

# Judicial Summit on Mental Health

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***Factors associated with high utilization, arrests after discharge and frequent hospital readmissions.***

- Quite a bit of research has been published looking at factors associated with high utilization of services, frequent hospitalizations and arrests after discharge.
- Over the past 8 years UTHHealth and HCPC have conducted a number of studies into factors that were correlated with high utilization (4+ admissions per year) among our roughly 8,000 annual admissions.
  - Inpatient early intervention for serious mental illnesses and post-discharge criminal involvement in a high-volume psychiatric hospital setting. (Warner A, et al. *Journal of Psychiatric Research*)
  - Inpatient Early Intervention for Serious Mental Illness Is Associated With Fewer Rehospitalizations Compared with Treatment as Usual in a High Volume Public Psychiatric Hospital Setting. (Warner A, et al. *Journal of Psychiatric Practice*)

These two studies compared readmission rates and arrests after discharge by a group of patients who had received treatment in a longer term (60-90 day) “sub-acute” Early Onset program with a matched like group of patients who received only a short-term acute inpatient stay of around 7 days.

***Results:***

- Patients who participated in the longer term (EOTP) program were less likely to be incarcerated even once. The non-EOTP patients had 241% more criminal charges and spent 249% more days incarcerated than the EOTP patients.
- Patients who received inpatient early intervention services for SMI in the EOTP were significantly less likely to readmit at 6 and 12 months after their discharge compared with patients who received treatment as usual.

Factors Differentially Associated with Early Readmission at a University Teaching Psychiatric Hospital. (*Hamilton J.E. et al. Journal of Evaluation in Clinical Practice.*)

Post-Discharge Engagement with Outpatient Mental Health Services among Female Psychiatric Patients Readmitted within 30 Days of Discharge a Mixed Method Analysis. (*Hamilton J.E. et al. In Preparation*)

Results:

- Lack of engagement in post-discharge aftercare services was a strong predictor of earlier readmissions.
- Only 12% of adult female patients interviewed reported attending an aftercare appointment prior to readmission.
- 43% reported using substances after discharge
- 37% reported having medication problems after discharge
- 40% reported living in a stressful environment after discharge

## Translating Research to Practice

Our research enabled us to identify priority areas for implementing strategies to reduce 30-day readmissions and to intervene with super-utilizers.

- Medication Adherence
- Engagement in Post-Discharge Outpatient Services
- Substance Use
- Housing Instability/Homelessness

- None of these factors are really a surprise to anyone who works with Severely Mentally Ill individuals
- While there are challenges with implementing some of these initiatives none of these are extremely difficult or costly to implement.
- The high-utilizer (4+ admissions per year) group of patients that HCPC serves is only about 4.2% of our total unduplicated count of patients served.
- **So.....If the factors that can reduce high utilization are known and relatively easy to address then why are we continually struggling with this problem?**