

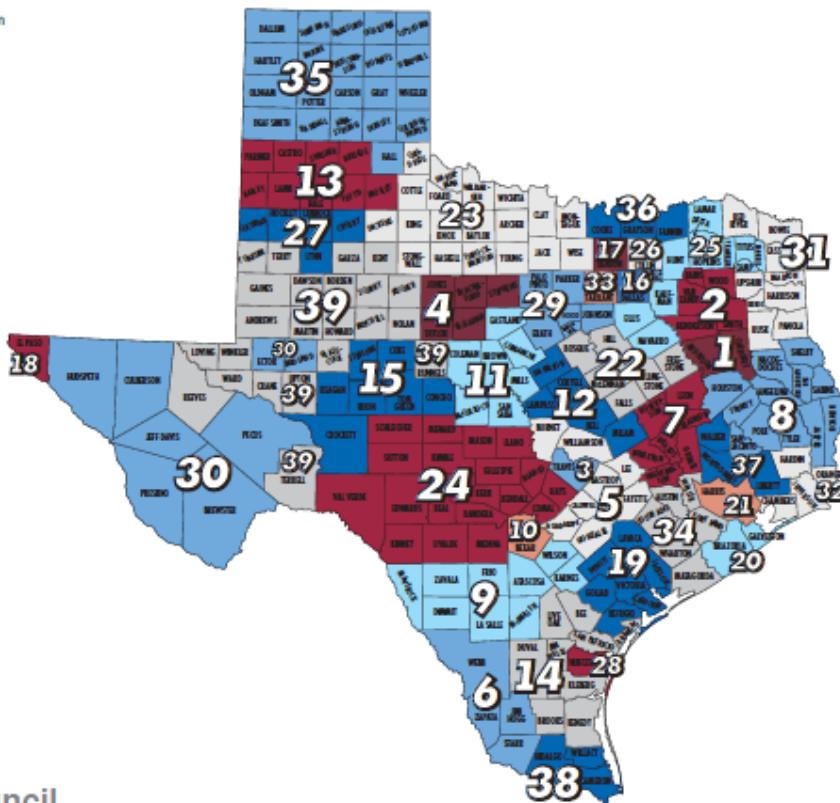
House Select Committee on Mental Health
February 18, 2016

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Texas Council
of Community Centers

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
8. Burke Center
9. Camino Real Community Services
10. The Center for Health Care Services
11. Center for Life Resources
12. Central Counties Services
13. Central Plains Center
14. Coastal Plains Community Center
15. MHMR Services for the Concho Valley
16. Metrocare Services
17. Denton County MHMR Center
18. Emergence Health Network
19. Gulf Bend Center
20. Gulf Coast Center
21. MHMR Authority of Harris County
22. Heart of Texas Region MHMR Center
23. Helen Farabee Centers
24. Hill Country Mental Health and Developmental Disabilities Centers
25. Lakes Regional MHMR Center
26. LifePath Systems
27. StarCare Specialty Health System
28. Behavioral Health Center of Nueces County
29. Pecan Valley Centers for Behavioral & Developmental HealthCare
30. Permian Basin Community Centers
31. Community Healthcare
32. Spindletop Center
33. MHMR of Tarrant County
34. Texana Center
35. Texas Panhandle Centers
36. Texoma Community Center
37. Tri-County Services
38. Tropical Texas Behavioral Health
39. West Texas Centers

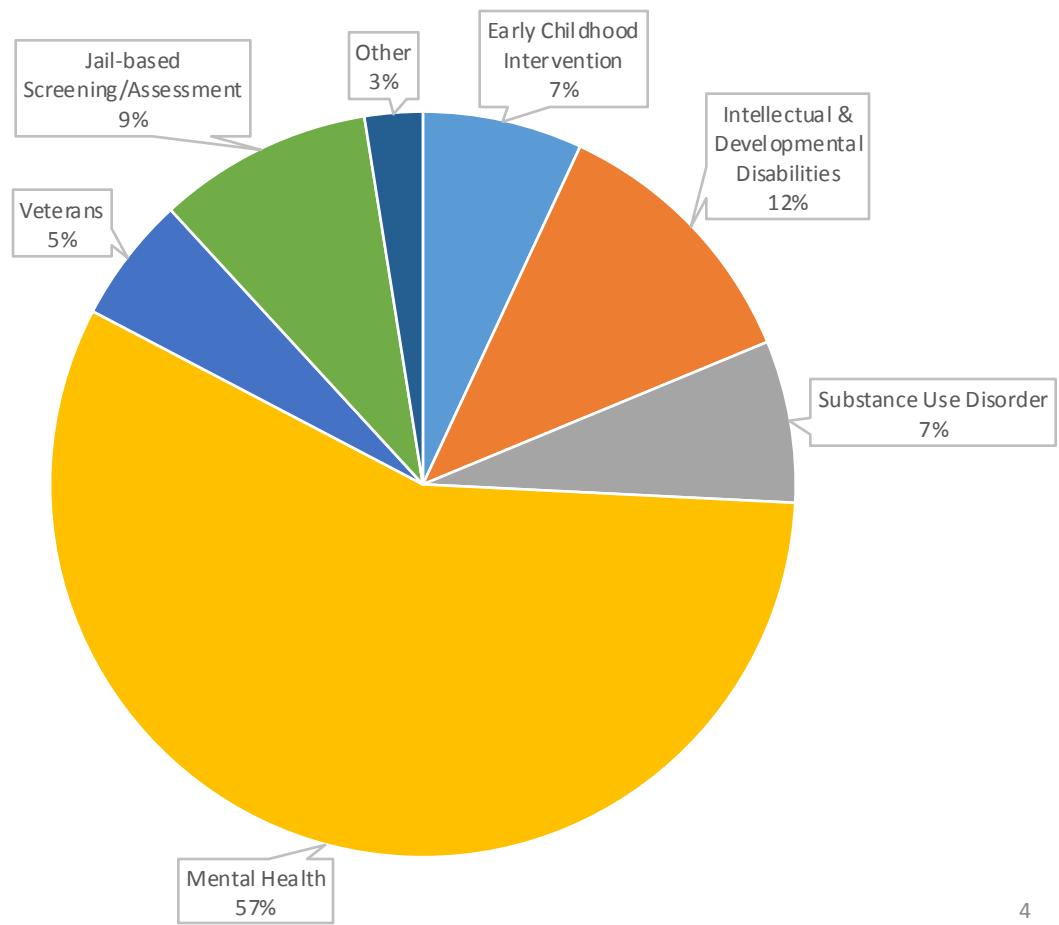


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Updated: 2013-01-05

Community Mental Health Act of 1963	Texas MH/IDD Act of 1965 (THSC, Sec. 534.001)
<ul style="list-style-type: none"> ◆ 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 	<ul style="list-style-type: none"> ◆ Authorized local taxing authorities (counties, cities, hospital districts, school districts) to <ul style="list-style-type: none"> ◆ 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)





Section 533.035 THSC

Describes delegation of responsibility by the State Authority to the designated **Local Authorities** for:

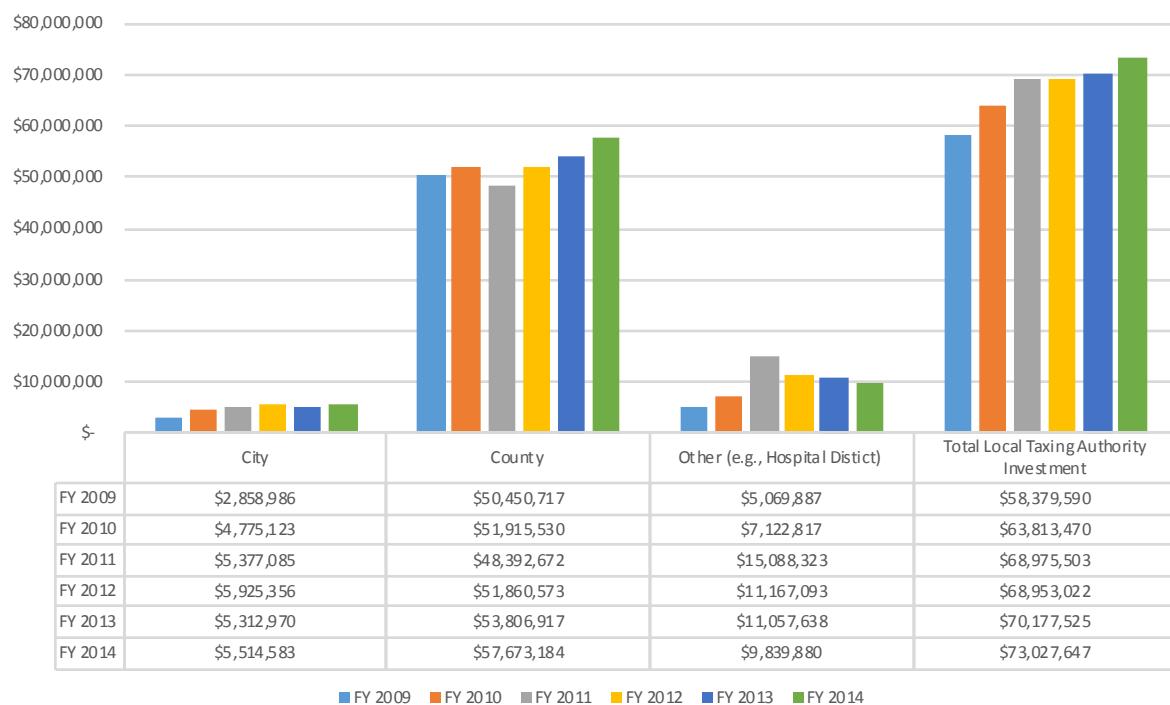
- ◆ Planning;
- ◆ Policy development;
- ◆ Coordination;
- ◆ Resource allocation;
- ◆ **Resource development**; and
- ◆ Oversight of services.



Community Leadership Role (Beyond Traditional Service Delivery)

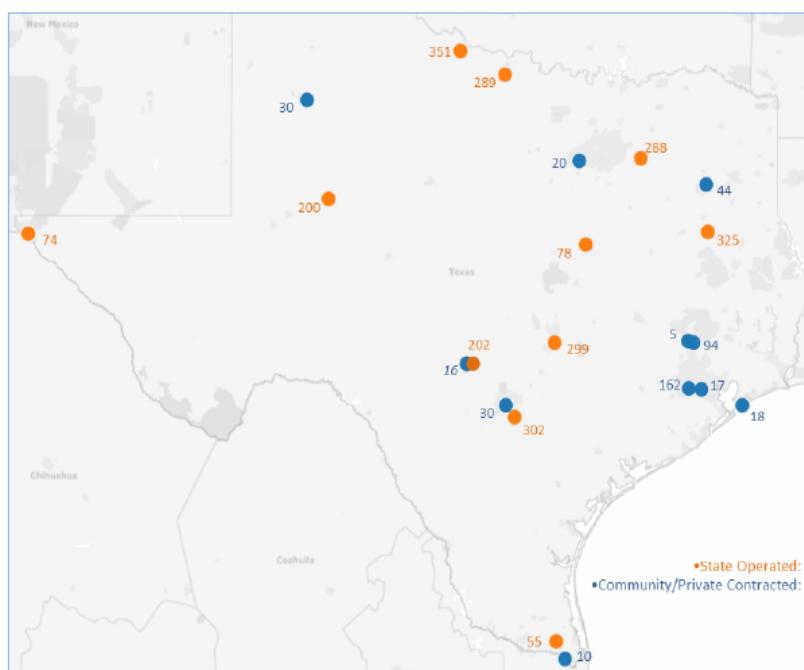
- ◆ **Secure local matching funds**
- ◆ **Leverage resources to enhance services**
- ◆ **Acquire grants and gifts**
- ◆ **Educate the public**
- ◆ **Facilitate local planning, identify service gaps**
- ◆ **Develop and manage provider network**
- ◆ **Coordinate with local partners & volunteers**
- ◆ **Collaborate with other stakeholders**
- ◆ **Respond to disasters & emerging community needs**

Local Taxing Authority Investment



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STATE FUNDED OR OPERATED INPATIENT PSYCHIATRIC BEDS ACROSS TEXAS



State Psychiatric Beds: 2,919

State Operated: 2,463

- Austin State Hospital – 299
- Big Spring State Hospital – 200
- El Paso Psychiatric Center – 74
- Kerrville State Hospital – 202
- North Texas (Vernon) – 351
- North Texas (Wichita Falls) – 289
- Rio Grande State Center – 55
- Rusk State Hospital – 325
- San Antonio State Hospital – 302
- 292 San Antonio + 10 Casa Amistad
- Terrell State Hospital – 288
- Waco Center for Youth – 78

Community/Private Contracted: 456

- Center for Health Care Services – 25
- Gulf Coast Center – 18
- Hill Country MHMR – 16 (CSU)
- MHMR of Tarrant County – 20
- MHMRA of Harris County (HCPC) – 177
- MHMRA of Harris County – 17
- Montgomery County – 94
- Sunrise Canyon – 30
- Tri-County Services – 5
- Tropical South Texas Behavioral – 10
- UTHSC – Tyler - 44

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

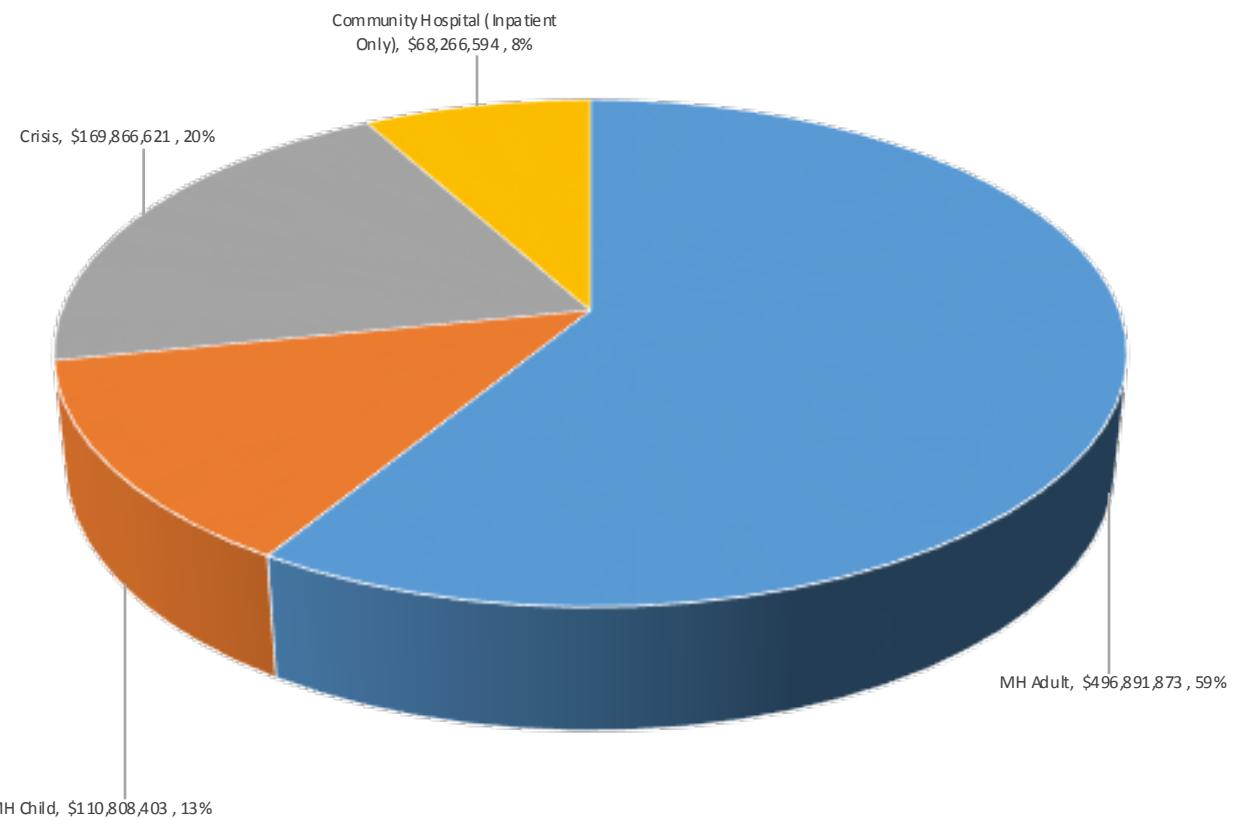
Certain Local Service Areas

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



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Expenditures by State Budget Strategy FY2015



Mental Health Funding 83rd Legislative Session (2013)

Mental Health Expansion Funding

General Appropriations Act
FY14-15 Biennium

DSHS Mental Health Expansion Item	GR-Related	All Funds
School-based training on prevention/early identification	\$ 5,000,000	\$ 5,000,000
Public awareness campaign	\$ 1,600,000	\$ 1,600,000
Crisis Services	\$ 25,000,000	\$ 25,000,000
Community Mental Health Treatment Services for youth and adults	\$ 20,000,000	\$ 20,000,000
YES Waiver	\$ 24,375,000	\$ 58,611,348
Collaborative Projects (public/private partnerships)	\$ 25,000,000	\$ 25,000,000
Projected Costs for Underserved Clients at LMHAs	\$ 17,000,000	\$ 17,000,000
NorthSTAR	\$ 6,000,000	\$ 6,000,000
Veteran's Mental Health (Rider)	\$ 4,000,000	\$ 4,000,000
Harris County Contracted Beds	\$ 2,400,000	\$ 2,400,000
Harris County Jail Diversion Pilot Program	\$ 10,000,000	\$ 10,000,000
Contingency for SB 1475, Jail-Based Competency Restoration	\$ 3,050,250	\$ 3,050,250
Patient Safety Initiative (SB 152)	\$ 1,300,000	\$ 1,300,000
State Hospital Resident Stipends	\$ 2,000,000	\$ 2,000,000
Mental Health for Children - wait list	\$ 2,095,600	\$ 2,095,600
Mental Health for Adults - wait list	\$ 46,103,128	\$ 46,103,128
Substance abuse capacity expansion	\$ 4,941,828	\$ 4,941,828
Substance abuse provider rate increase	\$ 10,696,478	\$ 10,696,478
Substance abuse set aside slots for DFPS	\$ 10,136,707	\$ 10,136,707
Behavioral health - Oxford House	\$ 1,140,000	\$ 1,140,000
Behavioral health - Relinquishment slots	\$ 2,056,262	\$ 2,056,262
Behavioral health - Rental Assistance	\$ 20,017,406	\$ 24,840,940
Bonds for State Hospitals	\$ -	\$ 10,000,000
Psychiatric Nursing Assistants	\$ 14,790,336	\$ 14,790,336
HHSC enterprise - State Hospital Laundry Facility Equipment	\$ 253,260	\$ 253,260
Victory Fields renovation	\$ 4,429,436	\$ 4,429,436
Total - DSHS Mental Health Expansion	\$ 263,385,691	\$ 312,445,573



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The 84th Legislature (2015)

Continued moving the mental health system forward by focusing on three (3) interacting components:

Outpatient Mental Health Treatment: \$46.4 M*

Alternatives to Hospitalization: \$31.7 M

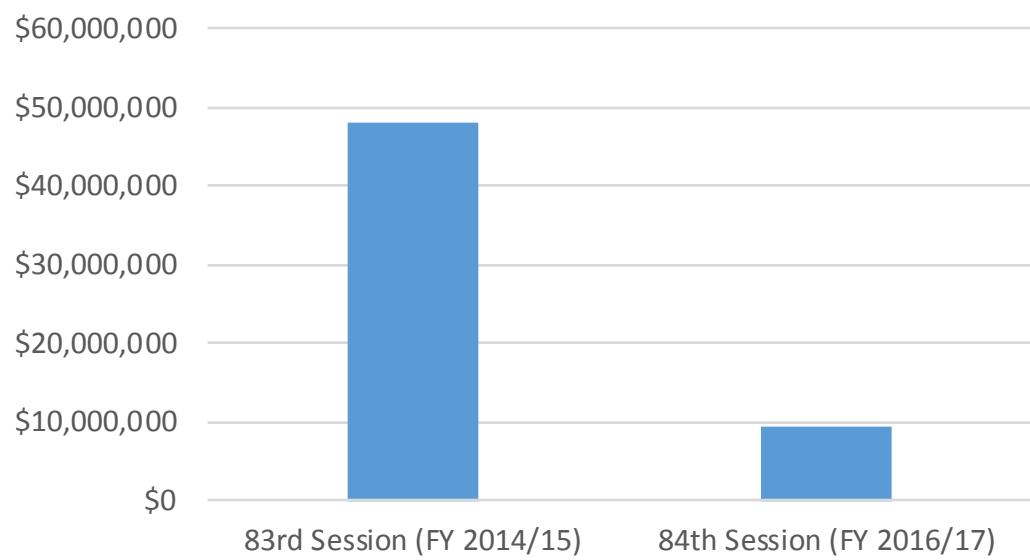
Inpatient Psychiatric Care: \$50 M*

***Footnotes:**

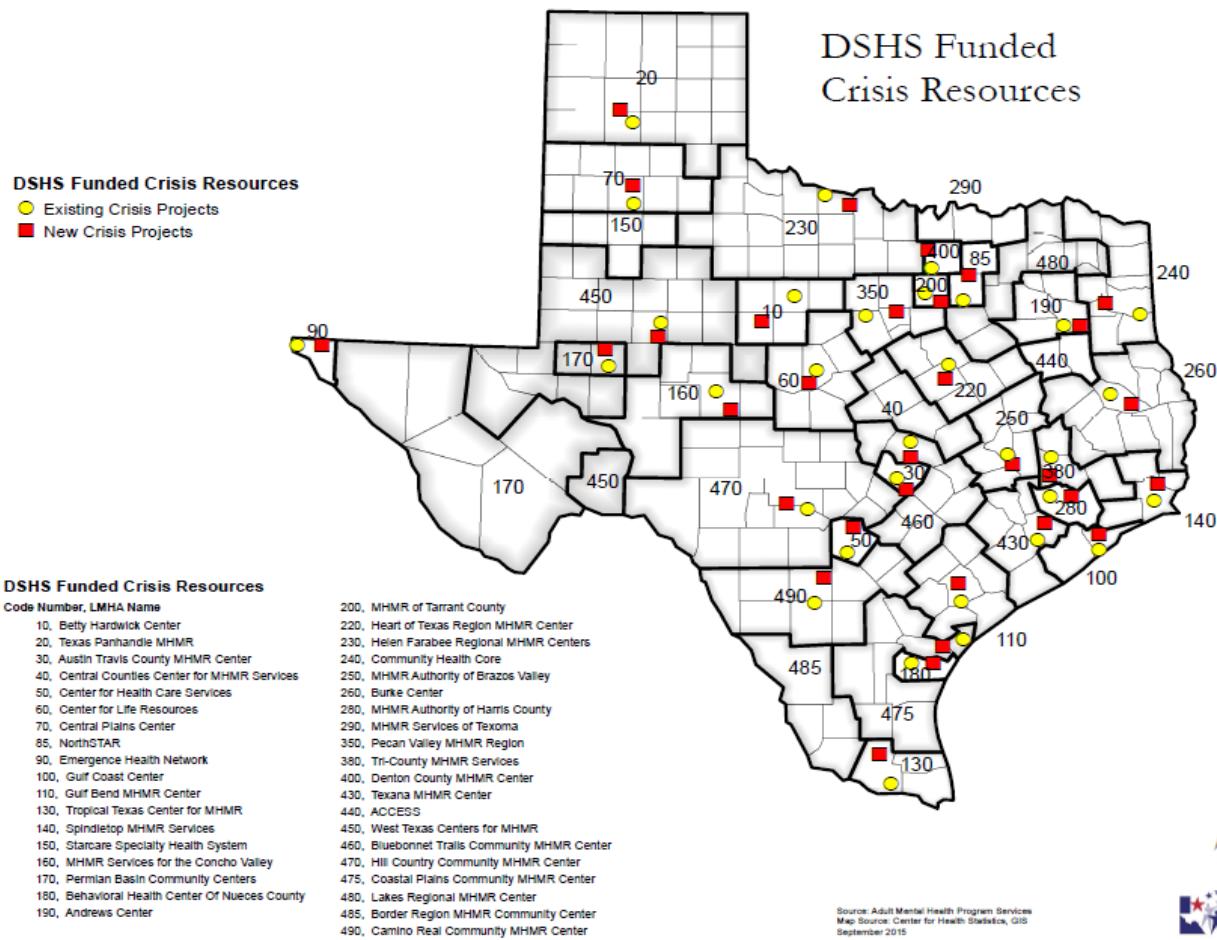
- Outpatient, Increased Access to Community MH Services Rider directs \$9,433,728 to eliminate waiting lists and \$37,052,273 to bring LMHAs to average per capita (poverty adjusted).
- Inpatient Psychiatric Treatment (funds to purchase additional local inpatient capacity)



MH Waitlist (Adults & Children)



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State-Funded Inpatient Psychiatric Care

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



Community Mental Health Hospitals

Private Psychiatric

Crisis Intervention

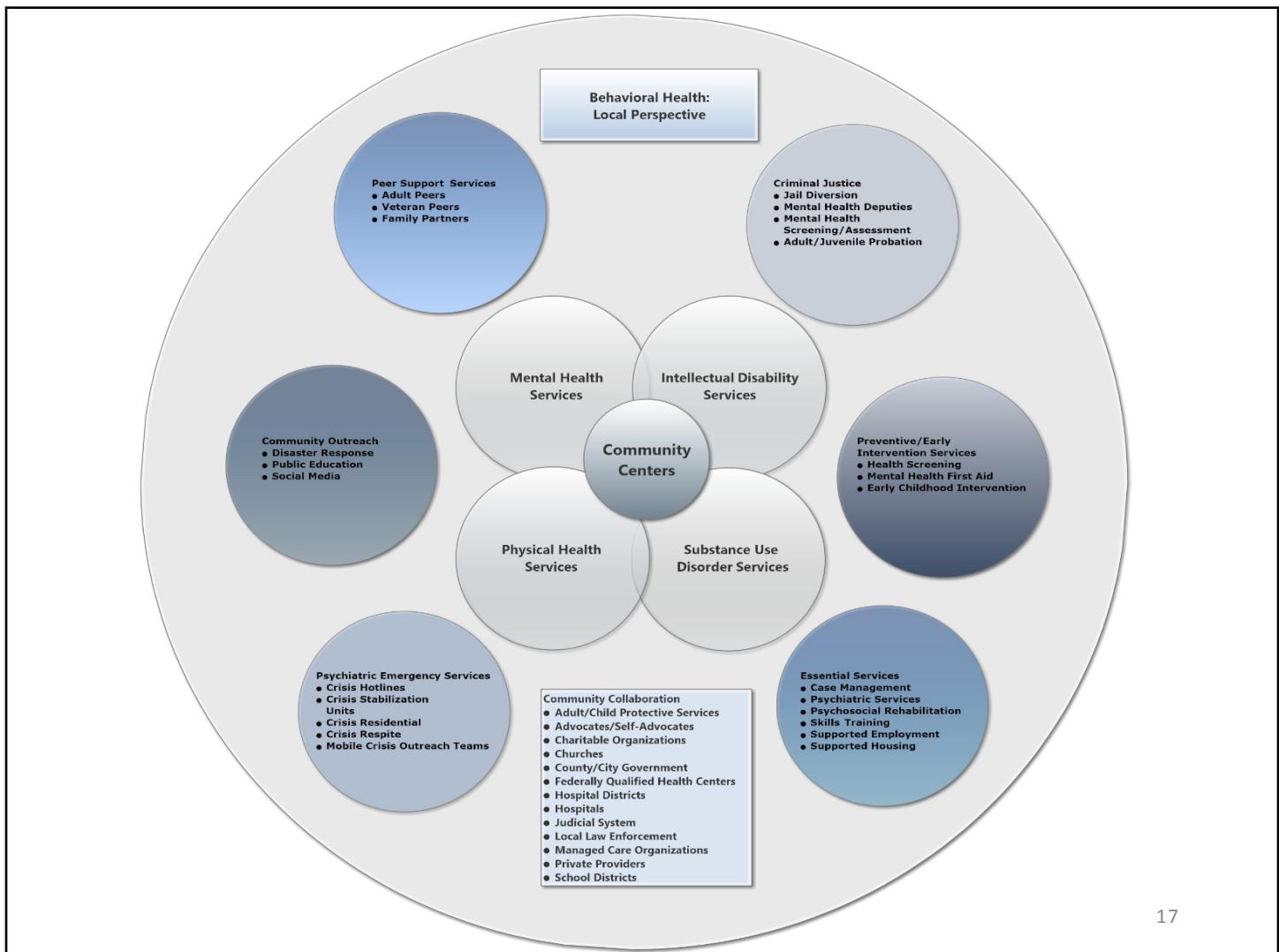
2016 Additional State Funded Beds	94
Betty Hardwick	3
Austin Travis County	10
CHCS	5
Gulf Coast Center	2
Spindletop Center	9
Tarrant County	10
Heart of Texas	3
Brazos Valley	6
Harris Center	5
Denton County	6
Access	20
West Texas Centers	10
Coastal Plains	5

Contracts scheduled to become effective during FY2016.

Defining the Continuum of Care

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





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



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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



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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)



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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

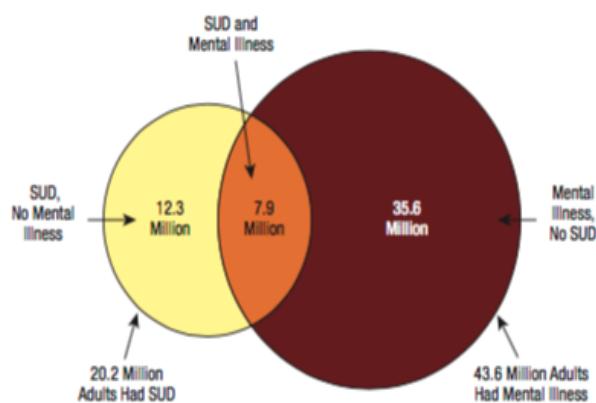


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Appendices

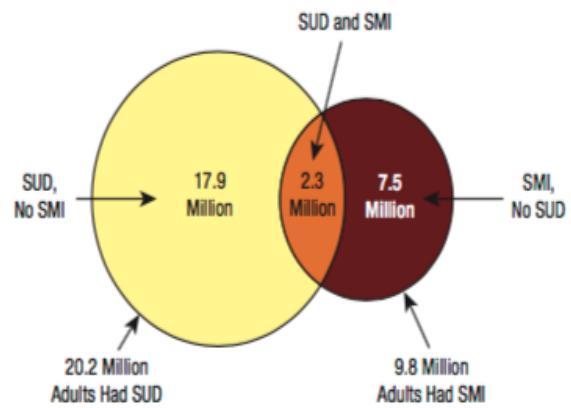
Link between mental illness and substance use disorders

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>

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

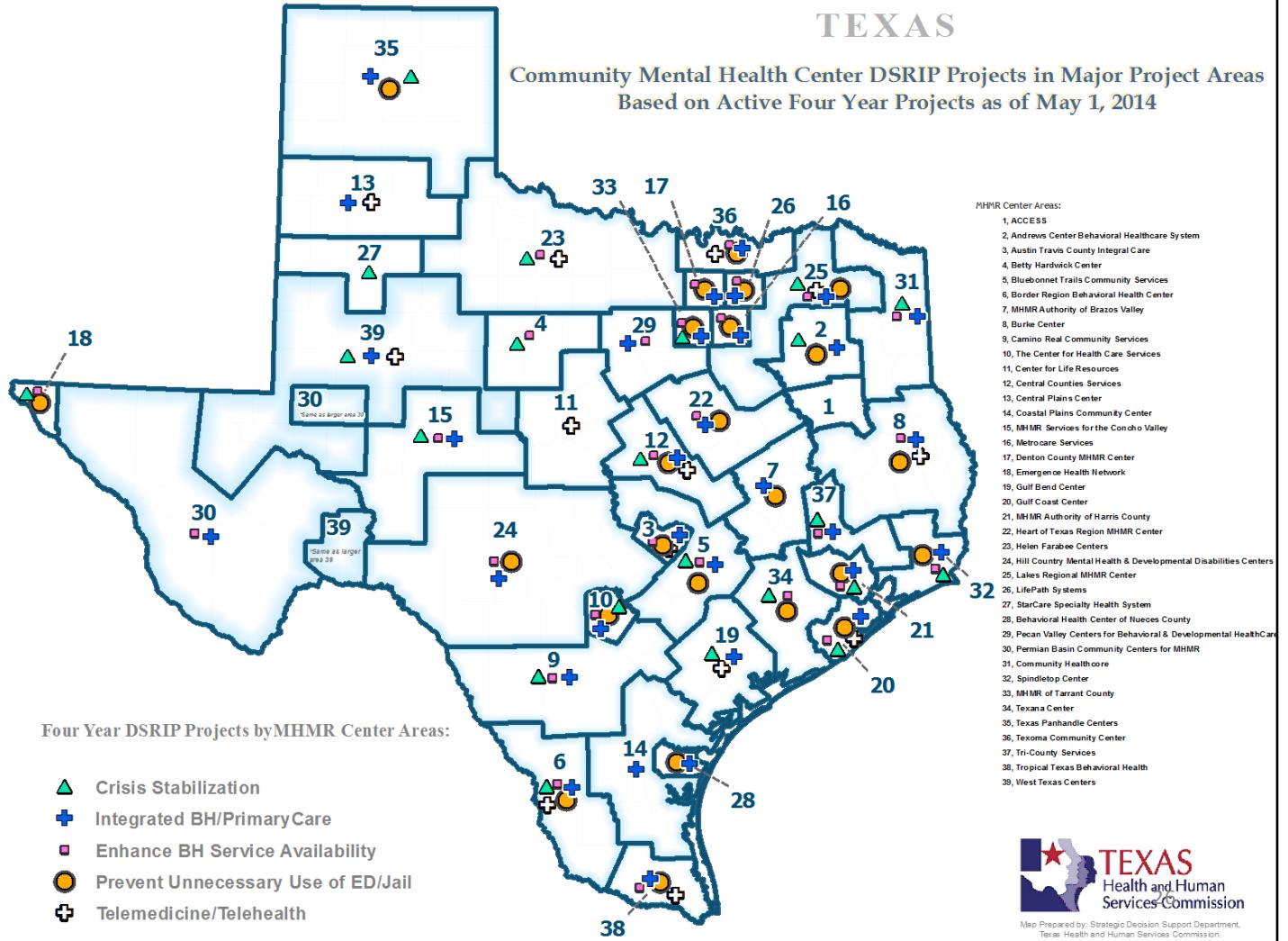
¹ Demonstration Year 3; third year of the Waiver

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.



TEXAS

Community Mental Health Center DSRIP Projects in Major Project Areas Based on Active Four Year Projects as of May 1, 2014



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.



Justice-Involved Services through Regional Mental Health Deputy Project

Project Overview

Identified 427 detained or incarcerated youths and adults with behavioral health diagnosis, not connected to services

41% had repeated incarcerations

26% had family members also incarcerated

Established regional team of 4 deputies willing to undergo extensive MH training who serve Bastrop, Fayette and Lee Counties

Telemedicine units placed in Bastrop, Fayette and Lee County Jails

Deputies may access psychiatric evaluation within 30 minutes of the request—prior to booking

Mobile equipment also in jail for post-booking interventions

Funded through 1115 Waiver (\$350,000 per year) and General Revenue (\$50,000 per year)

Outcomes/Cost Savings

In 4 years, the project has successfully diverted 1,613 youths and adults with mental illness from incarceration:

467 youths

1,146 adults

The project has:

Improved law enforcement community relations

Increased awareness of other officers in recognizing mental illness and accessing appropriate crisis teams

Reduced repeated detentions and incarcerations in all three counties

Cost savings over 4 years is estimated to exceed \$5M, or in excess of \$1.25M per year



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Contracts & Services (select)

State Agency	Types of Services (examples)
DADS	<ul style="list-style-type: none"> •Case Management •Continuity of Care •Eligibility Determinations •Waiver Enrollment •Community Living Options Information Process (CLOIP) •Preadmission Screening and Resident Review (PASRR) for Nursing Facility Placement •CFC Assessment •GR Funded Safety Net •Home and Community-Based Services •Texas Home Living
DSHS	<ul style="list-style-type: none"> •Psychiatric Emergency Services •Case Management •Mental Health Rehabilitation •Crisis Hotline •Mobile Crisis Outreach Team (MCOT) •Preadmission Screening and Resident Review (PASRR) for Nursing Facility Placement •Outreach Screening Assessment & Referral (OSAR) •Substance Use Disorder (SUD) Services •Mental Health First Aid (MHFA) •Military Veteran Peer Network (MVPN) •Projects for Assistance in Transition from Homelessness (PATH)
DARS	<ul style="list-style-type: none"> •Early Childhood Intervention (ECI) •Vocational Rehabilitation •Autism Program
DFPS	<ul style="list-style-type: none"> • Services To At Risk Youth (STAR) •Youth Prevention/Early Intervention
TDCJ (TCOOMMI)	<ul style="list-style-type: none"> • Case Management •Continuity of Care •Juvenile Probation Continuity of Care •Jail Diversion



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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	

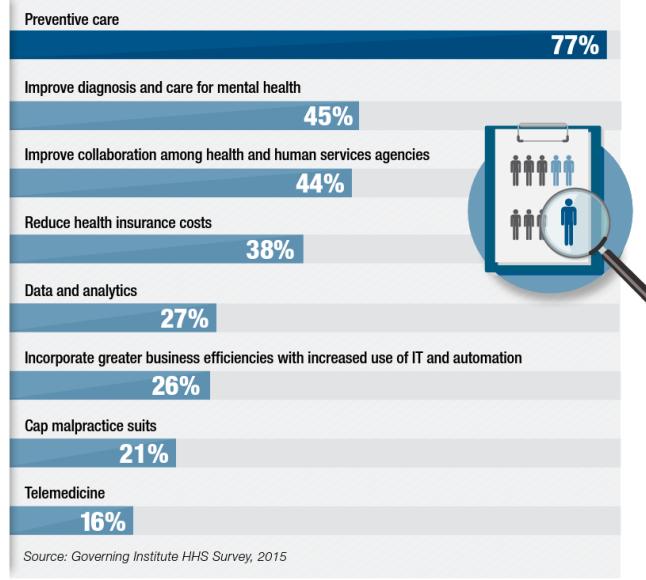
Source: American Medical Association Physician Master File/MMS 2014

The Race to Improve Care and Control Costs: Challenges and Trends in Health Care



In June 2015, the Governing Institute and the Center for Digital Government conducted a nationwide survey of 285 state and local government leaders about the status of health and human services in their jurisdictions, the challenges they face and how they are working to overcome them. Unless otherwise noted, the research in this report is a result of this survey.

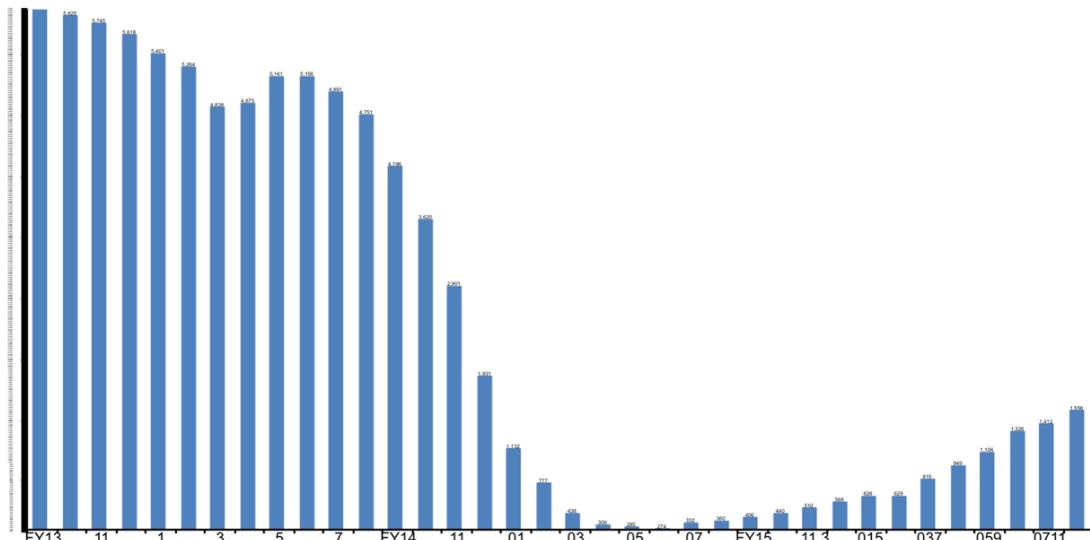
What are the most effective ways to reduce costs and improve outcomes in health care?



COMMUNITY MENTAL HEALTH SERVICES Section 5 Waiting List

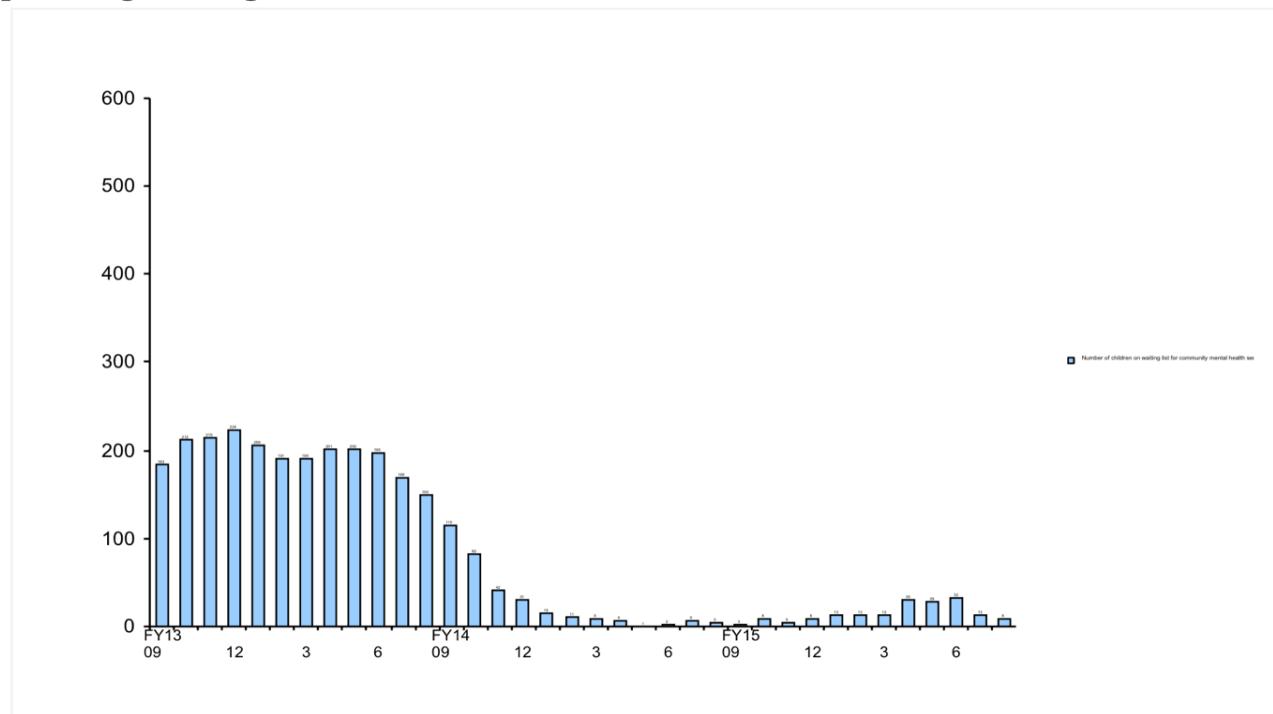
Figure 5.1. Number of adults on waiting list for community mental health services with percentage waiting for all services

■ Number of adults on waiting list for all community mental health services



Source: DSHS, Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), UM Clients Removed from Waiting List Including Discharges. For methodology, see Fiscal Year 2015 Performance Contract with Local Mental Health Authorities, Information Item C.

Figure 5.2. Number of children on waiting list for community mental health services with percentage waiting for all services



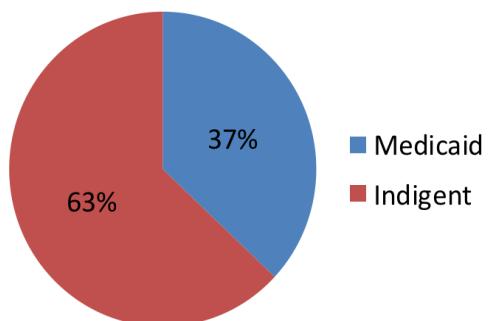
Source: DSHS, Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), *UM Clients Removed from Waiting List Including Discharges*. For methodology, see Fiscal Year 2015 Performance Contract with Local Mental Health Authorities, Information Item C.



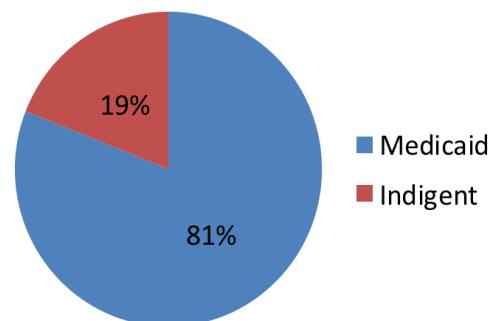
Medicaid Coverage

Individuals enrolled in ongoing services

Adults



Children



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

