagnosed with schizophrenia. Two years later John, her second son who was a promising athlete and married with two children, also had a severe psychotic break and five months later took his own life. Many mothers would have given up at this point but not June Judge. Instead, she spent the next 40 years doing every-

thing she could to advocate for better services and better research for individuals like her sons. June was a founding member of NAMI Iowa and its third state president. She also helped found NAMI chapters in two counties. She was one of the earliest teachers of the Family to Family program and continued to teach it many times over four decades. She also was one of the original founders of the NAMI Veterans Council, working to improve services for veterans with severe mental illnesses. In 2005 she went to Washington with other family advocates to advise the Secretary of Veterans Affairs regarding the treatment needs of such veterans. She was also instrumental in founding the COMPEER program in Iowa, a national program which matches people with chronic mental illnesses with mentors in their community who provide companionship, friendship, and socialization. June also helped found the Fairweather Lodge program in Iowa, a rehabilitation program started in California in the 1970s. Finally, with her son Steve she helped found a peer support center in Johnson County. Now in its 15th year, it is called R Place and offers people with serious mental illnesses recovery, rest, renewal, recreation and relationships.

But June Judge's major efforts were in educating the public. She argued strongly that serious mental illnesses were just like diabetes and other physical illnesses and should be treated as such. Despite her own tragedies she was very open and public about her family history. She gave hundreds of speeches to schools, churches, businesses, hospitals, and mental health centers. In 1995 she and her son Steve and his wife Diane appeared on the NBC Nightly News where she told their story and how a then newly FDA approved drug called Clozaril had given them back their lives. She also wrote hundreds of letters to newspa-

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JUNE WAS A FOUNDING MEMBER OF NAMI IOWA AND ITS THIRD STATE PRESIDENT. SHE ALSO HELPED FOUND NAMI CHAPTERS IN TWO COUNTIES. SHE WAS ONE OF THE EARLIEST TEACHERS OF THE FAMILY TO FAMILY PROGRAM AND CONTINUED TO TEACH IT MANY TIMES OVER FOUR DECADES.

CONTINUED ON PAGE 12

SMRI

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The Stanley brain collection is unique and especially valuable because all samples are sent to researchers coded so the researcher does not know which brain has which diagnosis. When the research project is complete the results are sent to us before we send the researchers the codes. This ensures that the research was done honestly, that data is collected on mood disorders as well as schizophrenia, and

gives SMRI the final data. The researcher has one year to publish their results and then we put the data online along with all the other data from other researchers on the same brains and this data is publicly available to everyone. No other brain collection has such a vast collection of neuropathology data or makes all of that data publicly available.

Another unique aspect of the Stanley brain collection is that we can precisely dissect out tiny areas of the brain that are of special interest. We have thus collected

data from many different regions of the brains and now understand that molecular abnormalities are distributed throughout many brain regions. Of particular note is the increasing recognition that molecules related to immune dysfunction are found throughout the brains of subjects with schizophrenia.

The Stanley Medical Research Institute is a supporting organization of the Treatment Advocacy Center. Dr. Torrey is the Stanley Medical Research Institute's Associate Director for Research and the founder of the Treatment Advocacy Center.

Psychiatric Boarding in Emergency Departments as a Measure of Bed Need

People with serious mental illness are disproportionately impacted by long wait times in emergency departments, a phenomenon known as “boarding.” These individuals experience longer waits than non-psychiatric patients and have more serious consequences, including making recovery less achievable and their treatment more costly to the health care system.

In November 2019, the Treatment Advocacy Center’s Office of Research and Public Affairs released its newest evidence

brief on this topic, “Delayed and Deteriorating: Serious Mental Illness and Psychiatric Boarding in Emergency Departments.” The disparity in boarding is especially true for psychiatric patients who require inpatient care for their recovery. Psychiatric patients who are admitted to the hospital for inpatient care or transferred to another inpatient facility are most likely to experience boarding and wait the longest for placement in an inpatient bed of any patient in an emergency department.

Per the authors, “The evidence

presented shows that serious mental illness is a significant contributor to emergency department boarding, and any solutions to combat psychiatric boarding must address treatment gaps for individuals suffering from these conditions.”

The Treatment Advocacy Center calls on the federal government to institute reforms to address systems gaps for those with the most severe psychiatric disorders, including increasing the supply of psychiatric beds.

Ride-Along

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Tucson MHST

Tucson Police Department operates an MHST unit that consists of CIT-trained officers, detectives and mental health clinicians from the local provider agency. The unit’s mission is to “provide improved public safety and service through the utilization of mental health and substance use disorder services.” The team works to divert people with mental illness from the criminal justice system and connect them to mental health treatment. They also work to prevent incidents through early intervention and quick, thorough case follow-up.

The day I spent with Officer Dial, although eventful to me, was a just a typical day on the squad.

First, we worked with the investigative team, who were working up a case involving an individual who had expressed distressing thoughts to a local radio host. Multiple calls to law enforcement had been made as a result of this incident, and the investigative officers who had been gathering information had concerns over the individual’s well-being. It was determined that a home visit was needed to ensure the individual’s safety.

The MHST has a mobile crisis team of

mental health clinicians embedded into their department, allowing both teams to respond together. We all loaded into the various law enforcement vehicles and hit the road.

Upon arrival, the law enforcement officers ensured the location was safe. After introducing the individual to everyone there, the mental health clinicians took over and began their crisis stabilization work. Ultimately, it was determined the individual was not in danger and the clinicians made follow-up appointments with their psychiatric treatment team in the community. The individual expressed gratitude for the compassionate response and for the assistance in accessing treatment.

We next drove off to meet the service team who were following-up on an individual who was under court-ordered community treatment. The case manager had reported that the person was not adhering to treatment and had significantly decompensated. The judge then ordered law enforcement to pick the individual up and bring them to the crisis center for a psychiatric evaluation.

When we got to the home, the indi-

vidual saw the officers coming and locked himself inside. The mother was visiting and had been trying to get the person to go to the hospital and was in significant distress.

Despite the officer’s efforts, the individual would not come outside. After over an hour of negotiating, rather than escalating the situation and breaking down the door, the officers decided that because the person was not in immediate danger to themselves and that Mom was there, it would be better to try again the following day. The officers could tell the individual was in significant distress and that escalating the situation would do more harm than good. I was told that the following day, the team was able to transport the individual to the treatment center without force and without handcuffs.

It is this discretion by well-trained, empathetic and compassionate officers that makes these specialty law enforcement programs so successful: building the community’s trust, creating and maintaining partnerships, connecting people to mental health treatment, and resolving situations safely.

As Suicide Deaths Increase, More Psychiatric Beds Are Needed

By Elizabeth Sinclair Hancq and Steven Sharfstein, MD

TAC's Director of Research Elizabeth Sinclair Hancq has been collaborating with our Psychiatric Advisory Board Member Dr. Steven Sharfstein on the need for more psychiatric beds for suicide prevention. Below is an excerpt of an opinion piece they published in February 2020 in The Baltimore Sun.

"In the past few decades, there has been a simultaneous rise in suicide rates as the availability of psychiatric beds have declined. Questions about correlation versus causation aside, the mirror-image

trend is a portrait of the public health crisis in this country. How many suicide deaths could be averted if we had more psychiatric beds?

Boarding of psychiatric patients in emergency departments is commonplace, in large part due to waiting for an open psychiatric bed. The low availability of psychiatric beds has contributed to the trend for very short stays, averaging four or five days. Patients are discharged quicker but sicker, contributing to the high risk of suicide after discharge from a psychiatric

inpatient stay. We need more psychiatric beds to have more time to stabilize patients in crisis and to come up with a diagnosis and treatment plan.

Vital to reversing this suicide mortality trend is to be able to intervene with an individual at the right moment, which includes a greater capacity of psychiatric beds to take care of psychiatric emergencies and promote stabilization and recovery."

Involving Families in AOT Proceedings

By Betsy Johnson, TAC Policy Advisor

Recently, I had the opportunity to observe one of the country's premier Assisted Outpatient Treatment (AOT) programs. After 12 years of fine-tuning, the Bexar County, Texas program runs like a well-oiled machine. The judge, district attorney, public defender, case managers and program liaison are all equally committed, passionate and proud of what they have developed...and for good reason. Their program has saved hundreds of lives.

I have been fortunate to observe several excellent AOT programs around the country, many with unique aspects I enjoy sharing with others. What really grabbed my attention during my visit to Bexar County was the personal attention given not just to the AOT participants, but to their family members.

On the day I attended court, a young man was being discharged from the hospital to the AOT program. The hearing was to be held in the courtroom located on the grounds of the state hospital in San Antonio. Prior to calling the patient into the courtroom, the seasoned public defender approached the bench to let the judge



Judge Oscar Kazen

know that his parents were in the hallway. It was noted that the mother and father are very involved in their son's care; perhaps too involved according to one staff member at the hospital. The judge asked that the

parents be brought into the courtroom first, without their son present. I scooted forward in my seat so I could hear better. This was not something I had seen done before.

The public defender led the parents to the front of the room, as the district attorney, court stenographer, AOT program liaison and I looked on. The judge smiled down at them from the bench.

"Thank you very much for being here today. I want to take a few minutes to explain to you what the AOT program is... and what it is not, and to let you know three things that I am going to need from you," said Judge Oscar Kazen.

"Basically, AOT is a life boat. It enables us to bring your son in early if he begins to crash. It works initially because of the black robe effect, which helps to get his attention. But we don't rely on that for our success. The real work is done by the case workers. They are responsible for engaging your son in treatment, monitoring his progress and making sure we respond immediately if his mental health begins to deteriorate.

CONTINUED ON PAGE 11

AFTER 12 YEARS OF FINE-TUNING, THE BEXAR COUNTY, TEXAS PROGRAM RUNS LIKE A WELL-OILED MACHINE.

THE RESULTS ARE IN!

Federally-Funded AOT Programs Are Reducing Crises and Saving Money

After three years of implementation, AOT programs around the country fortunate to receive federal support for implementation are sharing their results. In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) selected 17 sites across the country to receive up to \$1 million for each of four years to implement AOT and measure their results.

It was no great surprise to TAC that these programs are showing amazing results, but we nevertheless take pleasure in sharing them with you.

Take the program in Reno, Nevada, for instance; Washoe County reports it has seen a 61% decrease in hospital visits for AOT participants and a 73% decrease in jail stays over a two year period.

Judge Cynthia Lu with the Second Judicial District Court Family Division was quoted recently in the local news on KOLO-TV. The county has saved well over a million dollars "by simply focusing on the possibilities rather than the penalties." The AOT program participants are safer and have purpose, often finding jobs or volunteering at places like the Humane Society or the Reno Bike Project.



Judge Cynthia Lu

During the same reporting period, Baldwin County, Alabama also showed some exciting results. As noted in an article posted in *Physicians Weekly* in October, hospitalizations for AOT participants were reduced by 83%, the number of days spent in the hospital were down by 80%, and the number of emergency department visits were reduced by 44%. Participants' police encounters also dropped significantly from 80 encounters in the year leading up to AOT, to 29 encounters in the program's

PARTICIPANTS' POLICE ENCOUNTERS ALSO DROPPED SIGNIFICANTLY FROM 80 ENCOUNTERS IN THE YEAR LEADING UP TO AOT, TO 29 ENCOUNTERS IN THE PROGRAM'S FIRST YEAR. AND COST SAVINGS? THEY TOO ARE ESTIMATED AT MORE THAN \$1 MILLION.

first year. And cost savings? They are estimated at more than \$1 million.

Clearly, these results have not been overlooked by the federal government. In December, SAMHSA announced a second round of funding for up to \$15 million. Applications were due in late January and awards are expected in July.

As a proud partner of these grantees, TAC's team stands ready to assist other communities in increasing access to care while reducing overall costs through AOT.

Involving Families

CONTINUED FROM PAGE 10

"I'm going to be honest with you, AOT does have its shortcomings. If things are going well, the team and I will respond positively with warmth and encouragement. If things are not going so well, I may need to be stern with him. Sometimes that can be difficult to watch. Keep in mind that the program has safety nets and trip wires built in to it, but sometimes it still doesn't work. We will do everything we can to help him succeed. I am going to need three things from you though, okay?"

"First, be our eyes and ears. If you see something that concerns you, let us know right away so we can respond quickly. If things are going well, let us know that too so we can encourage and support him.

"Second, give me the space to do what I need to do. This may include me coming down hard on him, if that is what is needed to get his attention.

"Third, remember this is your son's program. All of us in this room are here to help him but whether he is successful is up to him. You can't do it for him.

"Do you have any questions?"

The parents shook their heads no. The judge leaned over the bench and reached out his hand, "This handshake is my promise to you to do everything I can to help your son."

"Thank you so much Judge. You don't know how relieved we are that our son is in this program," the mother said as she wiped tears from her eyes. Then she turned around to face the others in the room, and said, "I want all of you to know how grateful we are to you for helping our son and others like him. God bless you."



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June Judge

CONTINUED FROM PAGE 8

pers and officials, including letters to Senator Tom Harkin urging more money for research when Harkin was the chairman of the Senate Appropriations Committee. She never shied away from controversial issues if she thought they were important and has been a staunch supporter of Assisted Outpatient Treatment.

June is well-known in the mental health community as a strong advocate. Laurie Flynn, the first director of the national NAMI, said: "I remember June as a fighter, relentless in the drive to bring a family

voice to decision-making on behalf of their loved ones." Margaret Stout, the former Executive Director of NAMI Iowa, wrote: "She taught coping strategies for families and provided professionals with the family perspective." DJ Jaffe, the founder of Mental Illness Policy Org, recalls: "Unlike other founders of the mental illness advocacy movement, rather than telling the generation that followed to go slow, she embraced their energy and ideas and mentored each one of them." Dr. Torrey

also remembers June: "She invited me to Iowa to speak. You did not say no to June. As an advocate she was a force of nature. She would talk to anybody who would listen and many who wouldn't listen."

Perhaps the best summary of June's work is from a newspaper article in her own words: "Being a teacher and being trained I started advocating. And I haven't shut my mouth since." TAC is glad she never did and is proud to award her with a Torrey Advocacy Commendation.