

Senate Health and Human Services Committee June 16, 2016

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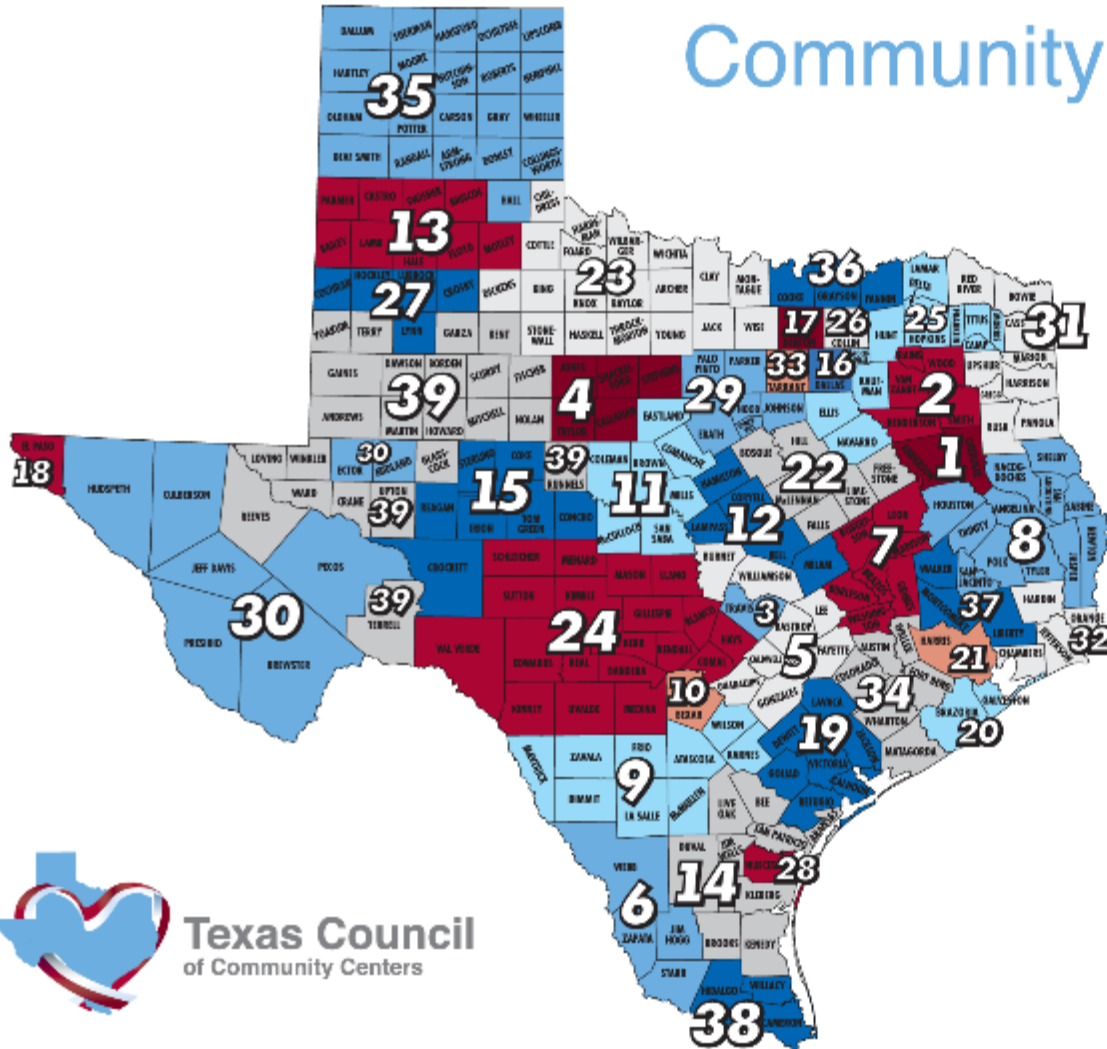
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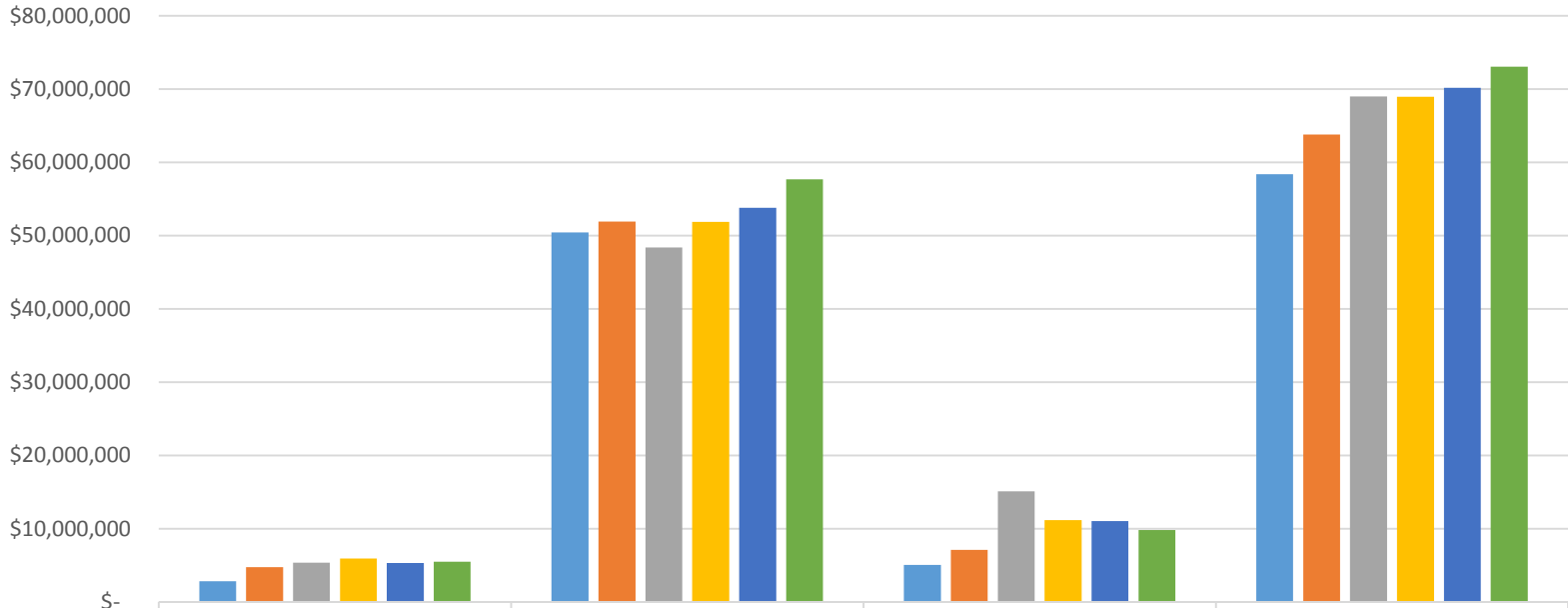
Community Centers of Texas



- 1 ACCESS
- 2 Andrews Center Behavioral Healthcare System
- 3 Austin Travis County Integral Care
- 4 Betty Hardwick Center
- 5 Bluebonnet Trails Community Services
- 6 Border Region Behavioral Health Center
- 7 MHMR Authority of Brazos Valley
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- 26 LifePath Systems
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- 28 Behavioral Health Center of Nueces County
- 29 Pecan Valley Centers for Behavioral & Developmental Healthcare
- 30 Permian Basin Community Centers
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- 32 Spindletop Center
- 33 MHMR Tarrant
- 34 Texana Center
- 35 Texas Panhandle Centers
- 36 Texoma Community Center
- 37 Tri-County Services
- 38 Tropical Texas Behavioral Health
- 39 West Texas Centers



Local Taxing Authority Investment



	City	County	Other (e.g., Hospital District)	Total Local Taxing Authority Investment
FY 2009	\$2,858,986	\$50,450,717	\$5,069,887	\$58,379,590
FY 2010	\$4,775,123	\$51,915,530	\$7,122,817	\$63,813,470
FY 2011	\$5,377,085	\$48,392,672	\$15,088,323	\$68,975,503
FY 2012	\$5,925,356	\$51,860,573	\$11,167,093	\$68,953,022
FY 2013	\$5,312,970	\$53,806,917	\$11,057,638	\$70,177,525
FY 2014	\$5,514,583	\$57,673,184	\$9,839,880	\$73,027,647

■ FY 2009
 ■ FY 2010
 ■ FY 2011
 ■ FY 2012
 ■ FY 2013
 ■ FY 2014

Overview of MH Service Array Adults & Children

Statewide

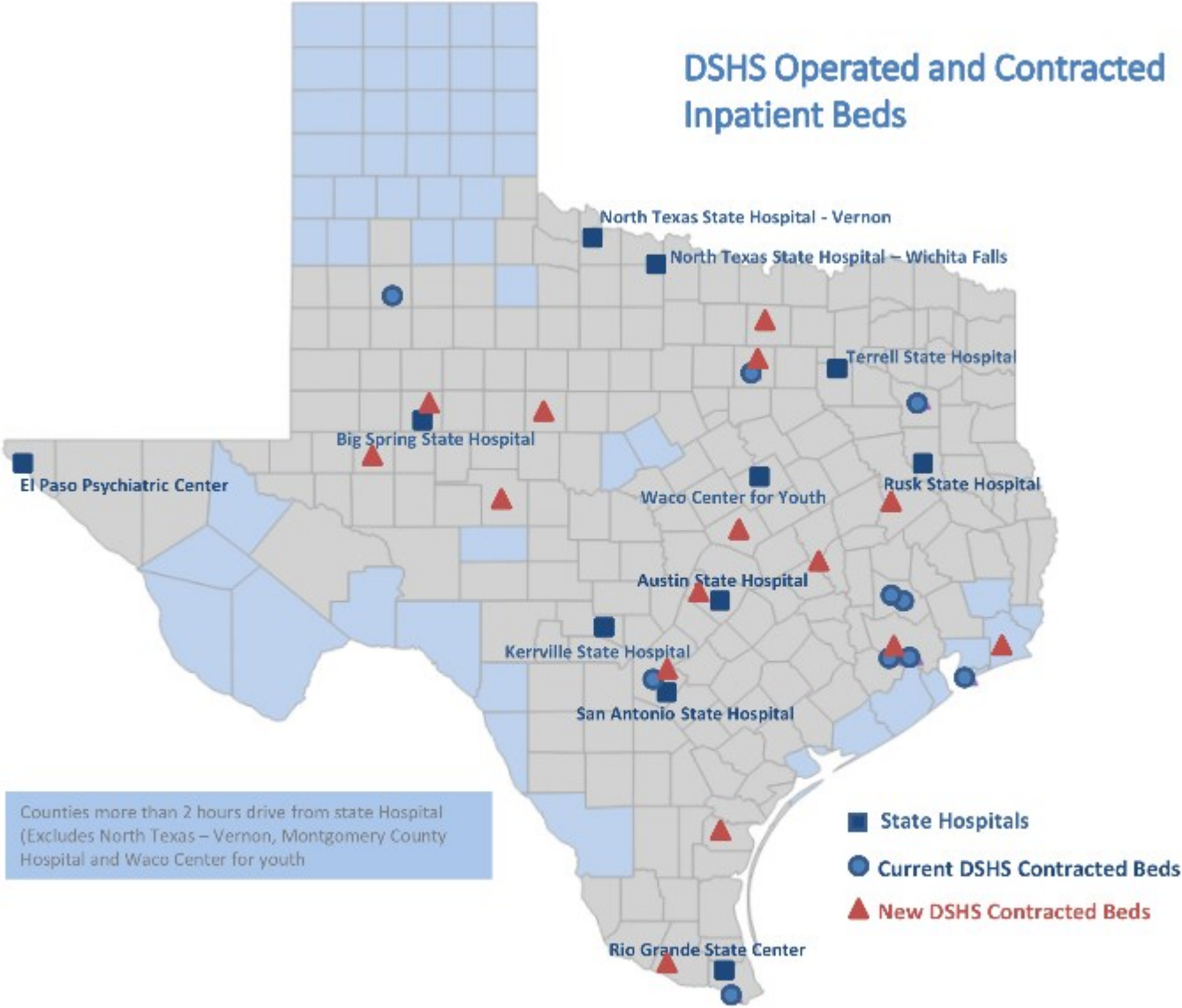
- Crisis Hotline (accredited)
- Mobile Crisis Outreach Teams
- Crisis Transitional Services
- Intensive Ongoing Services
- Jail Diversion Planning
- Medication-Related Services
- Skills Training (psychosocial rehab)
- Case Management
- Cognitive Behavioral Therapy
- Supported Employment
- Supported Housing
- Assertive Community Treatment
- Benefits Assistance

Certain Local Service Areas

- Crisis Stabilization Units
- Extended Observation (23 – 48 hrs)
- Crisis Residential Services
- Crisis Respite Services
- Crisis Step-Down/Local Hospital
- Outpatient Competency Restoration
- Community Hospitals
- Local Hospital Beds
- Substance Use Disorder Services
- Homeless Services
- Peer Support Services



DSHS Operated and Contracted Inpatient Beds



Impact of Expanding Community Inpatient Psychiatric Beds

2015 State Funded Beds	456
Gulf Coast	18
Sunrise Canyon	30
Harris Center	148
Harris (Long Stay)	6
Harris (ICR)	23
CHCS	25
Tri-County	5
Harris County	17
Tarrant County	20
Tropical	10
Montgomery County	94
UTHSC Tyler (UTHNE)	44
Hill Country CSU	16



2016 Additional State Funded Beds	94
Betty Hardwick	3
Austin Travis County	10
CHCS	5
Gulf Coast Center	2
Spindletop Center	9
Tarrant County	10
Heart of Texas	3
Brazos Valley	6
Harris Center	5
Denton County	6
Access	20
West Texas Centers	10
Coastal Plains	5

Community Mental Health Hospitals

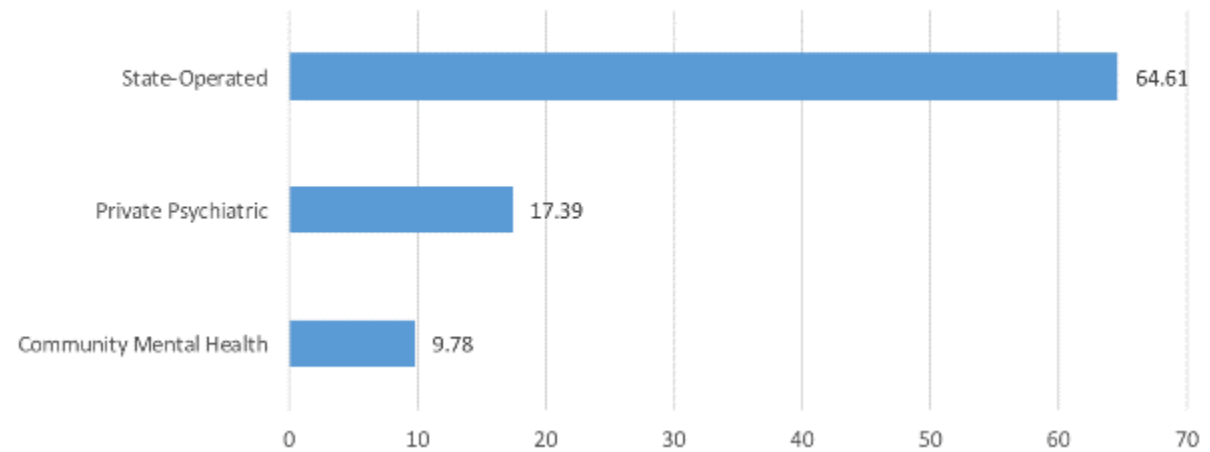
Private Psychiatric

Crisis Intervention

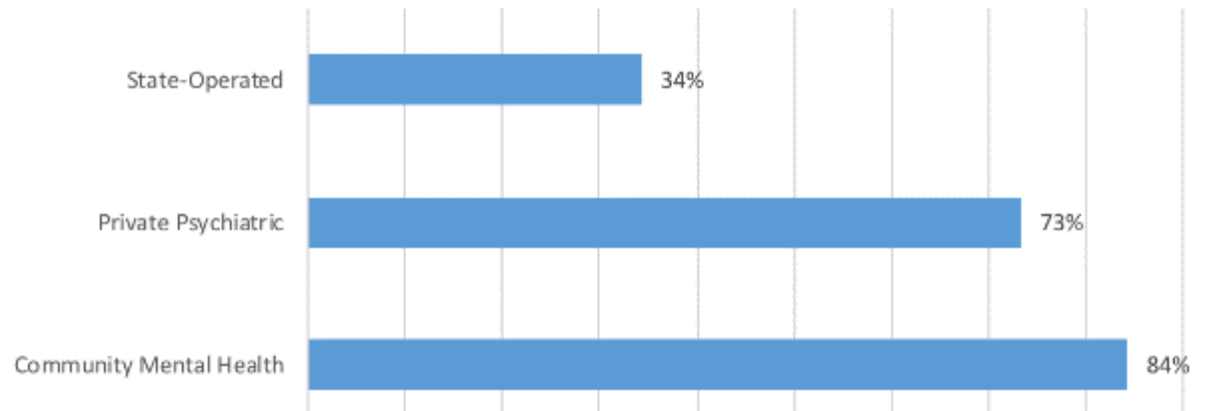
Contracts scheduled to become effective during FY2016.

Effective Community Inpatient Psychiatric Beds

Average Length of Stay at Discharge by Component Type FY2015



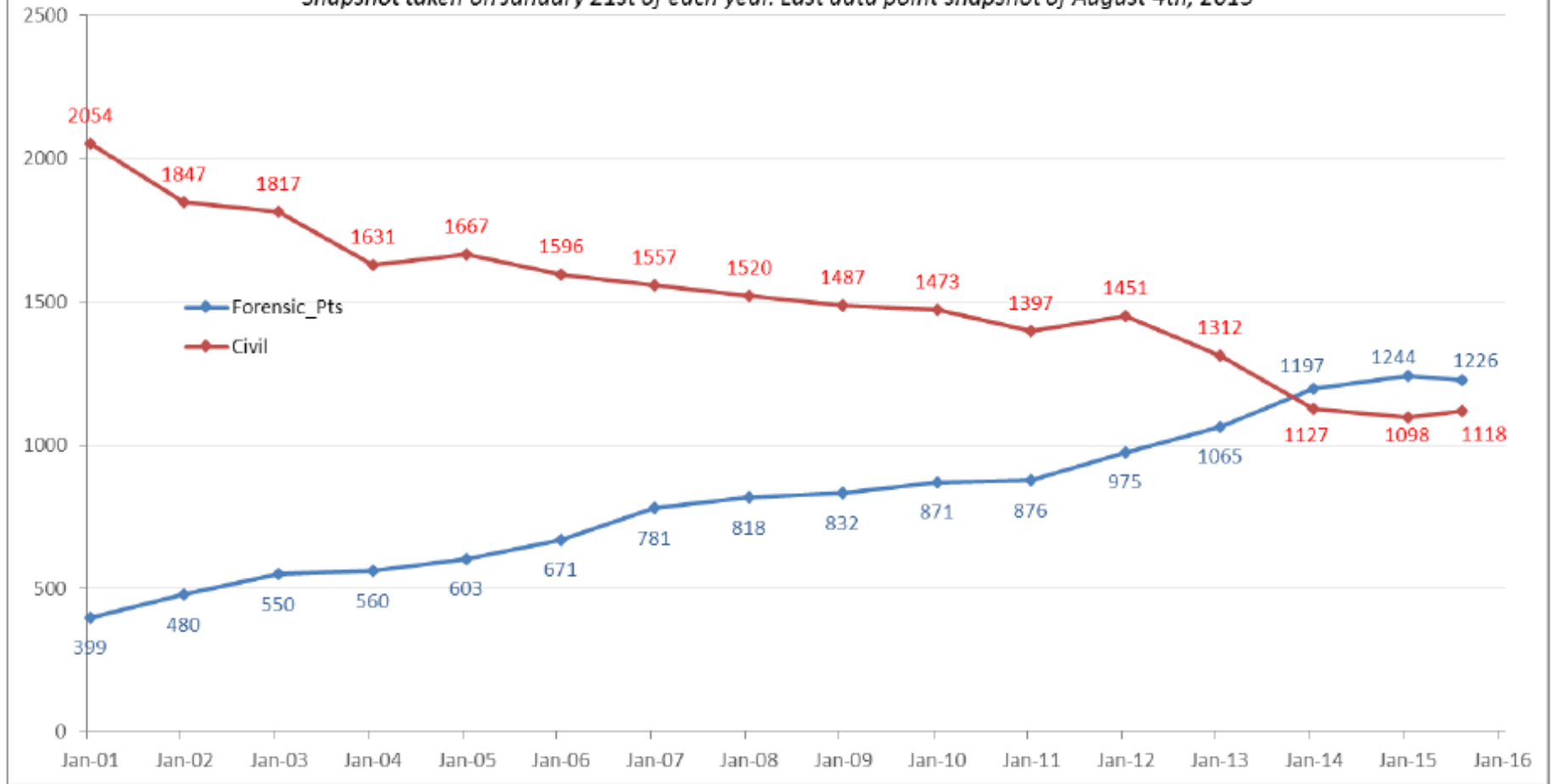
Percent of Treatment Episodes Discharged in 14 Days or Less



Civil Vs Forensic Patient Population of State Hospitals

Includes Montgomery County Mental Health Treatment Facility

Snapshot taken on January 21st of each year. Last data point snapshot of August 4th, 2015



Promising Practices





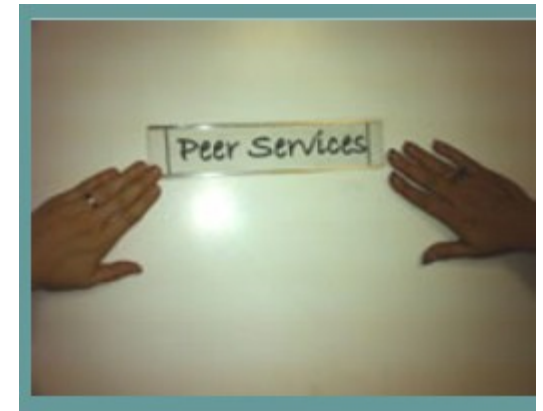
- **Mental Health Law Liaison Program**

- Averages 764 calls/referrals a month from Law Enforcement with 5% of those calls resulting in incarceration.
- Referrals have increased by 400% in the last 5 years.



- **Peer Support Re-entry Pilot**

- Engaging Certified Peer Support Specialists (CPS's) to successfully transition inmates with a mental illness from the county jail into clinically appropriate community-based care.



- **Enhanced Mental Health Services Docket**

- Program has served 155 individuals in the past year.
- Currently serving 97 released from jail on a pre-trial bond with follow up treatment as a condition.





STARCARE
SPECIALTY HEALTH SYSTEM



Successes of the Sunrise Canyon Model

- Community-based
- Shorter lengths of stay
- Lower cost of care
- LMHA Operated
- Leverage of local resources
- Jail diversion
- Emergency room diversion
- On-site competency restoration
- Natural support network
- Proximity to full service array
- No waiting list
- County to county support
- State Mental Health Facility (Big Spring) diversion site
- Alternate care site for other LMHAs

FY15 Cost per Episode of Care Comparison

Facility	Bed Day Cost	Average Length of Stay	Episode of Care Cost
Sunrise Canyon Hospital	\$439.01	23.7 days	\$10,405.25
State Mental Health Facility System	\$125.00*	74.4 days	\$31,620.00

*During certain Department of State Health Services presentations, one may hear of a bed-day rate nearer \$600. The higher rate is inclusive of certain state-related costs, not applicable for comparison with Sunrise Canyon Hospital. For the purpose of this chart, only those costs directly comparable between the two (2) rates are included.



THE CENTER FOR HEALTH CARE SERVICES

Mental Health & Substance Abuse Solutions

Restoration Center

The Restoration Center – Substance Abuse Treatment Programs

Homeless individuals struggling with alcohol and drugs and people experiencing severe mental illness can now find help at the newly constructed detox and substance abuse treatment center known as The Restoration Center.

The Restoration Center serves our community with a wide range of substance abuse services. Working in close partnership with community partners across Bexar County, The Restoration Center continues to set the standard for integrated care offering a wide range of treatment options and residential placement. The Restoration Center is open 24 hours a day, 365 days of the year.

Services:

- Residential Detoxification
- Sobering
- Injured Prisoner Program
- Outpatient Substance Abuse Treatment Program
- Intensive Substance Abuse Outpatient Counseling Services
- In-House Recovery Program

**24-HOUR CRISIS &
SUBSTANCE USE
HOTLINE**

800.316.9241 OR
210.223.SAFE(7233)



Summary of Results:

- Reduced victimization and increased support for the homeless population.
- Greater efficiency in the use of law enforcement, resulting in increased public safety and return of law enforcement officers back to community policing.
- Reduced inappropriate incarceration of persons with mental illness and/or substance abuse issues.
- Reduced inappropriate use of emergency rooms and hospitalizations
- Increased efficiency and effectiveness in the use of public dollars
- Five year total cost avoidance:
 - City of San Antonio: \$10.5 million
 - Bexar County: \$39.5 million



Program Description

- Not a hospital but a hybrid
- 8 bed 48 hour secure observation unit & 16 bed crisis residential unit
- Psychiatric care via telemedicine
- Non-coercive: no seclusion, no restraint
- Medical detox provided (1115 Waiver)
- Average length of stay is 3 days
- Provides rapid stabilization in least restrictive environment
- **70% of persons presenting in crisis are stabilized successfully at MHEC**



105 Mayo Place, Lufkin

24/7 Short-term crisis facility – unlocked voluntary unit & secure locked unit

Staff screens for appropriateness

Goal to alleviate symptoms and stabilize

Move to a lesser level of care within 48 hours (higher level in limited cases)

Cost of Care	
State MH Hospital stay (2011)	\$11,629
MH Jail Stay (2011)	\$10,960
Psych ED Visit (2012)	\$2,264
Psych Inpatient Stay (2011)	\$5,700
MHEC Stay (2016)	\$2,905

Issue: Significant lack of state hospital bed capacity as well as a professional healthcare shortage of registered nurses experienced in Central Texas, the local mental health authority and a private psychiatric hospital have collaborated on a community-based solution.

Solution through partnership: Bluebonnet Trails Community Services (BTCS) and Georgetown Behavioral Health Institute (GBHI) to open an Extended Observation Unit (EOU) within the private psychiatric hospital.

BTCS, the local mental health authority and operator of the EOU, is working with GBHI, a licensed and Joint Commission accredited private psychiatric treatment facility, to develop a contractual agreement to provide the space for the Extended Observation Unit (EOU) on the fourth floor of GBHI.

Benefits to community: Collaboration and partnership will improve clinical operations by providing access to professional staff within an accredited setting. This action improves recruitment and retention through association with this facility, and enhances opportunities for third party reimbursement necessary in sustaining—and growing—a valued system of care over time. Increases current EOU capacity from 3-bed unit to 6-bed unit at GBHI.

Funding: The EOU is made possible through joint funding through the DSHS Crisis Services Funding (gratefully acknowledging the support during the 83rd Legislative Session) and the Medicaid 1115 Transformation Waiver.

MENTAL HEALTH TREATMENT CENTER



Extended Observation Unit (EOU) goals:

Provide focused care stabilizing persons experiencing crises within 48 hours, diverting them from emergency rooms, the state hospital system and jail.

Step-down option for persons preparing for discharge from Austin and San Antonio State Hospitals so that beds may be opened at the state hospital.

Defining the Continuum of Care

Ideal Components of the Continuum of Care for Behavioral Health in Travis County



Appendices

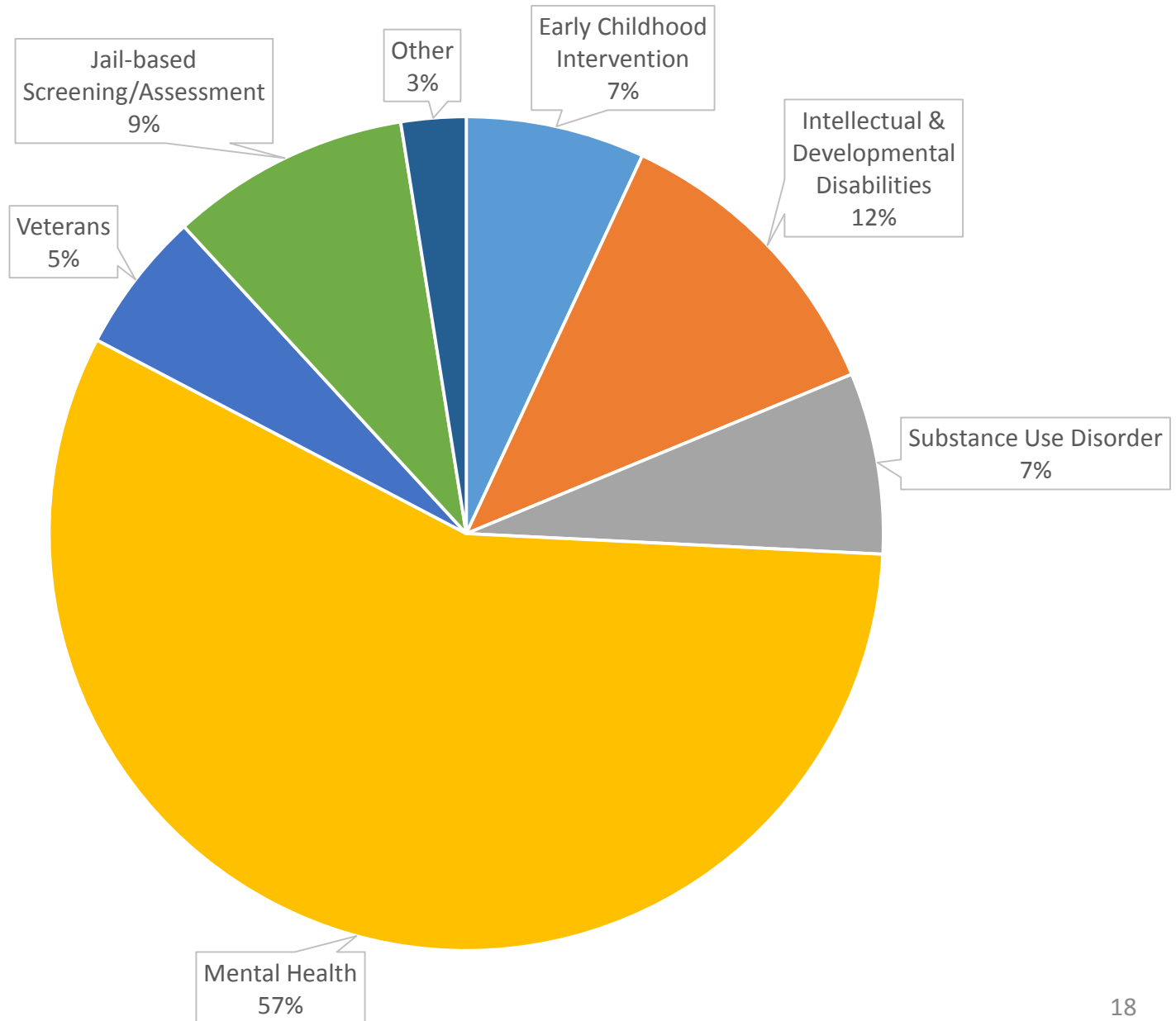
Community Mental Health Act of 1963

- Federal funding for Community MH/IDD Centers
- Community-based service philosophy
- Emphasized natural support systems, new medications, regionalized relationship with state facilities
- Catalyst for state legislation and funding

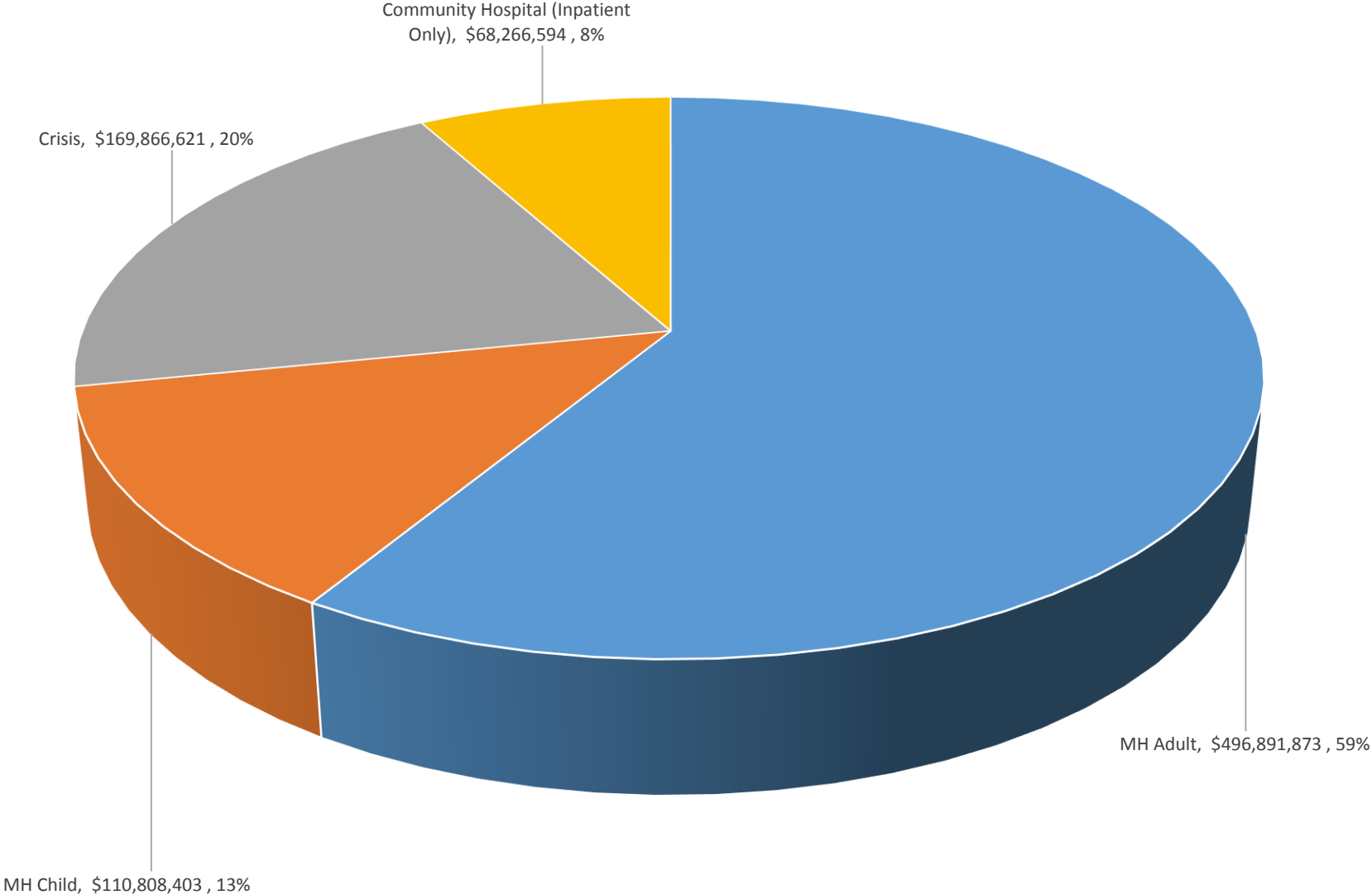
Texas MH/IDD Act of 1965 (THSC, Sec. 534.001)

- Authorized local taxing authorities (counties, cities, hospital districts, school districts) to
 - create local governmental entity;
 - appoint local governing board;
 - develop community alternatives to treatment in large residential facilities.
- Established local, state and federal partnership to create community-based system for people with mental illness and intellectual disabilities

Population Served by Major Service Category (FY 2014)



Expenditures by State Budget Strategy FY2015



State Mental Health Hospital Admission & Discharge Criteria

Admission

Voluntary or Involuntary (Civil) Mental Health Commitment (Chapters 542, 543, and 544)

- Diagnosed with a mental illness; and
- Determined a danger to self and/or others, or at risk of deterioration*

Persons/Professionals Involved

- Peace officers
- Admitting physicians
- Local Mental Health Authorities (LMHAs)
- Adults' relatives & guardians

Types of Involuntary Mental Health Commitments

- Emergency detention
- Order of protective custody
- Temporary commitment
- Extended commitment

Forensic Commitment (Chapters 46B and 46C of the Texas Code of Criminal Procedure)

- Found incompetent to stand trial (IST), i.e. Chapter 46B
- Found not guilty by reason of insanity (NGRI), i.e. Chapter 46C

Persons/Professionals Involved

- Courts/judges/juries
- Admitting physicians
- LMHAs

*The risk of harm must be substantial and imminent unless immediately detained. Also, inpatient services must be the least restrictive option for keeping the person safe.

Discharge

Involuntary Commitment

- Court discharges patient at time of probable cause, temporary or extended hearing; **or**
- Treatment team determines the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting and an appropriate community placement exists

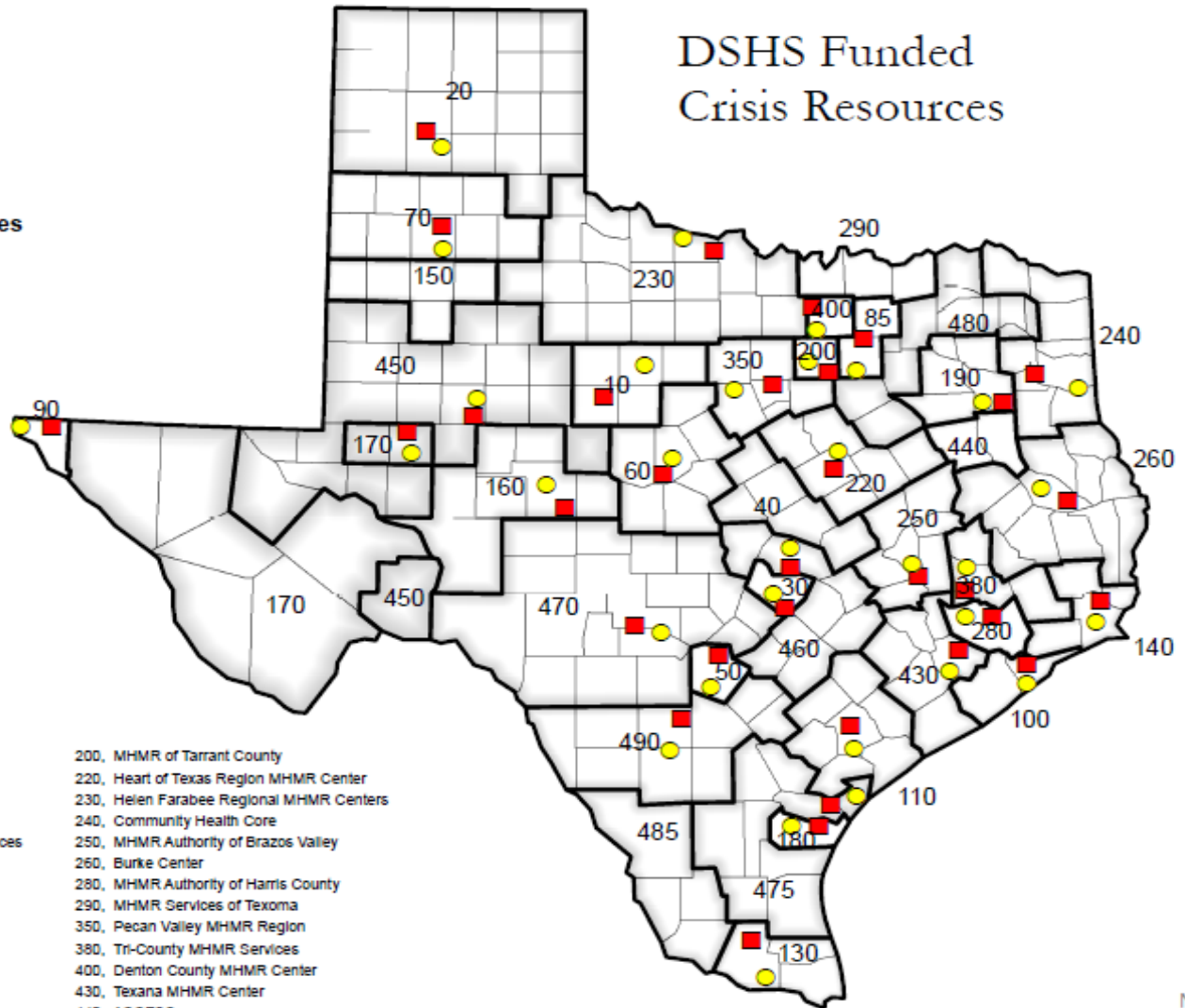
Forensic Commitment

- Treatment team recommends when the person is competent to stand trial, or, (for NGRI), the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting
- Courts/judges **must** approve discharges or changes in commitment status
- State hospitals and LMHAs have **little** control over the actual discharge of patients

DSHS Funded Crisis Resources

DSHS Funded Crisis Resources

- Existing Crisis Projects
- New Crisis Projects



DSHS Funded Crisis Resources

Code Number, LMHA Name

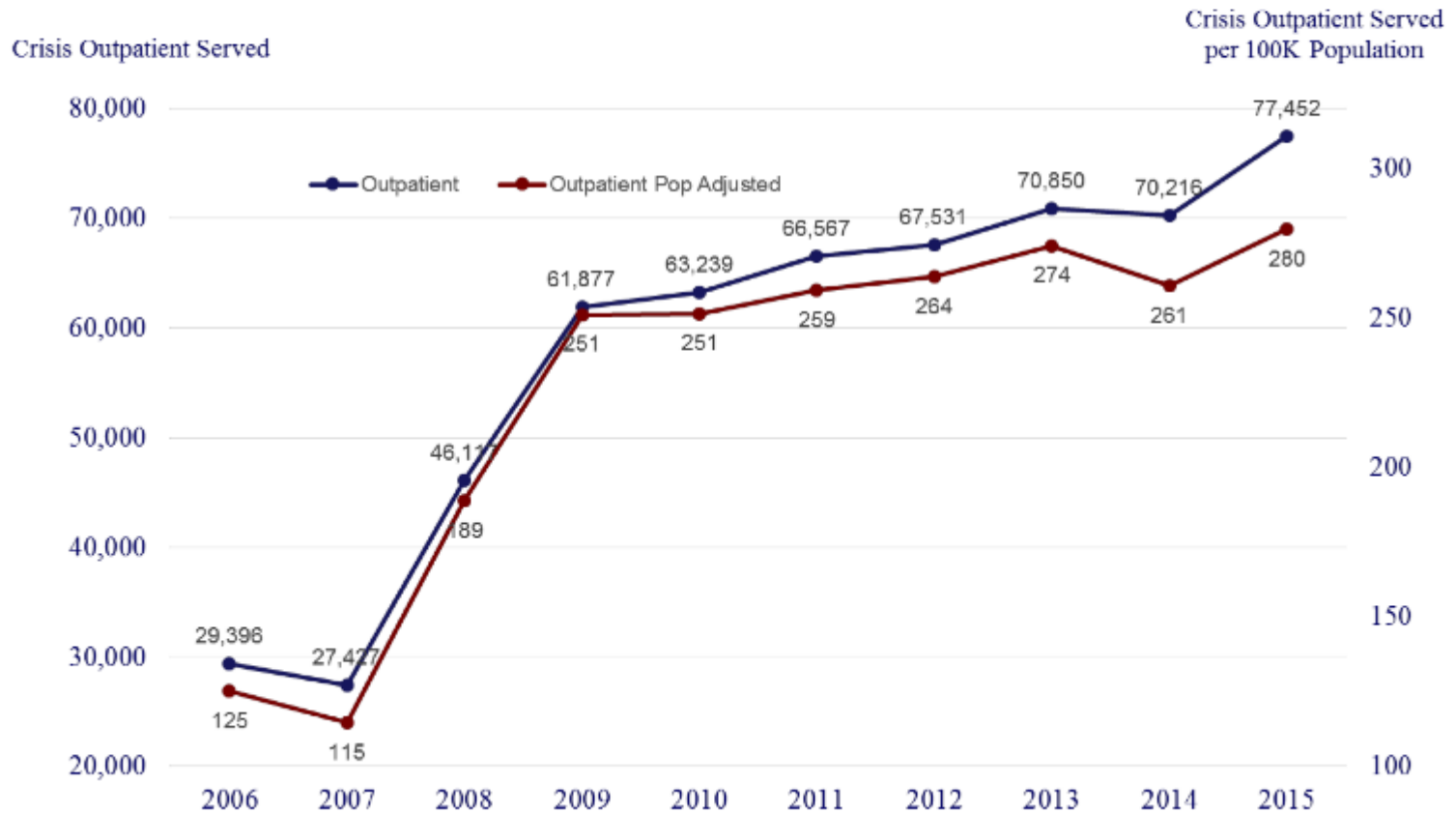
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|--|--|
| 10, Betty Hardwick Center | 200, MHMR of Tarrant County |
| 20, Texas Panhandle MHMR | 220, Heart of Texas Region MHMR Center |
| 30, Austin Travis County MHMR Center | 230, Helen Farabee Regional MHMR Centers |
| 40, Central Counties Center for MHMR Services | 240, Community Health Core |
| 50, Center for Health Care Services | 250, MHMR Authority of Brazos Valley |
| 60, Center for Life Resources | 260, Burke Center |
| 70, Central Plains Center | 280, MHMR Authority of Harris County |
| 85, NorthSTAR | 290, MHMR Services of Texoma |
| 90, Emergence Health Network | 350, Pecan Valley MHMR Region |
| 100, Gulf Coast Center | 380, Tri-County MHMR Services |
| 110, Gulf Bend MHMR Center | 400, Denton County MHMR Center |
| 130, Tropical Texas Center for MHMR | 430, Texana MHMR Center |
| 140, Spindletop MHMR Services | 440, ACCESS |
| 150, Starcare Specialty Health System | 450, West Texas Centers for MHMR |
| 160, MHMR Services for the Concho Valley | 460, Bluebonnet Trails Community MHMR Center |
| 170, Permian Basin Community Centers | 470, Hill Country Community MHMR Center |
| 180, Behavioral Health Center Of Nueces County | 475, Coastal Plains Community MHMR Center |
| 190, Andrews Center | 480, Lakes Regional MHMR Center |
| | 485, Border Region MHMR Community Center |
| | 490, Camino Real Community MHMR Center |

Source: Adult Mental Health Program Services
 Map Source: Center for Health Statistics, GIS
 September 2015



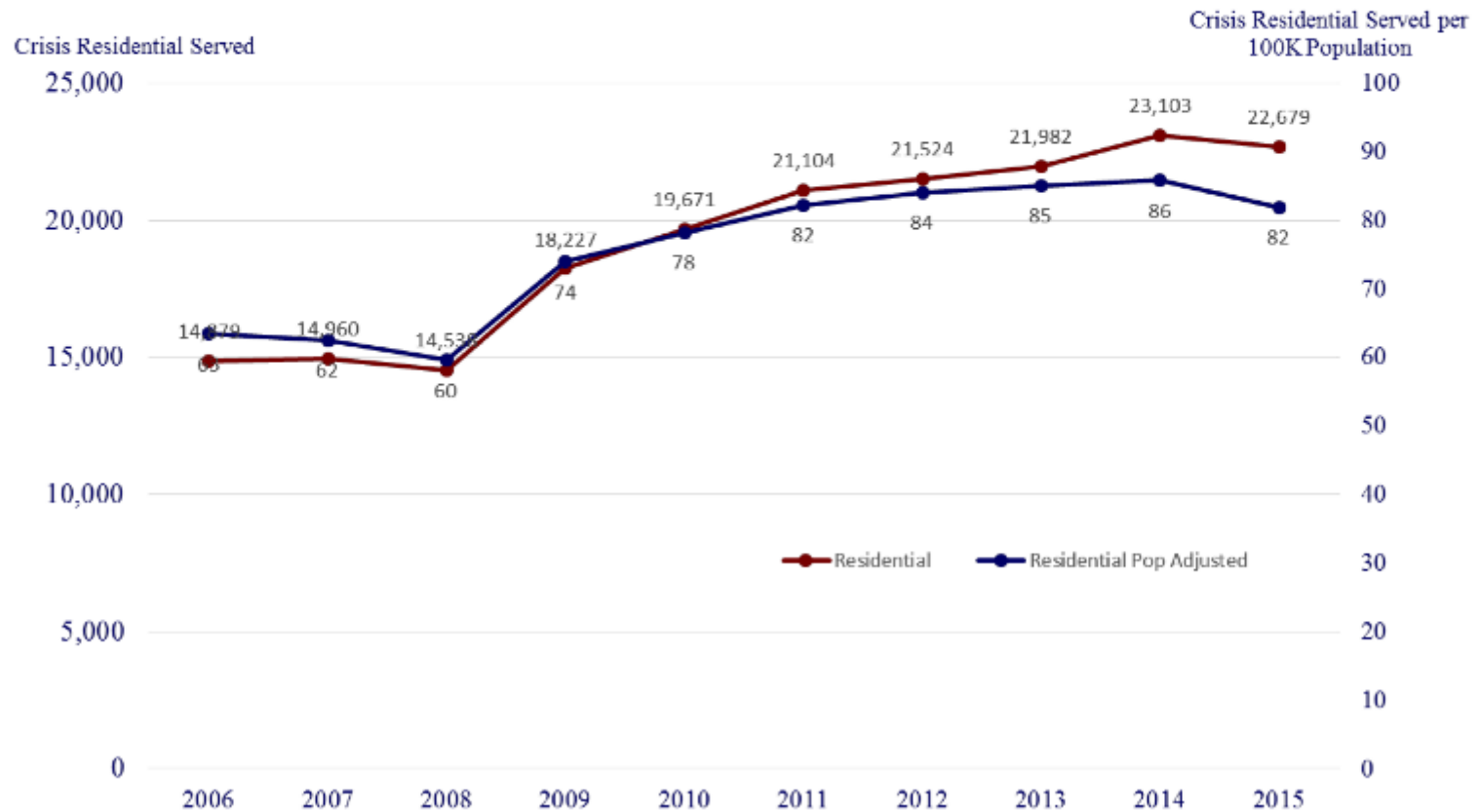
Demand for Outpatient Crisis Response

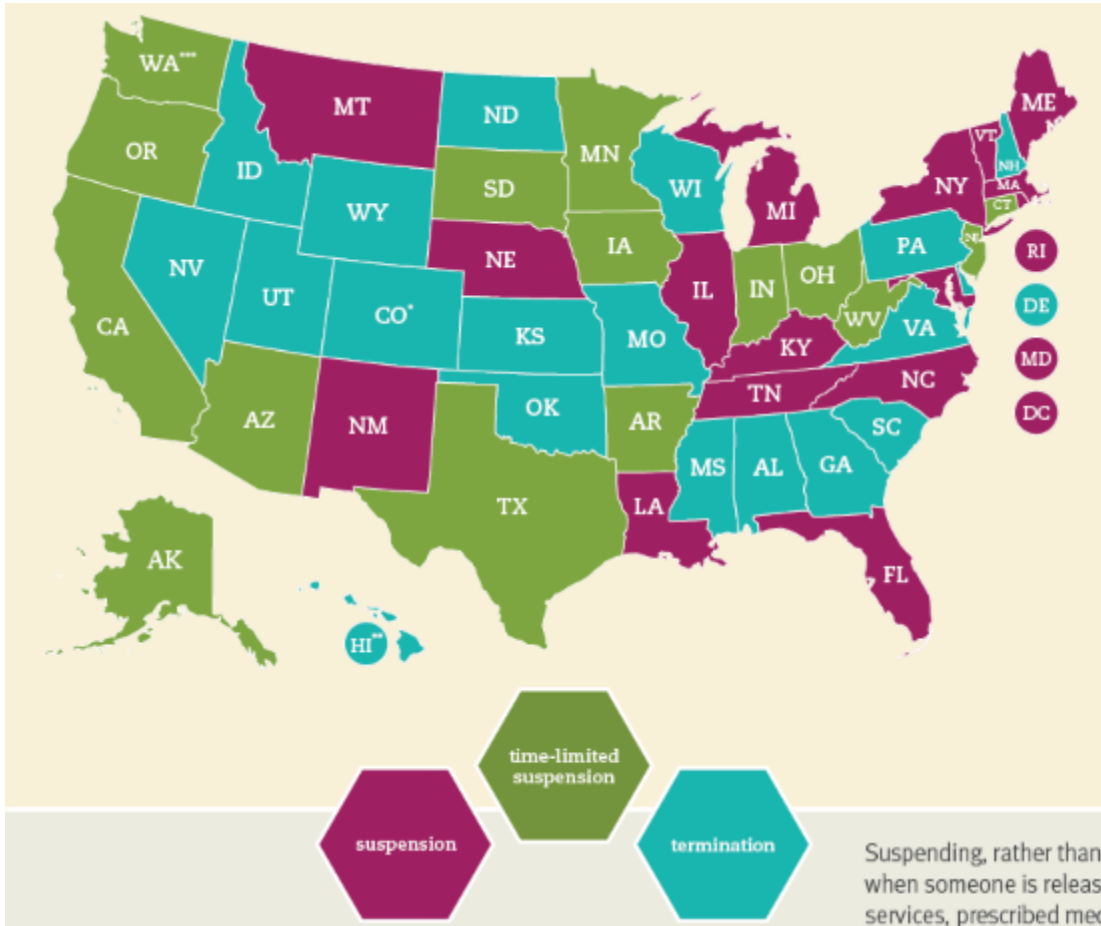
Crisis Outpatient Consumers Served, 2006-2015



Demand for Crisis Facilities

Crisis Residential Consumers Served, 2006-2015





Suspension, Time-limited Suspension & Termination

Suspending, rather than terminating, Medicaid makes regaining coverage more seamless when someone is released from prison, allowing him or her quicker access to mental health services, prescribed medicines, and other needed care. It also reduces paperwork for state agencies.

16 states plus DC suspend Medicaid for the duration of incarceration, allowing quick and seamless reactivation of coverage upon release.

15 states suspend Medicaid for a specific period of time, for example, 30 days or up to one year. This allows people who are incarcerated for short periods to quickly reactivate their coverage once they get out, but it forces people who are incarcerated for longer periods to fully reapply upon release. This adds red tape and increases costs for the state.

19 states terminate Medicaid coverage altogether when someone is incarcerated. Such individuals must fully reapply on release as well.

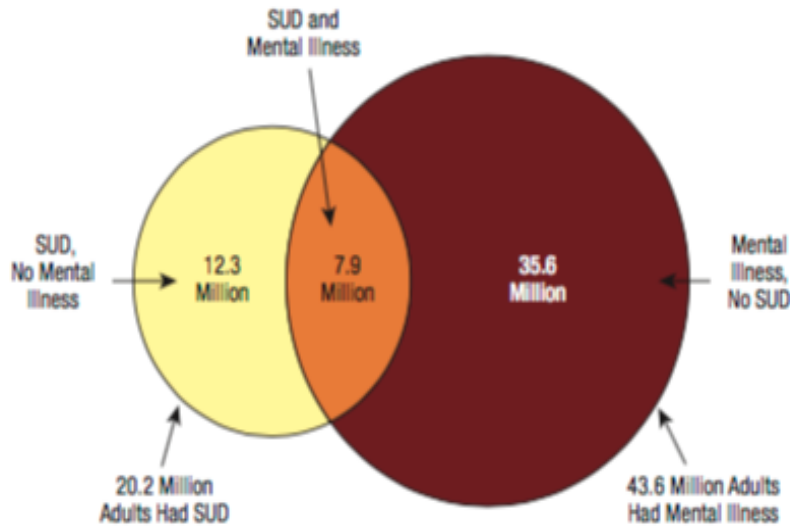
** Colorado has passed a law changing its policy to time-limited suspension, but the state has not yet implemented this law.*

*** Hawaii has passed a law changing its policy to indefinite suspension, but the state has not yet implemented this law.*

**** Washington passed SB 6430, which allows for indefinite suspension, but the law won't be implemented until July 1, 2017.*

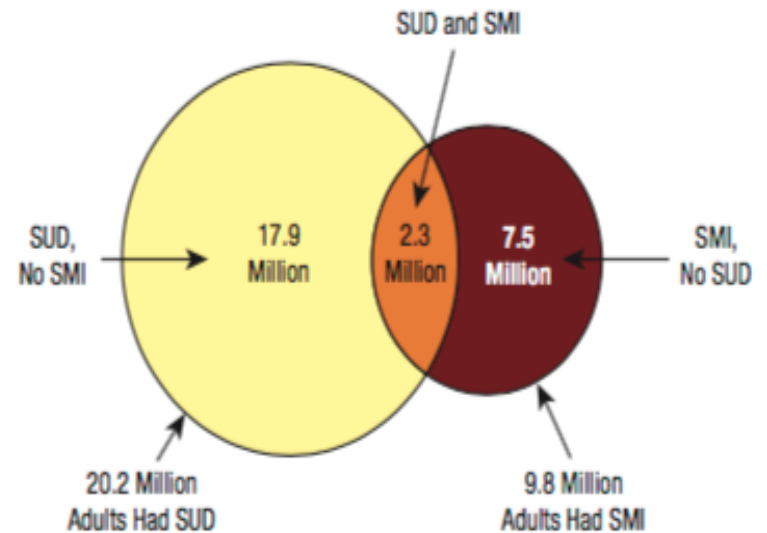
Link between mental illness and substance use disorders

Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



SUD = substance use disorder.

Figure 50. Past Year Substance Use Disorders and Serious Mental Illness among Adults Aged 18 or Older: 2014



SMI = serious mental illness; SUD = substance use disorder.

source: Behavioral Health Trends in the United States, Results from the 2014 National Survey on Drug Use and Health, September 2015.
<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

Texas Counties With No General Psychiatrist

There are 185 counties in Texas with no general psychiatrist. These counties include:

Andrews	Childress	Duval	Hardin	Kleberg	Mitchell	Runnels	Upshur
Aransas	Clay	Eastland	Hartley	Knox	Montague	Rusk	Upton
Armstrong	Cochran	Edwards	Haskell	La Salle	Moore	Sabine	Uvalde
Atascosa	Coke	Ellis	Hemphill	Lamb	Morris	San Augustine	Waller
Austin	Coleman	Fannin	Hill	Lee	Motley	San Jacinto	Ward
Bailey	Collingsworth	Fayette	Hockley	Leon	Nacogdoches	San Patricio	Washington
Baylor	Colorado	Fisher	Hopkins	Liberty	Navarro	San Saba	Wharton
Bee	Comanche	Floyd	Houston	Lipscomb	Newton	Schleicher	Wheeler
Blanco	Concho	Foard	Hudspeth	Live Oak	Ochiltree	Scurry	Willacy
Borden	Cooke	Franklin	Hutchinson	Llano	Oldham	Shackelford	Wilson
Bosque	Coryell	Freestone	Irion	Loving	Orange	Shelby	Winkler
Briscoe	Cottle	Frio	Jack	Lynn	Palo Pinto	Sherman	Wise
Brooks	Crane	Gaines	Jackson	Madison	Panola	Somervell	Wood
Brown	Crockett	Garza	Jasper	Marion	Parmer	Starr	Yoakum
Burleson	Crosby	Glasscock	Jeff Davis	Martin	Pecos	Stephens	Young
Burnet	Culberson	Goliad	Jim Hogg	Mason	Presidio	Sterling	Zapata
Caldwell	Dallam	Gonzales	Jim Wells	Matagorda	Rains	Stonewall	Zavala
Calhoun	Dawson	Gray	Jones	Maverick	Reagan	Sutton	
Callahan	Deaf Smith	Grimes	Karnes	McCulloch	Real	Swisher	
Camp	Delta	Hale	Kenedy	McMullen	Red River	Terrell	
Carson	DeWitt	Hall	Kent	Medina	Reeves	Terry	
Cass	Dickens	Hamilton	Kimble	Menard	Refugio	Throckmorton	
Castro	Dimmit	Hansford	King	Milam	Roberts	Trinity	
Chambers	Donley	Hardeman	Kinney	Mills	Robertson	Tyler	

Source: American Medical Association Physician Master File/MMS 2014

Early Impact of 1115 Waiver

Unduplicated Clients Served During DY3 ¹	Total
Clients Served Regardless of Funding Source	515,663
New Clients Served with 1115 Waiver Funds	50,350
Existing Clients that Received Enhanced Services with 1115 Waiver Funds	23,728

¹ Demonstration Year 3; third year of the Waiver

The Waiver structure is based on pay for performance (P4P). The ability to successfully meet performance metrics and measures determines whether a performing provider is eligible to receive a Delivery System Reform Incentive Payment (DSRIP). These payments are used to incentivize Community Centers to transform service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.



Telemedicine

Thirty-six (36) Community Centers utilize telemedicine.

Examples related to jail services:

Betty Hardwick Center

Intake, crisis & medication services in each of five (5) county jails in local service area

Bluebonnet Trails Community Services

Psychiatric, crisis evaluations, intake by LPHA, counseling services, crisis assessments, jail-based services, court-based services

Texoma Community Center

Crisis and jail assessments, as well as substance abuse treatment

Examples related to MH crisis services:

Austin Travis County Integral Care

Crisis and routine mental health consultations

Hill Country

Services to Veterans at Hill Country clinic via contract with Veterans Affairs (VA) and screening, continuity of care between crisis stabilization unit and outpatient clinics

Lakes Regional

Mental health diagnosis and crisis consultations

1115 Waiver

Seventeen (17) active jail diversion/MCOT related DSRIP projects, highlighting use of telemedicine.

Helen Farabee

Crisis respite unit to serve adults and children with Intellectual & Developmental Disabilities (IDD) either Medicaid or indigent and experience behavioral health issues, co-occurring mental health conditions, and/or are at risk for being placed in jail or an inpatient psychiatric facility

Harris Center

Expand Mobile Crisis Outreach Team (MCOT), which provides outreach and follow-up to adults and children unable or unwilling to access traditional psychiatric services. MCOT interventions occur in a variety of settings: person's community, home, or school. Services include assessment, intervention, education, and linkage to other services.

Tropical Texas

Enhanced MCOT capacity at three clinics, with experts specially trained in crisis services for people with co-occurring IDD & mental health needs. Connected all MCOT staff to telemedicine/telehealth system to increase electronic psychiatric consultations.

West Texas

Expand MCOT capacity by a minimum of one additional qualified MH provider.

Next Steps for Continued System Improvements

- Ready Access
- Prevention & Early Intervention
- Criminal Justice / Mental Health Interface
- Workforce Development



Ready Access

Short-term

- Streamline Performance Contract (Flexibility & Accountability)
- Leverage existing flexibility statute
- Reduce regulatory barriers (SUD & MH Integration)

Long-term

- MCOs (alignment of financial incentives, now what?)
- Crisis Stabilization Unit Requirements
- Defining Continuum of Care
- Strengthen Outcome Measurement



Prevention & Early Intervention

School Districts in Texas: 1,219
Campuses: 8,646

Source: Pocket Edition, TEA, 2014-15

Short-term

- Cross-system Collaboration:
 - Partnerships with local schools
 - Foster Care (LMHAs & CPAs)
- MHFA Training

Long-term

- Build on effective local models (Bluebonnet Trails)
- Educate stakeholders



Criminal Justice/MH Interface

County Jails in Texas: 243
TX Prisons & State Jails: 114
Adult Probation Depts: 121

Source: SAT & TCJC, 2015-16

Short-term

- Technology: increase use of Telemedicine
- Cross-system collaboration:
 - Policies/procedures accessible (Burke MHEC example)
 - Need first responders with skills to intervene & tenure to build relationships (speak same language)

Long-term

- Transportation
- Build on effective "super-utilizers" diversion models (Bluebonnet example)
- MH Deputies
- Law Enforcement Training (CIT & others)



Workforce

Interns providing unpaid clinical services in Community Center system of care (FY2014):

Number of Interns: 730

Total Hours: 97,658

Source: Community Center Profile, 2015.

Short-term

- Telemedicine
- Peer Support Services

Long-term

- Medical Residency
- Loan Repayment
- Strengthen partnerships with Higher Education



Texas Council
of Community Centers