

Behavioral Health Challenges and Opportunities for Texas Hospitals



TEXAS HOSPITAL ASSOCIATION

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Factors Impacting Lack of Access to Behavioral Health Services



Lack of:

1. Workforce:

- Texas ranks 47th out of 51 for access to mental health services
- Texas ranks 50th out of 51 in available mental health workforce. Texas has five times less access than the best states

2. Access to:

- state-funded beds
- preventive services
- crisis services

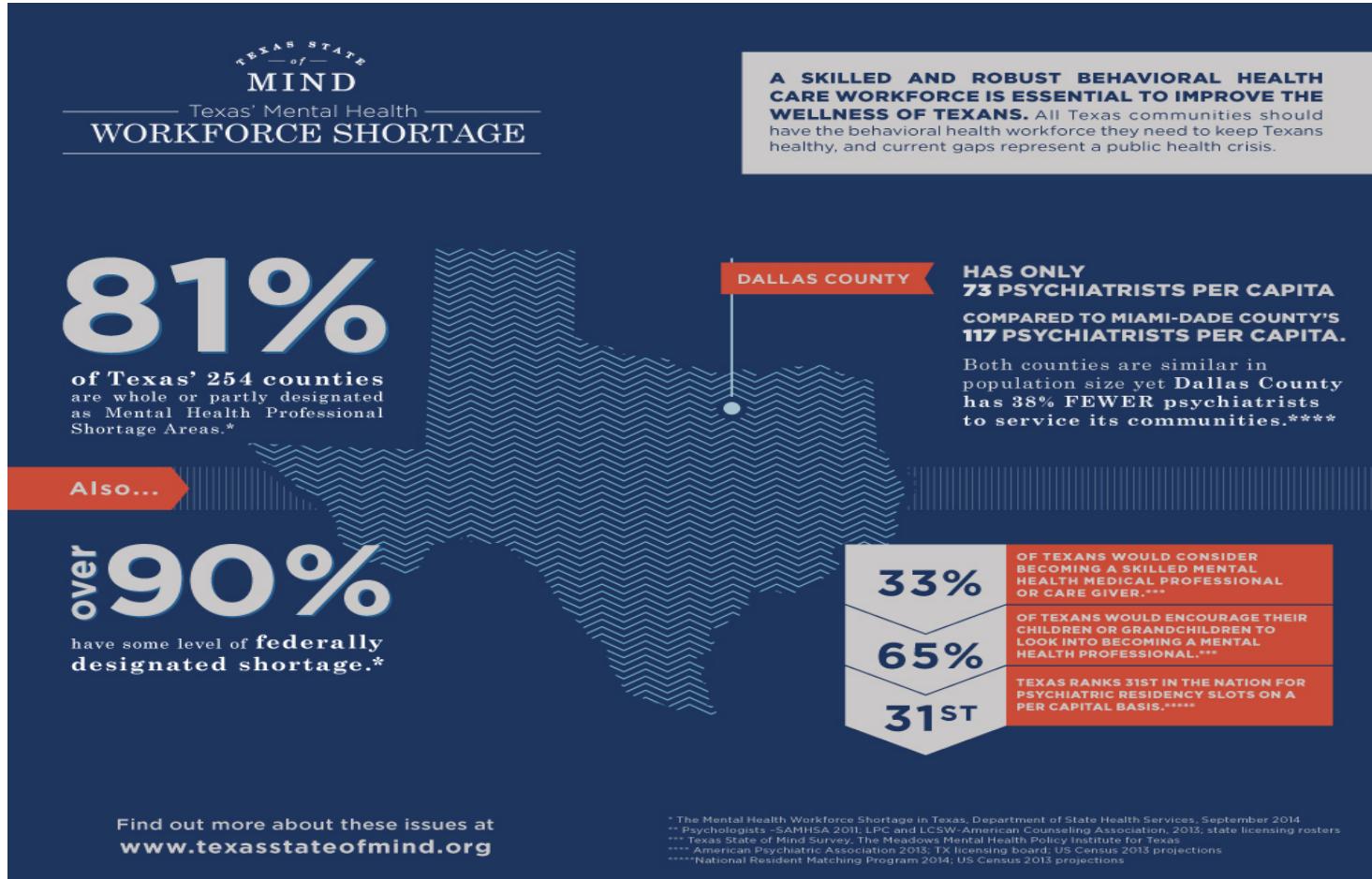
3. Coverage

- for behavioral health conditions
- Mental health parity issues

Access Issues



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All Texas Hospitals Provide Behavioral Health Services



- **EMTALA (Emergency Medical Treatment and Labor Act) requires hospitals to screen and stabilize patients with emergency conditions without regard to ability to pay**
- **So all hospitals are providing behavioral health care in their emergency departments**

Non-State-Owned Hospitals By The Numbers



- **660 general and special hospitals in Texas**
 - 2,808 licensed psychiatric beds
 - 2,280 are staffed
 - 102 licensed chemical dependency beds
- **54 freestanding psychiatric hospitals in Texas**
 - 4,408 licensed beds

Hospital Care



- Under EMTALA, all hospitals are required to **treat and stabilize** a patient.
- If the patient is diagnosed with a behavioral health condition, then the hospital will try to refer the patient to the appropriate place for the appropriate level of care they need:
 1. State hospital – **if a bed is available**
 2. A facility with a licensed psychiatric bed – **if a bed is available.**
 3. The Local Mental Health Authority – **if they have capacity and the level of care needed by the patient can be addressed by the LMHA.**

Hospital Care (continued)

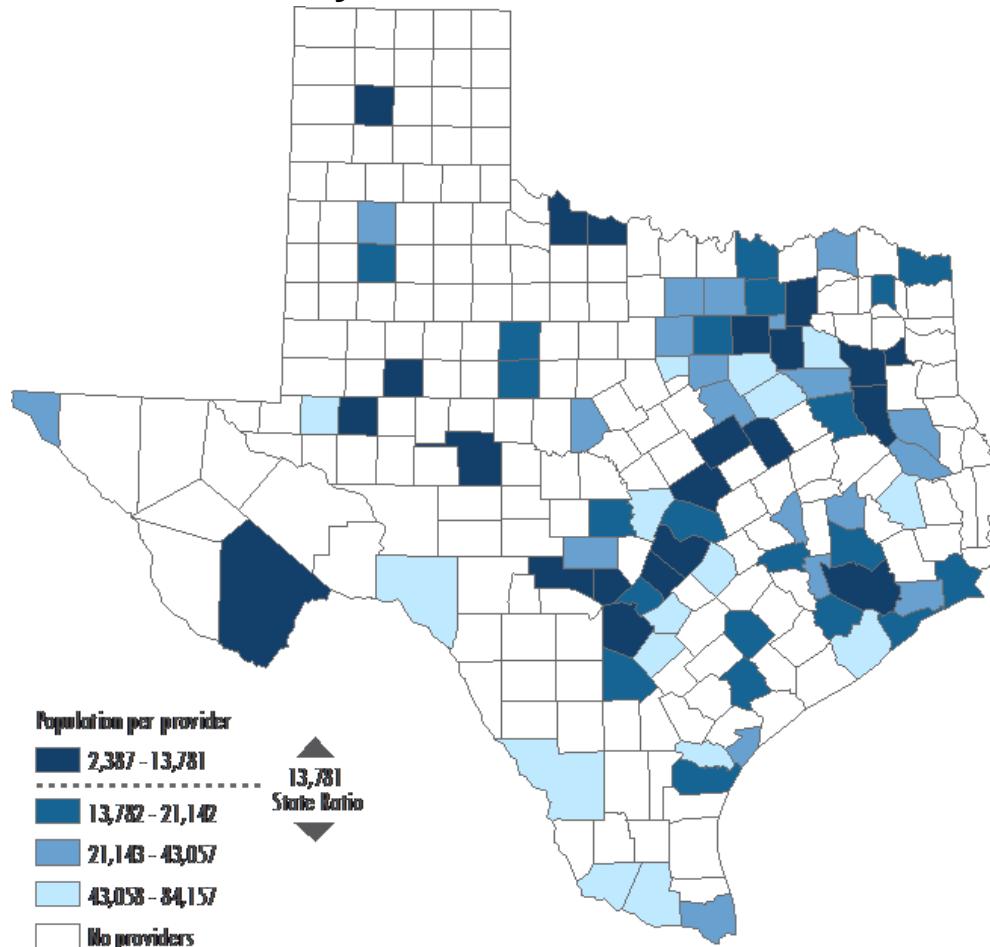


- The hospital then coordinates transporting the patient, which will either be via ambulance or through a peace officer, should the referral involve law enforcement.
- **The overwhelming problem is a lack of resources outside the ER.**
- If the hospital cannot find the appropriate place to send the patient, then the patient has to stay in the ER until they either find a place to send them or until they are forced to let the patient leave.
- Hospitals end up being the front-line for acute care at a higher cost and with few options for where to send the patient.

Workforce



2014 Psychiatrist Distribution

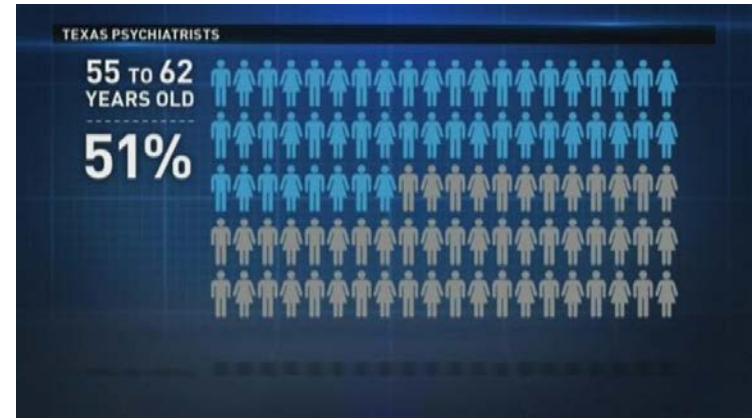


- Not all licensed beds are staffed
- Not enough behavioral health professionals in general, especially:
 - Psychiatrists
 - Advanced practice nurses
- Hard to get professionals to work in hospitals
 - Staff in EDs suffering more injuries
 - High turnover rates

BH Workforce Development



- **S.B. 239 (Schwertner/Zerwas)**
- **Provides loan repayment assistance opportunities for psychiatrists, psychologists, LPCs, APRNs, LCSWs**
- **Must practice in mental health professional shortage area and provide services to Medicaid, CHIP or state prison populations**
- **Expected to fund about 100 professionals**
- **Repayment limited to five years**
- **Amounts differ based on profession**
- **Applications due May 31, 2016**



\$270 billion
annual loss to state
economy of untreated behavioral
health needs

75 percent
Texas counties without a
sufficient behavioral health
care workforce

New Inpatient Beds Funded SFY 2016



Community Mental Health Center	Beds
Anderson Cherokee Community Enrichment Services	20
Austin Travis County Integral Care	10
Betty Hardwick Center	3
Center for Healthcare Services	5
Coastal Plains Community MHMR Center	5
Denton County	6
Heart of Texas Region MHMR Center	3
MHMR Authority of Brazos Valley	6
MHMR of Tarrant County	10
Harris Center	5
Spindletop Center	9
The Gulf Coast Center	2
West Texas Centers	10

= 94
additional
beds for
\$17.1M in
SFY 2016

New Crisis Stabilization Projects



- **17 local mental health authorities received funding**
 - Majority of projects are new rapid crisis stabilization beds
 - Also mental health deputy programs, crisis intervention response teams, crisis respite facilities, crisis residential units
- **\$15.2M in each year of the biennium**

Coverage and Parity



- Despite reducing the total number of uninsured Texans, more than 5 million Texans remain uninsured.
- Many behavioral health patients lack insurance and seek care through the ER, the most expensive place to get care.
- Parity laws are intended to ensure that patients with a behavioral health disorder will receive benefits equal to the medical/surgical benefits covered by the health plan.
- Despite existing parity laws, THA members report trouble getting paid for behavioral health services provided and face more hurdles getting these services covered.

Hospitals are Innovators in Behavioral Health

- Expanding service availability
- Increased use of telemedicine
- Integrating physical & behavioral health services
- DSRIP Projects
 - Over 110 BH projects being performed by hospitals and their affiliated physician groups



Source: Texas Health and Human Services Commission

Hospitals are Innovators in Behavioral Health



- **Some DSRIP examples include:**

- Memorial Herman Northwest Hospital is currently expanding home health services to include psychiatric services. The goal is to provide care to patients with mental health issues in a home and community-based setting, and in turn, reduce ER visits.
- DeTar Hospital Navarro is currently providing the first intensive outpatient program for behavioral health patients in Victoria County, thereby decreasing the likelihood that those patients will only obtain treatment through the ER.
- John Peter Smith Hospital's project will provide telemedicine services by linking psychiatrists to 1,802 primary care providers in Region 10.
- Christus Spohn Corpus Christi is relocating the psychiatric assessment unit from the hospital to the Hector P. Garcia facility. The relocation will allow them to pool resources and better service patients' behavioral health care needs, thus reducing ER visits.

Questions?



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