



INVITED TESTIMONY

House of Representatives, Mental Health Select Committee

Given by Beth Lawson, Associate CEO

Thursday, April 28, 2016

Good morning.

Chairman Price, Vice-Chairman Moody, and Committee Members – thank you for the opportunity to share our experience as a Local Mental Health Authority operating a state-funded community psychiatric hospital as part of an integrated system of mental health services.

For the record, my name is Beth Lawson. I am the Associate CEO for StarCare Specialty Health System (StarCare), formerly referred to as “Lubbock Regional MHMR Center.” StarCare is the Local Mental Health Authority for Lubbock, Lynn, Crosby, Cochran and Hockley Counties.

“Sunrise Canyon” is the name of our hospital and its affiliated services, including a full range of non-emergent access into care and, emergent/crisis and inpatient psychiatric services.

While our locally driven model is not the model for all inpatient psychiatric services in Texas, we do believe other local service areas could benefit from a similar arrangement, particularly as the legislature seeks to address inpatient



needs in rural to mid-size, urban areas of the state that may not have ready access to large hospital systems that can adequately address community inpatient psychiatric needs.

You will note, I've attached several slides of user-friendly information to my narrative handout. I will reference several data points and statistics during my testimony, but will count on you to tell me if you need additional information.

My testimony will highlight five (5) areas:

- Brief history of Sunrise Canyon
- Continuum of care/Service array
- Leveraging of local resources
- Successes
- Challenges

A BRIEF HISTORY (See Appendix A.)

During the 72nd legislative session, then Chair of the Senate Finance Committee, Senator John T. Montford, began hearing of struggles endured by people who needed inpatient psychiatric care; of sheriff's deputies who were spending hours and hours off of their beats, either sitting with people in emergency rooms or transporting them miles outside of Lubbock County to a state hospital; of emergency rooms over-run with people needing specialized psychiatric care and of family members at a loss of how to help their loved ones. These converging



community needs led Senator Montford to work with, then Lubbock County Judge, Don McBeath and StarCare to develop a viable, community-based alternative to the state hospital system. Sunrise Canyon Hospital emerged, but that was just the beginning. StarCare and other community leaders had the foresight to envision a community psychiatric hospital as part of an entire continuum of care to meet both crisis/acute and non-crisis/ongoing needs.

Funding to construct Sunrise Canyon was part of a Prison-bed Bond Package approved in 1993. Construction began in 1995, on land donated by the City of Lubbock, our doors opened in 1996. The hospital has been accredited by the Joint Commission since 1997.

Pictures of the entire facility are available in Appendix B of this narrative; please pay particular attention to the four (4) distinct sections of the building design, as they play a major role in the flow of service delivery.

CONTINUUM OF CARE/SERVICE ARRAY (See Appendix C.)

Sunrise Canyon offers a comprehensive service array including:

- Outreach, screening, assessment and referral services (OSAR) for mental health, substance abuse and intellectual/developmental disability issues;
- Non-crisis services, including outpatient psychiatric services, rehabilitative services, targeted case management, peer services and Veterans' services; and



- Crisis services, including a crisis hotline, mobile crisis outreach, 23-hour extended observation services and inpatient psychiatric services, along with the associated aftercare.

This service array, as well as the building architecture were specifically designed to offer the ability to seamlessly and rapidly transition between the various levels of care needed by people experiencing symptoms and issues related to mental illness and substance abuse.

First, we offer non-emergent “triage.” Most often, this begins with a telephone screening by a qualified mental health/intellectual disability professional who asks a series of questions to establish a person’s presumed eligibility for services.

Next, a face-to-face assessment is completed to formalize eligibility and to develop a preliminary plan of care. Next, referrals to and initiation of outpatient services, such as medication management (with a psychiatrist or physician’s assistant/family nurse practitioner,) rehabilitative skills training and targeted case management are made.

Two (2) exciting expansions to the Sunrise Canyon outpatient service array were made possible by the 1115 Transformation Waiver – they are: 23-hour extended observation and an Integrated Health Care Clinic for people ineligible for Department of State Health-funded services (because of their diagnoses.)



The 23-hour extended observation unit is a place people can go directly, if they need less support than an inpatient hospital provides, but more support than they can give themselves or than their family members/friends can provide. 23-hour extended observation services are voluntary.

The 23-hour extended observation unit offers great benefit to the community as well. It is a place where law enforcement officers can bring people, diverting them from emergency rooms and jail. It's a place where people can "walk in", bypassing emergency rooms.

During emergent situations, for people who are in psychiatric crisis, the approach is a bit different. First, most engagement with people experiencing psychiatric crises comes via our Crisis Hotline. This is a telephone service that operates 24hrs/day; 365 days per year. Qualified mental health professionals and/or licensed professional counselors answer the hotline. If a person is determined to be in need of a face-to-face crisis assessment, a member of the Sunrise Canyon Mobile Crisis Outreach Team mobilizes to the location from where the person is calling.

Next, if the person is found NOT to be at imminent risk of harm to him/herself or others, a support plan is completed for the person and his/her family to carry out. If a person IS found to be at imminent risk of harm to him/herself or others and the person is an adult (age 18 years or older), steps are taken to admit him/her into Sunrise Canyon Hospital. If the person is a child (under the age of 18 years),



steps are taken to admit him/her into a private hospital. Adult admissions into a psychiatric hospital can be “voluntary” or “involuntary.” Involuntary admissions require magistrate’s orders, orders of protective custody or involuntary commitment orders. In other words, a judge must deem it appropriate for a person to be involuntarily admitted.

Sunrise Canyon Hospital has a daily capacity of 30 and serves adults over the age of 18 years. During Fiscal Year 2015 (FY15), Sunrise Canyon had an average daily census of 26 people with an average length of stay of 23.7 days. Just as happens in state hospitals, our average length of stay is drastically impacted by the presence of patients admitted with forensic issues. For example, in FY15, the average length of stay for people admitted to Sunrise Canyon Hospital for competency restoration was 99 days, whereas the average length of stay for voluntary commitments was 17.1 days. Similarly, people admitted to Sunrise Canyon Hospital, involuntarily – but not having criminal justice involvement, the average length of stay ranges from 19.1 days (orders of protective custody) to 28.9 days (emergency detentions) to 34.1 days (magistrate’s warrants.) See Appendix D.

During FY15, Sunrise Canyon Hospital’s general revenue-funded bed day rate was \$439.01. With an average length of stay of 23.7 days, this equates to a cost of \$10,405.25 per episode of care. Comparatively, the state mental health facility system has an average length of stay of 74.4 days with a bed day rate of \$425.00, equating to a cost of \$31,620 per episode of care. I would like to take a moment



and point out that, during certain Department of State Health Services presentations, you may hear of a bed-day rate nearer \$690. The higher rate is inclusive of certain state-related costs, not applicable for comparison with Sunrise Canyon Hospital. For my purpose today, only those costs directly comparable between the two (2) rates are cited. (See Appendix E.)

Sunrise Canyon Hospital does not currently have a waiting list for services, unlike the state mental health facility system. As the Local Mental Health Authority, StarCare contracts with private hospitals to ensure capacity adequate to meet area needs, in the case of Sunrise Canyon Hospital being at full capacity. As you're aware, the inpatient funds appropriated by the 84th Legislature seek to alleviate the wait for inpatient care in other areas of the state, as well, but immediate access remains a challenge.

Upon discharge from Sunrise Canyon Hospital, a person is seen by a qualified mental health practitioner within seven to ten (7-10) days to ensure a smooth transition into whatever aftercare services are appropriate.

LEVERAGING OF LOCAL RESOURCES

Sunrise Canyon is an innovative model, 20 years in the making. Of interest to note: the issues precipitating its construction are the exact same issues Texas now faces in epidemic proportions.



The success of Sunrise Canyon’s community-based hospital model hinges upon local collaborations, which result in substantial local benefits.

The Lubbock County Hospital District supports the operations of Sunrise Canyon in a variety of ways, including direct cash funding and in-kind support. The Hospital District provides funding to support admissions into Sunrise Canyon Hospital, alleviating the number of people utilizing their emergency room. The Lubbock County Hospital District also provides support services (such as pharmacy, laboratory and x-ray services) at a reduced rate to Sunrise Canyon Hospital.

The Lubbock County Judge supports the operations of Sunrise Canyon by conducting on-site hearings and providing expedited magistrate’s warrants for involuntary admissions.

Sunrise Canyon also partners with institutions of higher education, such as schools of nursing, social work, occupational therapy/physical therapy, psychology and health organization management.

In addition to the collaboration with local allied health entities, Sunrise Canyon is known for its innovative and positive working relationship with law enforcement, particularly the Lubbock County Sheriff’s Department.



Sunrise Canyon not only works with the Lubbock County Sheriff's Department to expedite "hand-offs" from deputies to the hospital, but also contracts directly with the Sheriff's Department to provide mental health screenings to people booked into the Lubbock County Detention Center (jail) and to provide all of the psychiatric services inside the jail. Also, the Lubbock County Detention Center has a "Special Needs Pod" in which people with psychiatric or cognitive disabilities are housed. Sunrise Canyon provides special needs programming, using evidence-based curriculum, to the residents of that pod. During FY15, there were 16,218 bookings into the jail; of those, Sunrise Canyon conducted 12,924 mental health screenings (79.7%). (See Appendix F.)

SUCSESSES

Successes of the Sunrise Canyon, community-based model are many. I will list and elaborate about the most notable and have included a bulleted list in Appendix G of your handout.

Location. First and foremost, the success of the Sunrise Canyon, community-based model, lies in the fact it is located in the "Lubbock Community." The state mental health facility nearest to Lubbock is in Big Spring, 107 miles/1 hour & 44 minutes away. This distance presents problems for law enforcement, family members, the LMHA, not to mention the impact upon the patient of being so far from home.



Particularly noteworthy is the ability to have on-site court hearings, which allow the judges to interact with patients and medical staff in person.

Also noteworthy is the ability of Sunrise Canyon Hospital to work expeditiously with local jails to help stabilize people so they can work their way through the criminal justice system.

Length of Stay. Sunrise Canyon Hospital has an average length of stay three (3) times shorter than the state mental health facility system (23.7 days compared to 74.4 days). Shorter lengths of stay result in many positive outcomes for people, not the least of which is the lower likelihood of them losing their housing, employment, belongings and pets because of being away from home so long.

Episode of Care Cost. Sunrise Canyon Hospital's cost per episode of care is three (3) times less than the state mental health facility system (\$10,405 compared to \$31,620.)

LMHA Operated. Of the three (3) locations in Texas receiving Community Hospital Funding (not including the locations recently funded to purchase bed-capacity in their local, psychiatric hospital networks) Sunrise Canyon Hospital is the only LMHA-run hospital. Operating an entire, comprehensive service array, including intake, screening, assessment and referral, crisis services, outpatient services and inpatient services offers the system an opportunity for economies of scale and offers people an opportunity for a seamless transition between levels of care.



Leveraging of Local Resources. As I described in detail earlier, the success of the Sunrise Canyon’s community-based model hinges upon local collaborations, which result in substantial local benefits.

Jail and Emergency Room Diversion. Because of the services provided by Sunrise Canyon Hospital, many times people can be brought directly to the hospital from the site of their original crisis, bypassing a medical emergency room. Likewise, law enforcement has a local option to which they can transport people who, absent the option, would most likely be transported and booked into jail.

On-site Competency Restoration. Sunrise Canyon Hospital provides competency restoration services, when needed, as a part of a person’s psychiatric stabilization and treatment. In most cases, Lubbock County pays a licensed forensic psychologist to assess a person’s competency to participate in his/her legal defense and Sunrise Canyon provides the restoration services, either on an inpatient or outpatient basis, whichever is most appropriate, both funded with general revenue.

Natural Supports. Because of its proximity to where people live, the people who are most important to the people served by Sunrise Canyon can participate in their care.



Physical Proximity of Service Array. As mentioned earlier, both the service array itself and the physical structure of Sunrise Canyon were designed to facilitate and enhance the effectiveness of the people’s journey through the service delivery system.

No Waiting List. Because Sunrise Canyon Hospital is but one of five (5) inpatient psychiatric hospitals in the local mental health authority’s provider network, locally there is no waiting list for inpatient services. However, from time to time, all five (5) hospitals are at full capacity on the same day, which may delay admission by a couple of days.

County to county support. Navigation through the criminal justice system is difficult for even the most seasoned professional. Partly due to the Sunrise Canyon model, Judges in Lubbock County have developed a good understanding of the orders, hearings, paperwork, timelines, etc. associated with the intersection of forensic and mental health issues. Recently, a Lubbock County Court at Law Judge assisted a county judge from Lynn County with navigating through this process. This type of technical assistance and information sharing is critical for the small, rural counties that don’t have the resources to expertly work their way through these issues alone.

State Mental Health Facility Diversion Site. Sunrise Canyon Hospital is the designated diversion site for Big Spring Mental Health Facility. When Big Spring is



at full capacity or is diverting admissions because of staffing or other resource issues, Sunrise Canyon Hospital is the place people are sent for admission.

Alternate Care Site for Other LMHAs. Sunrise Canyon Hospital benefits the state mental health facility system by offering admissions to other LMHAs, especially those nearby. If Sunrise Canyon Hospital has capacity, people referred by outside LMHAs are admitted, taking them out of the already strained state mental health facility system.

CHALLENGES

Sunrise Canyon faces challenges, just as any other public health system provider. I included a bulleted list in Appendix H of your handout and will touch on a few of the most notable ones.

System Strain. Many of the challenges are attributable to the “strain” currently felt by the publicly-funded mental health system in Texas. While great strides have been made during the last several legislative sessions (for which we are extremely thankful and appreciative,) Texas is still under-resourced compared to the demand for mental health services. Of particular note, is the strain on the state mental health facility system with regard to people concurrently involved in the criminal justice system.

Forensic Involvement. Currently, the greatest challenges faced by Sunrise Canyon relate to the people it serves, who are also involved in the criminal justice system.



- At any given moment, approximately 25% of Sunrise Canyon Hospital's capacity is comprised of people with criminal justice involvement. As it does in the state system, this limits the capacity for civil commitments and voluntary admissions and impacts the treatment environment. Sunrise Canyon Hospital has experienced several civil commitments in excess of one (1) year. The longer a person stays in the hospital, the more indoctrinated he/she becomes to the "institutional" setting.
- We find that county officials, judges, defense attorneys and others have little understanding of the level of service Sunrise Canyon Hospital is equipped to provide nor of the state mental health facility system as a whole and are increasingly frustrated when Sunrise Canyon Hospital will not accept admission of people who are manifestly dangerous or medically fragile. Similarly, they are frustrated with the length of time it takes for us, as the LMHA, to get these people admitted into a state facility.
- This lack of understanding causes great strain between judges (and defense attorneys) and our Sunrise Canyon Hospital Medical Director and Hospital Administrator. For example, a judge may write an order for inpatient commitment and competency restoration for a person our Medical Director feels is too dangerous to admit. We are frequently asked to admit people who have been under one-to-one supervision (because of dangerousness) in the specialty housing unit (SHU) of the jail. Our decisions not to admit specific people are often

met with stressful conversations about compliance with judge's orders and/or the law related to the Texas Code of Criminal Procedure.

- The lack of residential and/or jail-based competency restoration options in Texas causes people to stay in Sunrise Canyon Hospital longer than they would otherwise. Lubbock, at one time, was privileged to operate both of these alternatives to hospitalization, but for the inability of the state to find legal authorization for us to continue, we were forced to cease provision of these extremely important services.

Recruitment and Retention of Professional Medical Providers. Just like most states, Texas is in the midst of a medical workforce shortage. Psychiatrists, registered nurses and licensed professional counselors are very difficult to recruit and retain, especially in rural and non-metropolitan cities. Fortunately, Sunrise Canyon Hospital is currently, fully staffed with regard to its need for psychiatric physicians and physician extenders. This is primarily due to us being a training venue in which physician extenders can become fully licensed to practice. The shortage of qualified, psychiatric registered nursing staff causes us to use temporary agency nursing staff, at a cost almost double that of providing it ourselves.

Regulatory Barriers. No hospital operates without regulatory oversight; and, most often, regulations protect the health, safety and welfare of the people for whom



the hospital provides care. However regulatory barriers sometimes impede either the efficiency or expediency with which care can be provided. For example, the Texas Administrative Code requires admissions into mental health hospitals to be conducted by physicians, while discharges from the same hospitals can be conducted by a physician extender, such as a family nurse practitioner or physician's assistant. Allowing only medical doctors to admit a patient, requires hospitals to have coverage by medical doctors 24 hours/day, 365 days/year.

- As I mentioned earlier, the inability of the state to find legal authorization of Sunrise Canyon to provide jail-based and/or residential competency restoration is a regulatory barrier currently keeping people in Sunrise Canyon Hospital longer than necessary.
- Another regulatory barrier, is Federal, however worth mentioning. I am referring to, what's known as, "the IMD exclusion." This is the Institution of Mental Disease (IMD) exclusion that keeps a psychiatric hospital from receiving Medicaid payments if they have more than 16 beds. Originally, this was meant to avoid warehousing people, but has become an impediment to funding care. With the roll out of Medicaid Managed Care in Texas, Sunrise Canyon Hospital is now eligible to receive fee-for-service payments from Managed Care Organizations, leaving only those people who have traditional Medicaid to still fall into the IMD exclusion.

State Mental Health Facility Diversion Site. As I told you earlier, Sunrise Canyon Hospital is the designated diversion site for Big Spring Mental Health Facility and



when Big Spring is at full capacity or is diverting admissions because of staffing or other resource issues, Sunrise Canyon Hospital is the place people are sent for admission and care. While this is definitely a success, it can also be a challenge. You see, Big Spring is the state mental health facility StarCare is supposed to use, when needed. For those people who are dangerous or medically fragile, who I spoke of earlier, if Big Spring is diverting to Sunrise Canyon, we would essentially divert to ourselves. This requires us to look for other state mental health facility capacity, farther away than even Big Spring.

Another challenge we face as the primary Big Spring diversion site, relates to capacity management. Not often, but sometimes, Sunrise Canyon is at full capacity because it has accepted diversions from Big Spring and is then required to pay for a bed in a private facility because there is no bed available in Sunrise Canyon.

Uniqueness Factor. I will end my discussion of the challenges associated with operating Sunrise Canyon, by describing what I refer to as the “uniqueness factor.”

- For much of the work we do, there are 38 other Local Mental Health Authorities with whom to share information and advice. Because we are the only LMHA that operates an inpatient psychiatric hospital, there are times when we are left to our own devices to just “figure things out.” For example, as we were becoming a Medicare Part A (inpatient) Provider, we had to pay a professional consultant to help us; in fact, we



still pay this consultant to help us with our annual, extremely complicated cost report.

- Approximately three (3) times in the 20-year history of Sunrise Canyon Hospital, we have been eligible to receive a traditional Medicaid payment for three (3) people who fell outside of the IMD exclusion I talked about earlier. It was a very time consuming and complicated process, primarily because no one at the state level knew how to get us paid.
- Because Sunrise Canyon Hospital falls outside of the funding strategy in which the state mental health facilities are funded, we are not included in the Department of State Health Services legislative appropriations request for infrastructure maintenance and/or replacement. While the state facilities request special appropriations for facility upgrades, Sunrise Canyon Hospital must figure out how to make improvements with operating funds. In its entire 20 years of operation, only one time has a specific appropriation been made to infrastructure improvements.

In closing, I would like to reiterate my appreciation and humility to have been invited to speak with you today. The Sunrise Canyon, community-based model of care is very important to the success of people living with mental illness and substance abuse issues in the Lubbock area. I would be honored if our model of care was adapted for use in any Texas community. Thank you.

