

### The Behavioral Health System

### Presentation to the House Select Committee on Mental Health

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### Social and Economic Costs of Untreated Behavioral Health Conditions

### Joblessness

• 17.5% of people served by LMHAs reported having gainful employment.

#### Homelessness

• 96.6% of people served by LMHAs reported living in stable housing.

### **Criminal Behavior**

• An estimated 30% of inmates have one or more serious mental illnesses. This equates to nearly 20,000 people in Texas county and jails with serious mental illnesses.



#### EXAS Pepartment of Tate Health Services Social and Economic Costs of Untreated Behavioral Health Conditions

### **Adverse Health effects**

- Chronic medical conditions present at more advanced stages or at crisis points.
- More risky behavior leads to injury and illness.

### **Emergency Room Use**

- Behavioral health-related conditions comprise 8.5 percent of initial Texas Medicaid inpatient admissions.
- 25.8 percent are potentially preventable readmissions.

### Suicide

- In 2013, there were 3,059 suicides in Texas.
- 90% of people who die by suicide experience mental illness.
- 1 in 3 people who commit suicide are under the influence of drugs or alcohol.



### Outcomes for a Behavioral Health Continuum of Care

### **Mental Health**

- Stable housing
- Sustained employment
- Reduced incarcerations
- Fewer hospital admissions
- Reduced emergency room visits

### **Substance Abuse**

- Increased abstinence
- Reduction in relapse



Mental Illness in Texas: Estimated Adult Need

#### **Estimated Need for Mental Health Services, Texas Adults: FY 2014 Adults Served** 173.815 below 200% (72.4% of Adult SPMI below 200% FPL) **Federal Poverty** Level (FPL) **Adult SPMI** 240,088 **Population below** (46.5% of total Adult SPMI in Texas) 200% FPL **Total Adult SPMI** 515,875 **Population in** (2.6% of the)Texas **Texas Adult** Population)



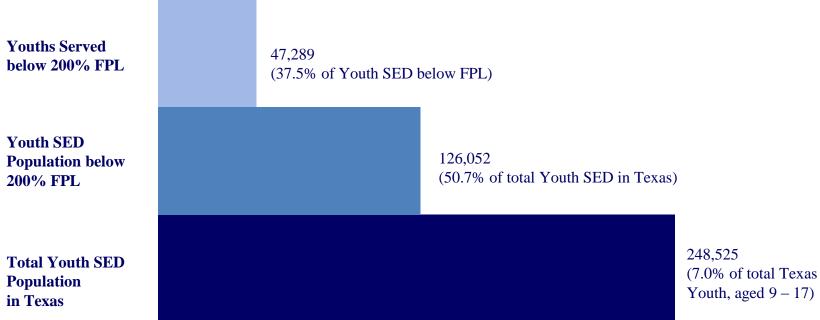
### Adult Mental Health Community Wait Lists, 2011 - 2015





### Mental Illness in Texas: Estimated Youth Need

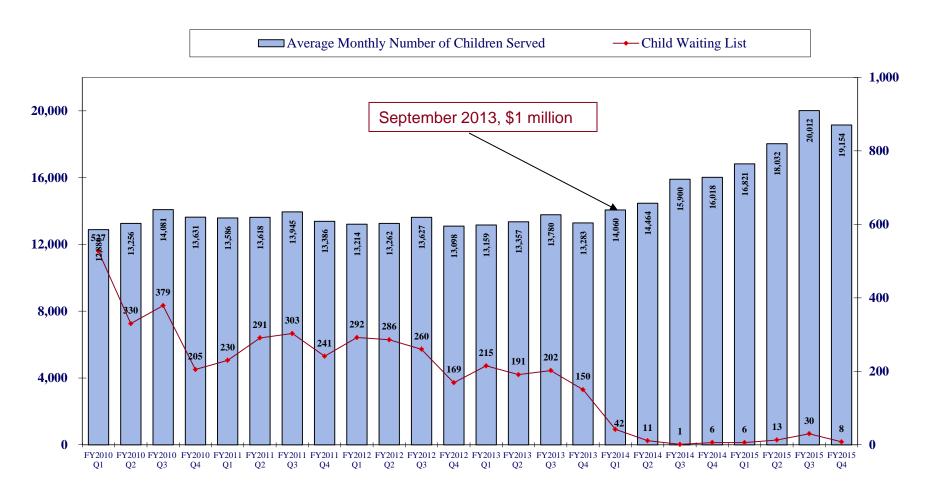
#### Estimated Need for Mental Health Services, Texas Youth: FY 2014

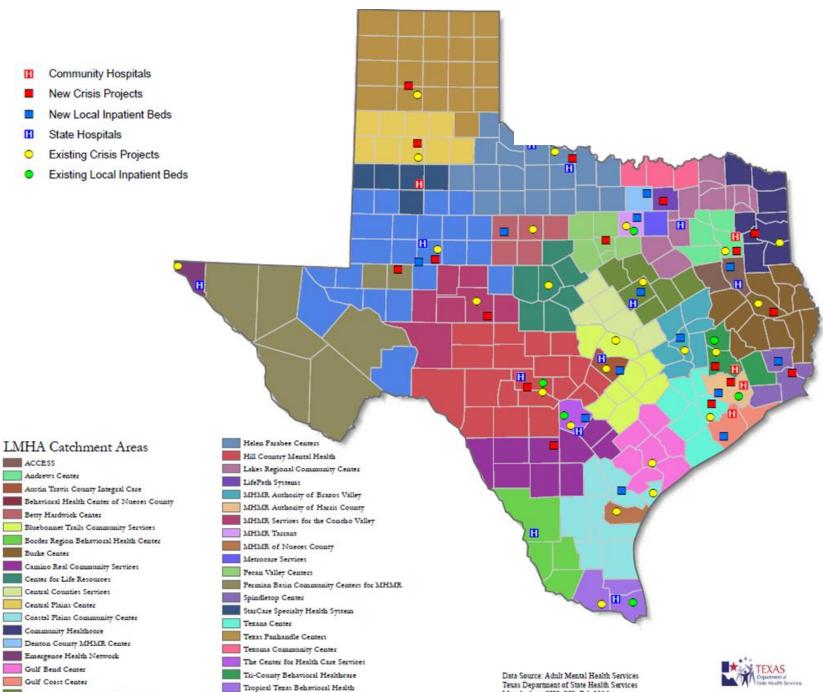


Sources: Texas State Data Center, CMHS, SAMSHA, HHS, Census Bureau, DSHS



### Children's Mental Health Community Wait Lists, 2011 - 2015





Map Author: CHS-GIS: Feb 2016

Heart of Texas Region MHMR Center

West Texas Centers

9



### Ten Percent Withhold

#### **Performance Measures for Adults**

- **Employment**: The percentage of adults in a Full Level of Care with paid employment that is independent, competitive, supported, or self-employment.
- Adult Community Tenure: The percentage of adults authorized in a Full Level of Care that avoid hospitalization in a DSHS-operated or contracted psychiatric inpatient hospital bed.
- Adult Improvement: The percentage of adults authorized into a Full Level of Care who show reliable improvement in at least one of the following Adult Needs and Strengths Assessment (ANSA) domains: Risk Behaviors, Behavioral Health Needs, Life Domain Functioning, Strengths, Substance Use, Adjustment to Trauma.
- Adult Monthly Service Provision/Engagement: The percentage of adults authorized in a Full Level of Care who receive at least one face to face, telehealth, or telemedicine encounter of any service per month.
- **Residential Stability**: The percentage of adults authorized in a Full Level of Care with acceptable or improved residential stability.



#### **Performance Measures: Mental Health Services for Children**

- Juvenile Justice Avoidance: The percentage of children/youth enrolled in a Full Level of Care with no arrests or a reduction in number of arrests between the first and last (most recent) assessments.
- Child and Youth Community Tenure: The percentage of children and youth in a Full Level of Care who avoid psychiatric hospitalization in a DSHS Purchased Inpatient Bed after authorization into a Full Level of Care.
- Child and Youth Improvement: The percentage of children/adolescents authorized in a Full Level of Care who demonstrate reliable improvement in at least one of the following Child and Adolescent Strengths Assessment (CANS) domains/modules: Child Strengths, Behavioral and Emotional Needs, Life Domain Functioning, Child Risk Behaviors, Adjustment to Trauma, School Performance, Substance Use.
- Child and Youth Monthly Service Provision/Engagement: The percentage of children and youth authorized in a Full Level of Care or the Yes Waiver program who receive at least one face to face, telehealth or telemedicine encounter of any service per month.



#### **Performance Measures: Community Mental Health Crisis Services**

- **Hospitalization**: The (equity-adjusted) percentage of adults and children with DSHS operated or funded psychiatric inpatient hospital stays in relation to population of the local service area.
- Effective Crisis Response: The percentage of individuals who receive crisis services and avoid admission to a DSHS operated or contracted psychiatric inpatient hospital bed for 30 days after the start of the crisis episode.
- **Frequent Admissions**: The percentage of adults and children authorized in a Full Level of Care who are admitted 3 or more times within 180 days to a DSHS operated or contracted inpatient psychiatric bed.
- Access to Crisis Response Services: The percentage of true crisis hotline calls that result in face to face encounters within one day.
- Adult Jail Diversion: The (equity-adjusted) percentage of adult bookings entered into the Texas Law Enforcement Telecommunications System with a history of DSHS-funded mental health services.



# Accessing the Behavioral Health System

**Local Mental Health Authorities (LMHAs):** the 'Front Door' to the behavioral health system. Persons obtain access through the intake process at Local Mental Health Authorities, where they obtain a diagnosis and a standardized assessment (CANS/ANSA).

## Texans can access the behavioral health system through the following mechanisms:

- Crisis hotlines
- Screening and assessment through the LMHA

**Challenges related to accessing the behavioral health system include:** 

- Demand (population growth)
- Complex populations
- Periodic waiting lists for services



### Accessing the Behavioral Health System: Enhancements

- The 84<sup>th</sup> Texas Legislature moved Substance Abuse Outreach, Screening, Assessment and Referral (OSAR) services to Local Mental Health Authorities.
- OSAR services help people navigate the continuum of care for substance abuse and link to community-based support services after treatment.
- Previously, OSAR services were additionally provided by either LMHAs or other third party contractors.
- DSHS now contracts with twelve Local Mental Health Authorities for substance abuse OSAR services.



### Ongoing Behavioral Health Care for Adults and Youth

**Outpatient Delivery System:** a person-centered approach to service provision that moves away from the historical disease-focused model. TRR focuses on resilience and recovery, which are fundamental principles of the mental health system.

### **Basic elements of the TRR system include:**

- Evidence-based practices
- Consistent levels of care (low to high)
- Data and outcomes

### **Challenges related to TRR include:**

- Demand (population growth)
- Complex/high needs



### Ongoing Behavioral Health Care: Enhancements

#### **Behavioral Health Services for Veterans**

- **DSHS Partners:** Texas Veterans Commission and Texas A&M University to provide behavioral health services to veterans.
- Veterans Jail Diversion Services: Trained peers and coordinators provide services in coordination with 24 veteran treatment courts.

### **Criminal Justice System**

- Outpatient Competency Restoration Program
- Harris County Jail Diversion
- Partnership with Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)



### Ongoing Behavioral Health Care: Enhancements

### **Peer-Centered Services**

• **Clubhouse Program Expansion:** recovery-oriented program for adults diagnosed with a mental illness aimed at improving an individual's ability to function successfully in the community through involvement in a peer-focused environment

#### **Peer Reintegration**

- Program in development that will use Certified Peer Specialists to assist in the transition from a county jail into community-based services.
- Certified Peer Specialists will receive training in the provision of Forensic/Re-entry services, and will be able to provide support and assist individuals in accessing services at a Local Mental Health Authority

#### **Housing Assistance Services**

- Supportive Housing Program
- HUD Section 811 Project Rental Assistance Program
- Healthy Community Collaboratives



### Ongoing Behavioral Health Care: Enhancements

### **Suicide Prevention**

- Youth Suicide Prevention: aims to reduce deaths and attempts among youth and families in Texas by developing and implementing the strategies of the Texas State Plan for Suicide Prevention.
- Zero Suicide in Texas (ZEST): with the support of a federal grant, DSHS partners with community mental health centers to develop suicide safe care in communities through adoption of best practices.

### **Trauma-Informed Care**

- Providers recognize clients may be impacted by traumatic experiences or are survivors of traumatic events.
- Services are delivered in a way to avoid re-traumatization.
- Best practice approach fosters consumer/individual participation.



Behavioral Health Outreach

Local Mental Health Authorities perform outreach to increase public awareness about available services.

#### **Basic elements of outreach include:**

- Broad based publicity efforts: educational websites and community events
- Targeted efforts: Projects for Assistance in Transition from Homelessness (PATH)

### **Challenges related to outreach include:**

- Stigma associated with diagnosis
- Non-traditional outreach necessary for hard-to-reach populations



### Behavioral Health Outreach: Enhancements

### Mental Health First Aid (MHFA)

- MHFA training teaches skills to respond to the signs of mental illness and substance use in Texas students.
- The 83<sup>rd</sup> Legislature authorized DSHS to provide grants to LMHAs to train staff and contractors in Mental Health First Aid; the focus was on educator training.
- The 84<sup>th</sup> Legislature expanded MHFA, allowing more school employees to receive training, and expanding reach to more students who may benefit from MHFA.

### **Speak Your Mind Public Awareness Campaign**

- Build broad awareness
- Reduce stigma
- Equip people to recognize the warning signs of mental illness and substance abuse disorders
- Connect individuals with treatment



### The Crisis System

Local Mental Health Authorities provide crisis screening and assessment, inpatient alternatives, and linkage to inpatient and outpatient care, as needed.

Basic elements of the crisis system include:

- Access through Crisis hotline or as a walk in
- Crisis screening and assessment
- Connection to crisis services
- Transition into ongoing community services

Challenges related to the crisis system include:

- High demand and need for crisis services
- High complexity needs of individuals in crisis services
- Limited inpatient capacity



### **Mobile Crisis Outreach Teams (MCOT)**

• Local Mental Health Authority service that provides around-theclock services that include crisis assessment, crisis intervention, crisis follow-up, and relapse prevention services.

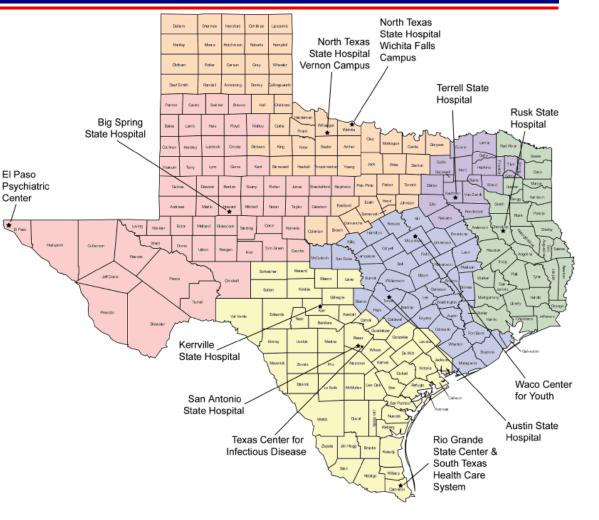
### **Crisis Facilities and Alternatives to Hospitalization and Jails**

- Crisis Respite Services
- Crisis Residential Services
- Extended Observation Units
- Crisis Stabilization Units
- Rapid Crisis Stabilization Beds



### State Psychiatric Hospitals

- ~2,000 acres
- 557 buildings
- Building construction dates between 1857-1996
- Average age >55 years old





### **State Hospital Roles:**

- Provide inpatient psychiatric hospitalization
- Work in coordination with LMHAs, substance abuse treatment providers, and the criminal justice system to ensure continuity of care

### **Typical Admissions Pathways:**

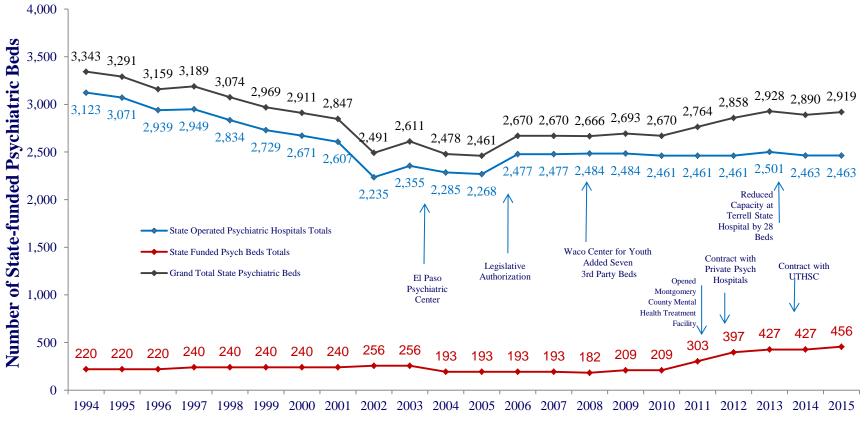
- Civil commitment: Presence of an imminent risk of serious harm to themselves or others, or a substantial risk of mental or physical deterioration
- Forensic commitment: through court order, due to incompetence to stand trial or a verdict of Not Guilty by Reason of Insanity

### **Challenges include:**

- Increasing forensic commitments, particularly for maximum security
- Growing population and overall capacity
- Aging infrastructure
- Workforce



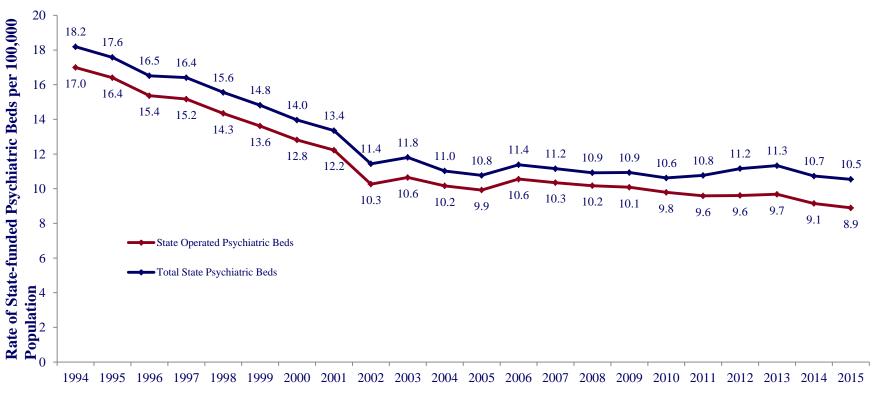
#### State-funded Psychiatric Bed Capacity: FY 1994 - 2015



Year



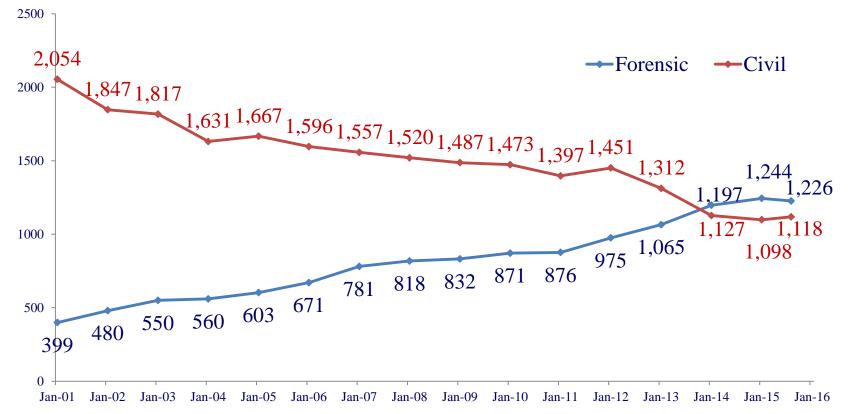
#### State-funded Psychiatric Bed Capacity: FY 1994 - 2015



Year









### **Psychiatric Residency Program**

- Participation by three universities in the 2016-2017 academic school year
- Psychiatric residency programs throughout the state:
  - San Antonio State Hospital
  - Kerrville State Hospital
  - Terrell State Hospital
  - Dallas Metrocare Services
  - El Paso Psychiatric Center
  - MHMRA of Harris County
  - University of Texas Southwestern Medical Center
  - Tarrant County Hospital District
  - Austin Travis County Integral Care



### **Critical State Hospital Repairs**

• \$18.3 million in appropriations for the FY 2016 - 2017 biennium

#### **Purchase of Private Psychiatric Beds**

• \$50 million in new appropriations for the FY 2016 - 2017 biennium

#### **University Partnerships**

- Rider 86, FY 2016 2017 General Appropriations Act
- Collaborating with universities on new State Hospital designs and on developing solutions to workforce issues

### ASH Study – 84th Legislature, SB 200

- DSHS, in coordination with other state entities, will study potential options for relocation of Austin State Hospital
- A report detailing the results of the study is due September 1, 2016.



Long-term Strategies

- Replacement planning for aging state hospitals.
- Increased capacity for growing forensic commitments.
- Increased access to inpatient care in rural and high need areas, through purchased beds around the state.
- University affiliations, including provision of medical and psychiatric services and enhanced training for psychiatric residents.
- Increased access to substance abuse treatment and housing supports and continued investment in mental health outpatient services.