Presentation to the Senate Committee on Health & Human Services

June 16, 2016

The University of Texas Health Science Center at Houston (UTHealth)

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UTHealth
The University of Texas Health Science Center at Houston

McGovern Medical School
Psychiatry and Behavioral Sciences

Harris County Psychiatric Center

The UTHealth Harris County Psychiatric Center

Overview

- 276-bed acute care psychiatric hospital
- Second largest academic psychiatric hospital in the country
- Joint ownership between the state and county
- Operated and staffed by UTHealth Department of Psychiatry
- Teaching hospital
- Funded primarily by the state through a contract between UTHealth and The Harris Center, the local mental health authority

Specialty Units & Programs

- Mood Disorders Unit
- Competency Restoration Unit
- Juvenile Sub-Acute Unit
- Child-Adolescent Acute Unit
- Schizophrenia Unit
- Bipolar Unit
- Dual Diagnosis Unit
- Gero-psychiatry (Older Adult) Program
- Early Onset Program

Facts & Figures

- 8,800 admissions in 2015, with an average length of stay of 7.9 days
- 9,700 admissions projected for 2016, with an average length of stay of 6.7 days
- Functionally full at all times - we start each day with a list 25-45 patients waiting for a bed to open
- Provides training for 480 medical students, more than 1,650 other students (nursing, pharmacy, psychology, etc.), and 54 residents and fellows each year

UTHealth HCPC's Participation & Involvement in the Forensic Mental Health System

- HCPC participates, along with the Harris Center and the HPD and Sheriff's CIRT Teams, in the diversion and treatment of mental health patients.

- HCPC also participates in treating forensic patients by providing a 23-bed Competency Restoration Unit.

    - Last fiscal year this unit treated 218 patients with an 87% restoration percentage and an average length of stay of 38 days.

    - The Competency Restoration Unit's Program Manager chairs the Harris County Competency Restoration Oversight Committee which is comprised of representatives from the Misdemeanor and Felony Courts, the District Attorney's Office, the Public Defender's Office, the Harris County Jail and the Harris Center.

UTHealth HCPC's Participation & Involvement in the Forensic Mental Health System

- We also participate on the Joint Committee on Access and Forensic Services and the Harris County Sheriff's Mental Health Task Force.

- Harris County has an effective system for identifying and diverting individuals who really do not belong in the forensic system into the mental health treatment system.

    - Patients are brought by CIRT officers to the NeruoPsychiatric Center for evaluation, and if they need inpatient treatment, are transferred to HCPC.

    - The primary limitation of this system is a lack of resources, primarily a lack of beds.

Continuum of Care Gap

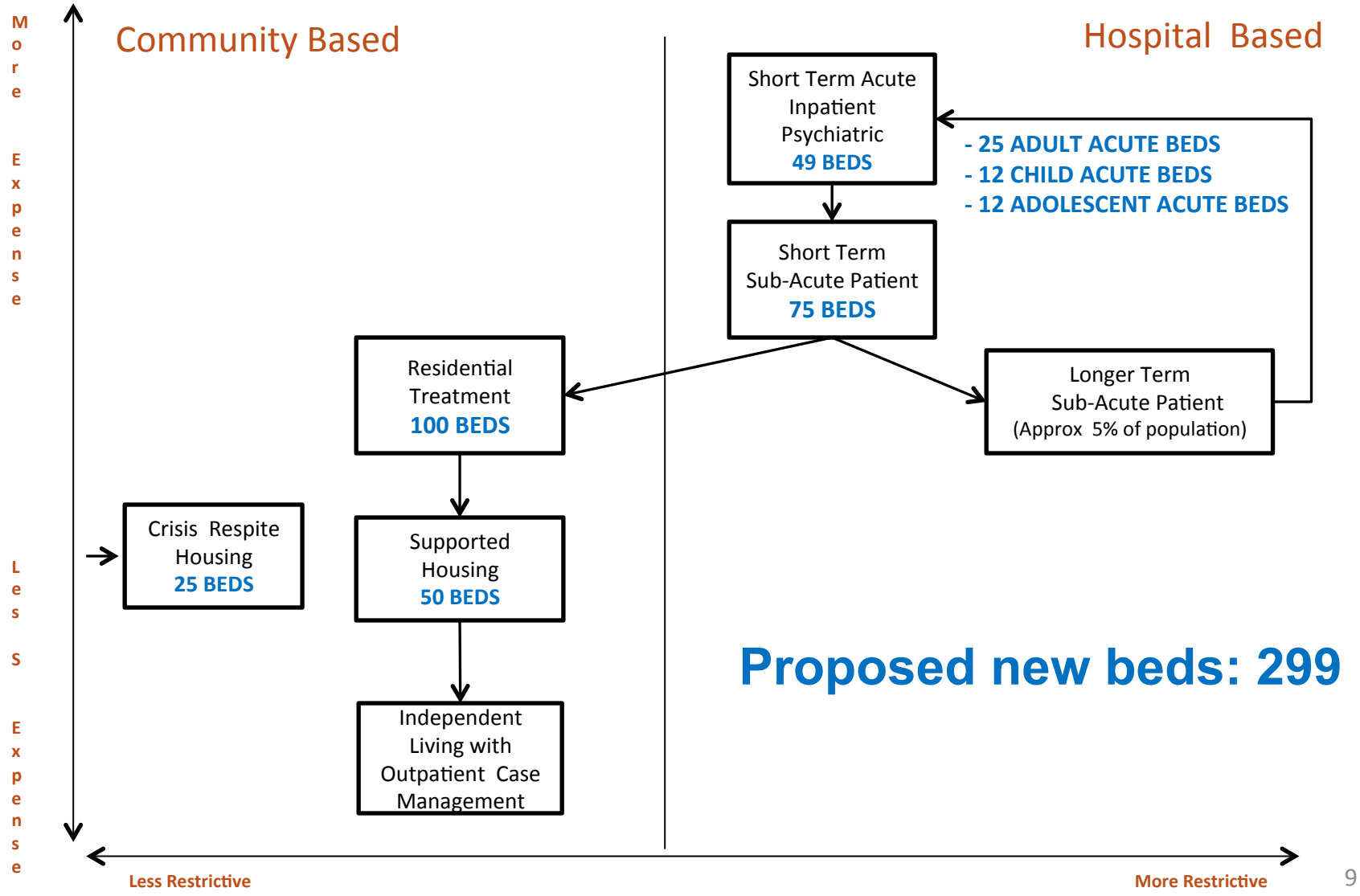
- Most severely and persistently mentally ill patients need to be treated in a continuum of progressively less intensive and less restrictive forms of care
- Currently there is a gap in that continuum that causes over-utilization of the most expensive forms of care (acute inpatient)
- That gap is also causing overutilization of hospital emergency rooms, psychiatric emergency services, law enforcement and jail services

Continuum of Care Gap

- Chronic recidivism and rapid re-admissions to acute care hospitals are two of the consequences of this “gap in the continuum of care”
- This over reliance on acute inpatient care drives cost up and results in less than optimal outcomes

	Statistic	Cost at HCPC
“Super-Utilizers” (4 + admissions per year)	1,244 Admissions	$5,184,157
“Rapid Re-admitters” (re-admissions within 30 days)	10,207 Patient Days	$5,384,229
Discharges to shelters	2,910 Discharges	

UTHealth HCPC Continuum of Care Campus



Closing the Gap

- Better patient outcomes
- Reduced demand on law enforcement and jails
- Reduced demand on the psychiatric emergency intake system
- Cost savings from reduced utilization of higher level services apply towards less restrictive options
- Reduced waits for beds for children and adolescents
- Movement towards less restrictive, less costly, more community-based levels of care
- Enables patients to be treated in their own communities closer to their families
- Infrastructure to move towards value-based reimbursement
- Enables evaluation of clinical and economic outcomes
- Replicable model in urban areas to significantly reduced the demand for typical state hospital services
- Reduced utilization and faster throughput for psychiatric patients in hospital emergency rooms

Thank you from UTHealth

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