

**Presentation to the
House Select Committee on Mental Health
April 27, 2016**

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

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McGovern
Medical School

Psychiatry and Behavioral
Sciences

Harris County
Psychiatric Center

Special Item Funding

Faculty Recruitment 2014-2016

16 Research Faculty Members

- 7 MD Clinician Researchers
- 4 PhD Research Faculty
- 5 PhD Clinical Psychologists

16 Postdoctoral Researchers

6 Research Coordinators



Special Item Funding

New Programs

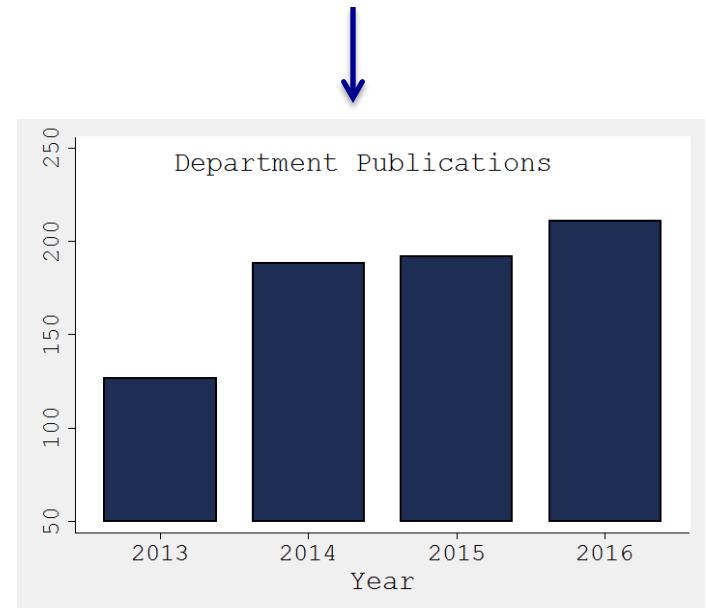
- Early Psychosis Research Program
- fMRI Laboratory
- Psychologists Intervention Research Program for Mood Spectrum Disorders
- Post-Traumatic Stress Disorder Program
- Center for Molecular Psychiatry
- Center for Experimental Models in Psychiatry
- UTHealth Trauma and Grief Center for Youth
- Psychology Intern Training Program
- Psychiatric Genetics Program
- Brain Bank Program
- Geriatric Research Program

Special Item Funding

Publications & Proposals 2014-2016

Published **432 Articles** in Peer-Reviewed Journals

Submitted **82 Grant Proposals**



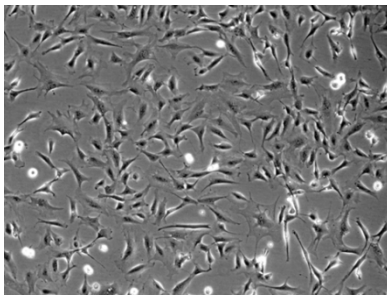
Research Activities

Pioneering Research

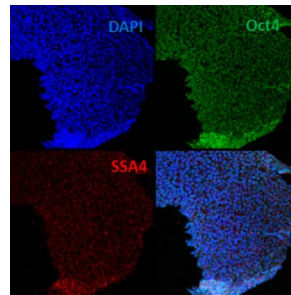
Deep Brain Stimulation (DBS)



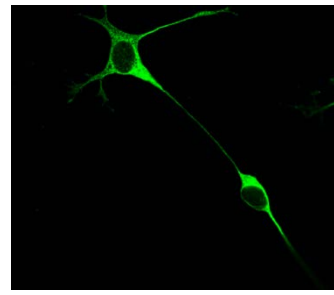
Psychiatric Genetics (Biomarkers)



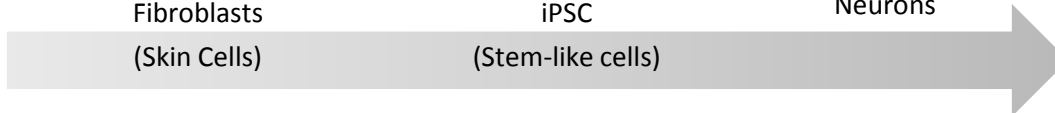
Fibroblasts
(Skin Cells)



iPSC
(Stem-like cells)



Neurons



Research Activities

Piloting Innovation

Trauma & Grief Center for Youth

Standardized Trauma Assessment Tool

Early Diagnosis & Treatment of Psychosis



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

The UTHealth Harris County Psychiatric Center

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

The UTHealth Harris County Psychiatric Center

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

The UTHealth Harris County Psychiatric Center

Innovation at HCPC

- Sunrise Clinical Manager (our electronic health record) went live on May 1, 2001
- Over the past 15 years, we have established a database of over 93,000 unique patient records and recorded 102,000 visits
- This extensive database gives us a unique ability to conduct outcomes-based research using modern “big data” mining tools and prediction algorithms developed to capitalize on large datasets
- We currently have projects underway looking at re-admissions and recidivism, patient aggression and trauma assessment and intervention
- In 2015 HCPC was recognized by the Joint Commission as a Top Performer on Key Quality Measures, one of 10 hospitals across the State of Texas to be given this award for hospital-based inpatient psychiatry services

Key Challenges

- Workforce shortages
- Better integration of substance abuse and mental health services
- Gaps in the continuum of care

Continuum of Care Gap

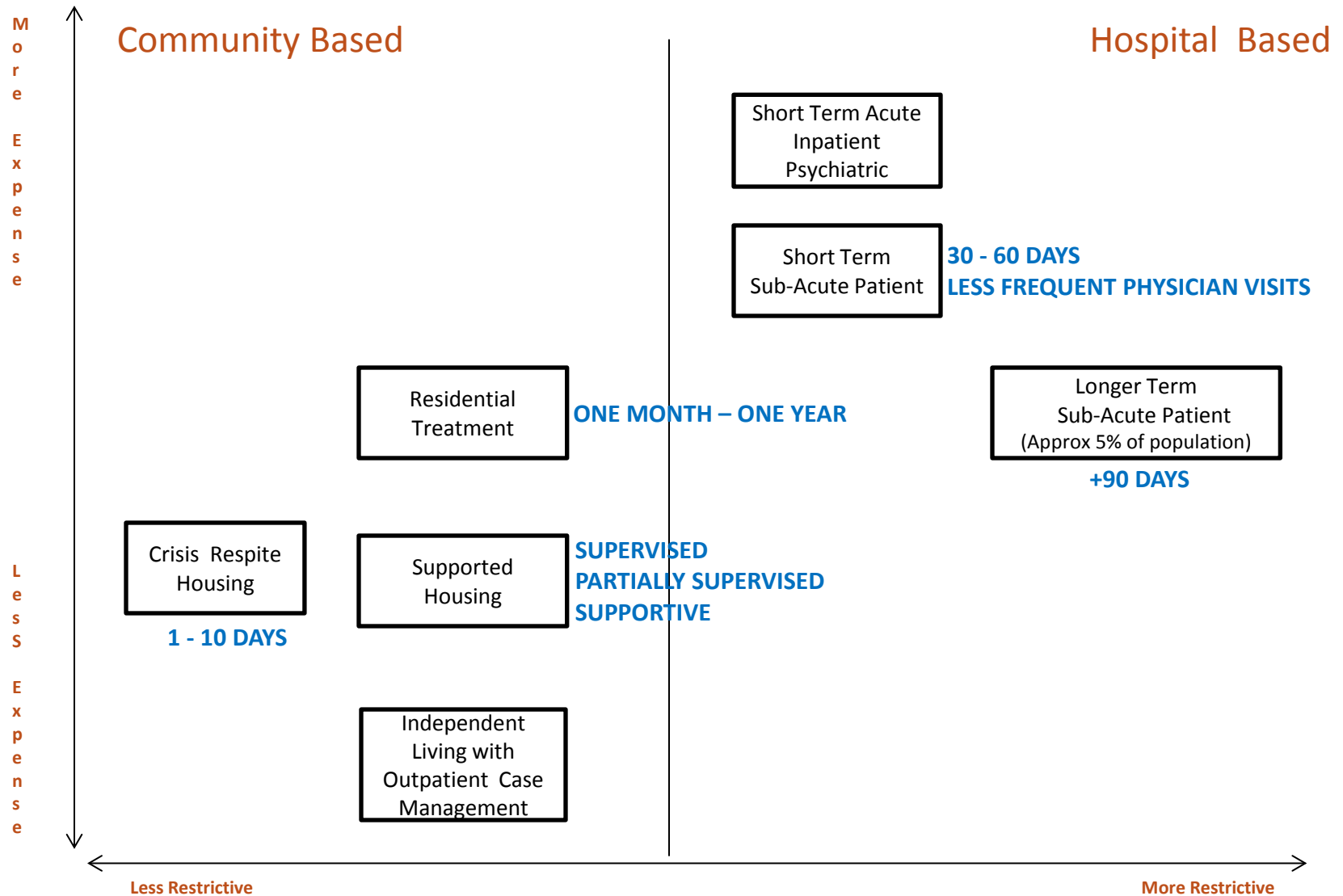
- Most severely and persistently mentally ill patients need to be treated in a continuum of progressively less intensive and less restrictive forms of care
- Currently there is a gap in that continuum that causes over-utilization of the most expensive forms of care (acute inpatient)
- That gap is also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

Continuum of Care Gap

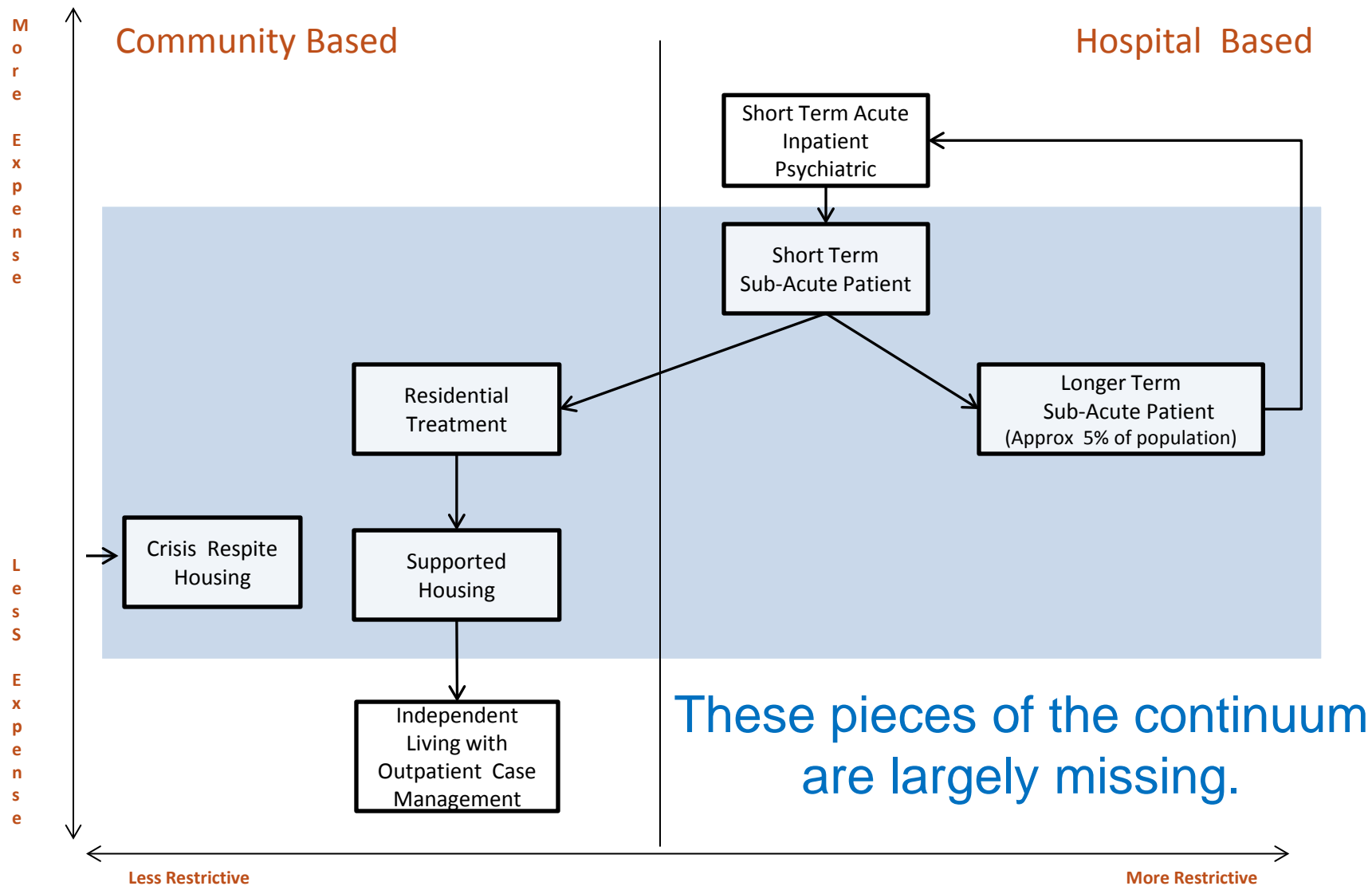
- Chronic recidivism and rapid re-admissions to acute care hospitals are two of the consequences of this “gap in the continuum of care”
- This over reliance on acute inpatient care drives cost up and results in less than optimal outcomes

	<u>Statistic</u>	<u>Cost at HCPC</u>
“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	

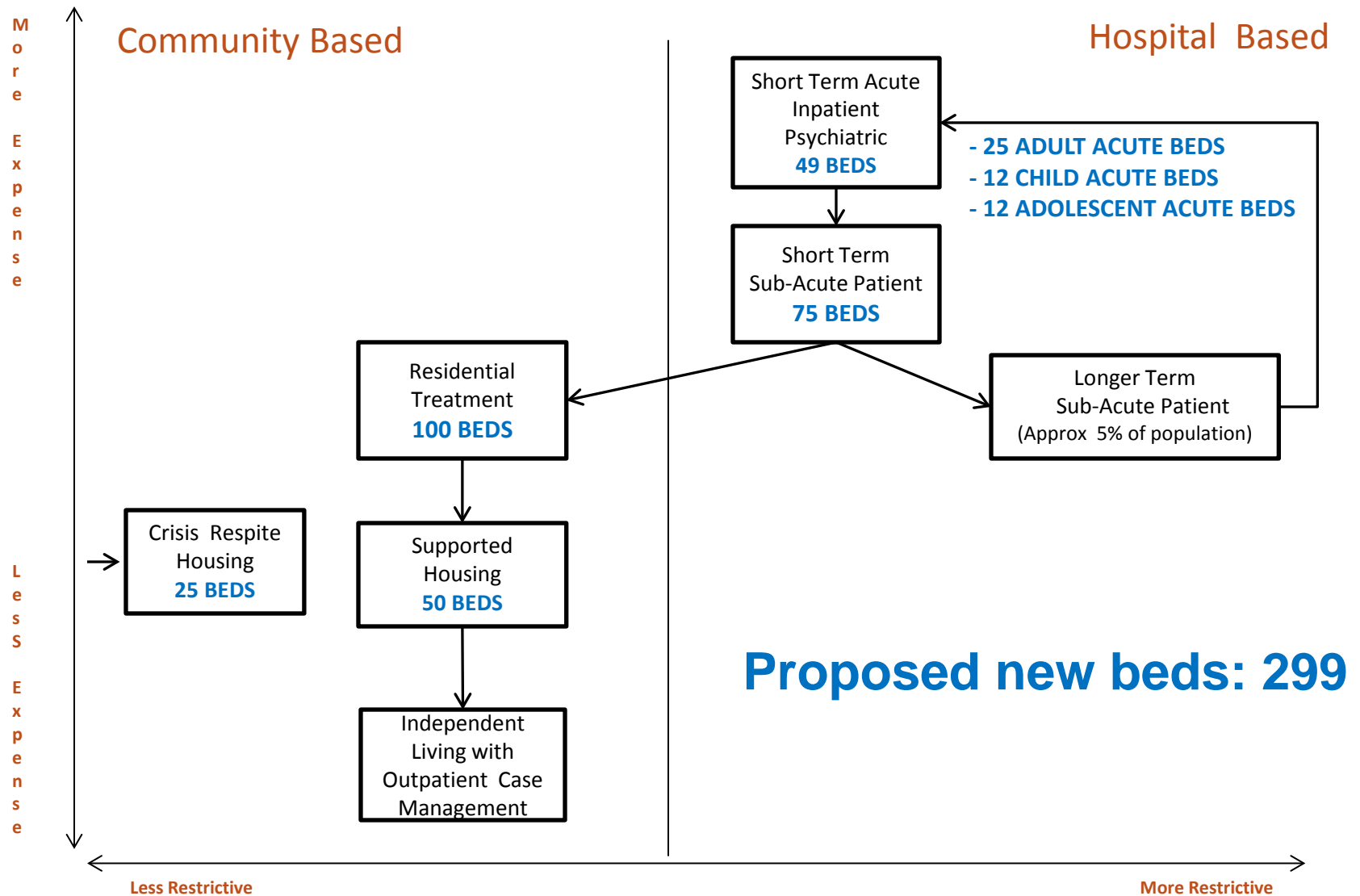
The Continuum of Mental Health Services



The Continuum Gap



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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