



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.

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

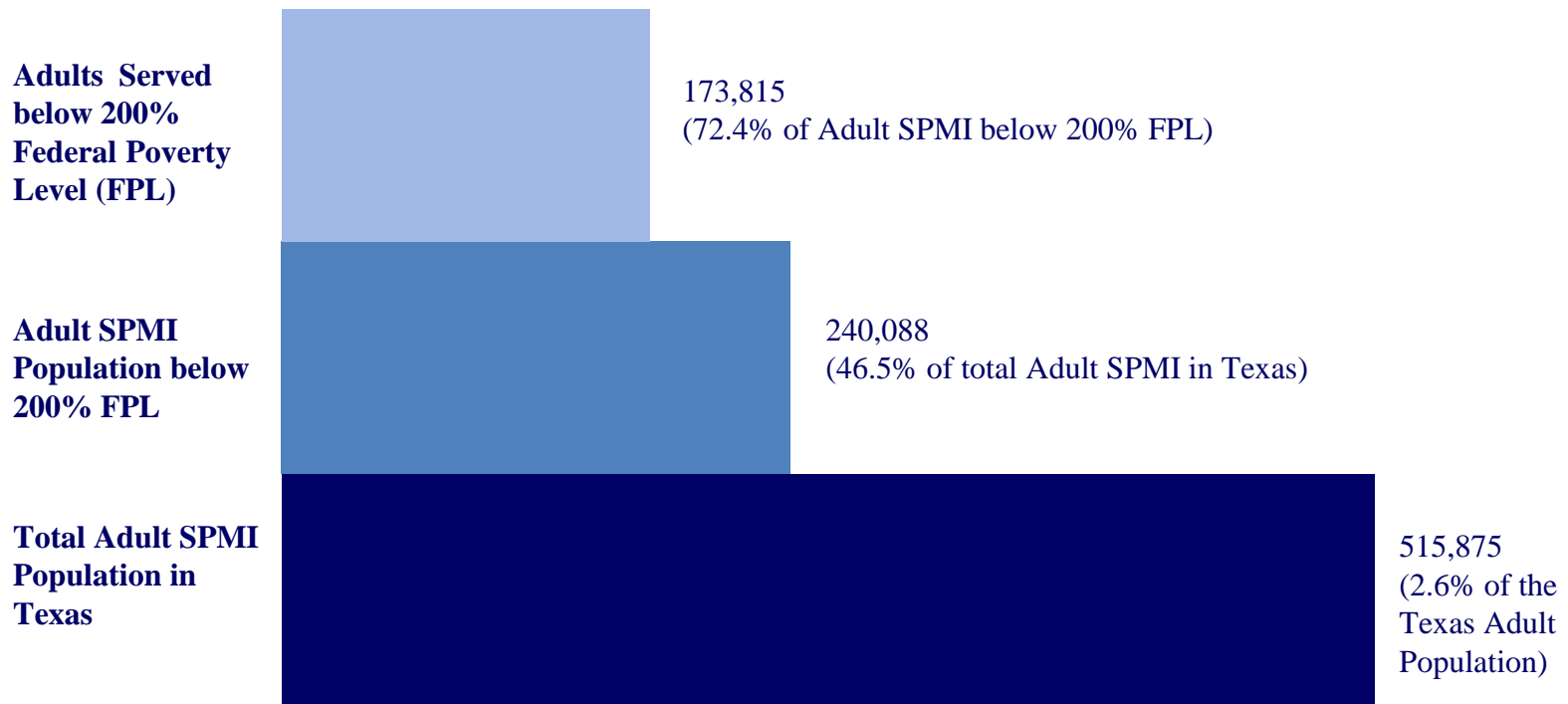
- Stable housing
- Sustained employment
- Reduced incarcerations
- Fewer hospital admissions
- Reduced emergency room visits

Substance Abuse

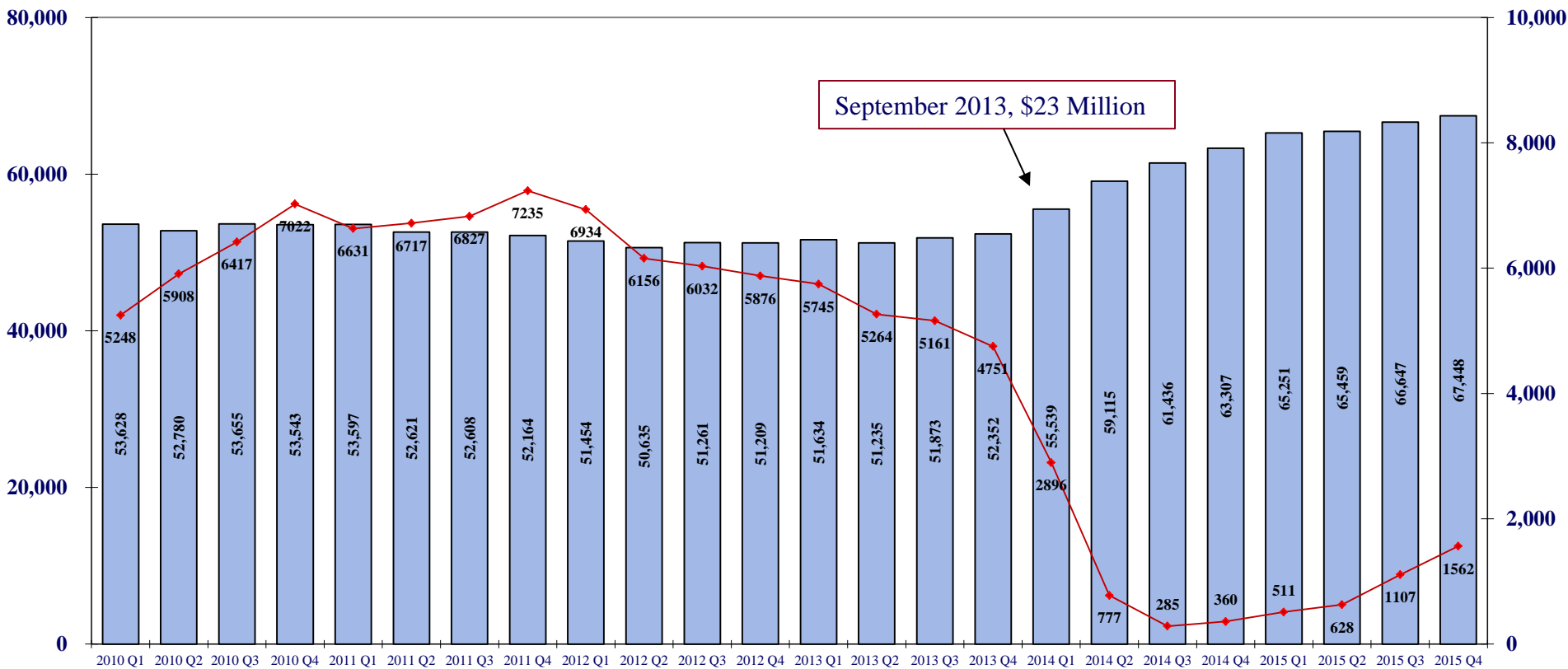
- Increased abstinence
- Reduction in relapse

Mental Illness in Texas: Estimated Adult Need

Estimated Need for Mental Health Services, Texas Adults: FY 2014

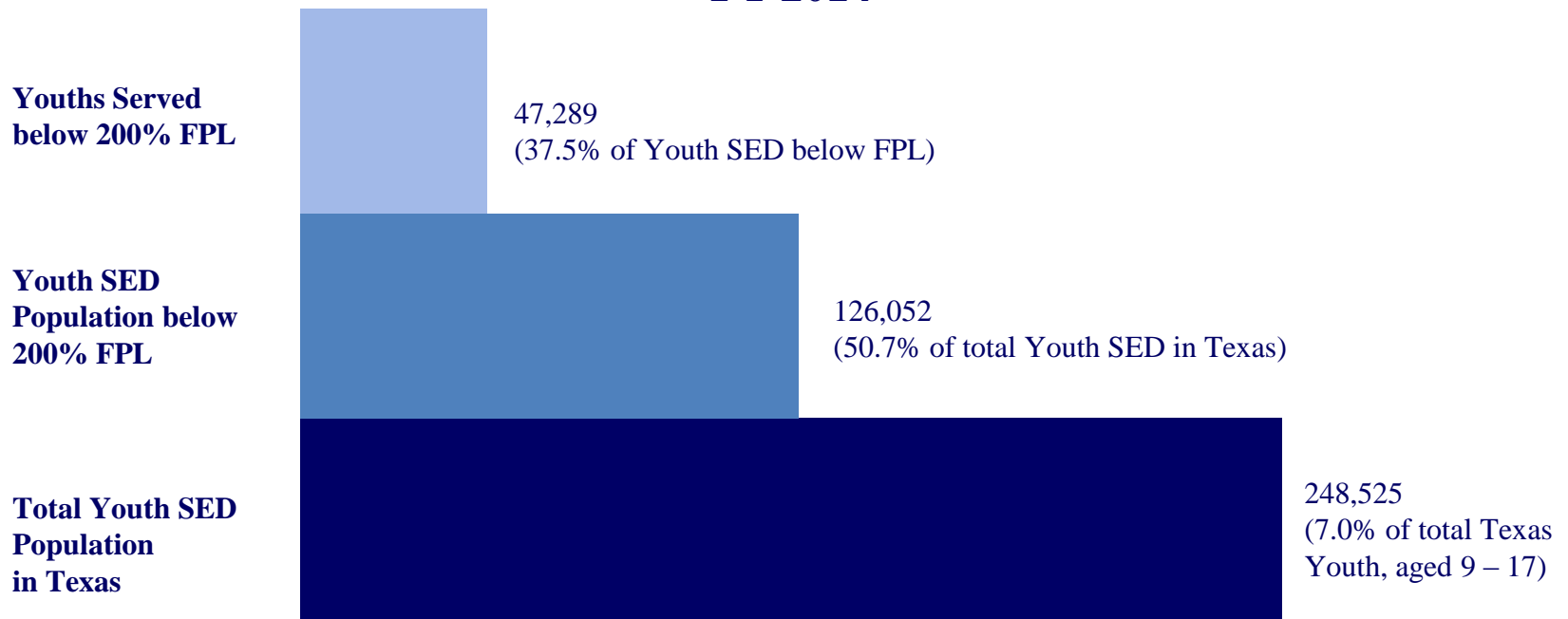


Adult Mental Health Community Wait Lists, 2011 - 2015



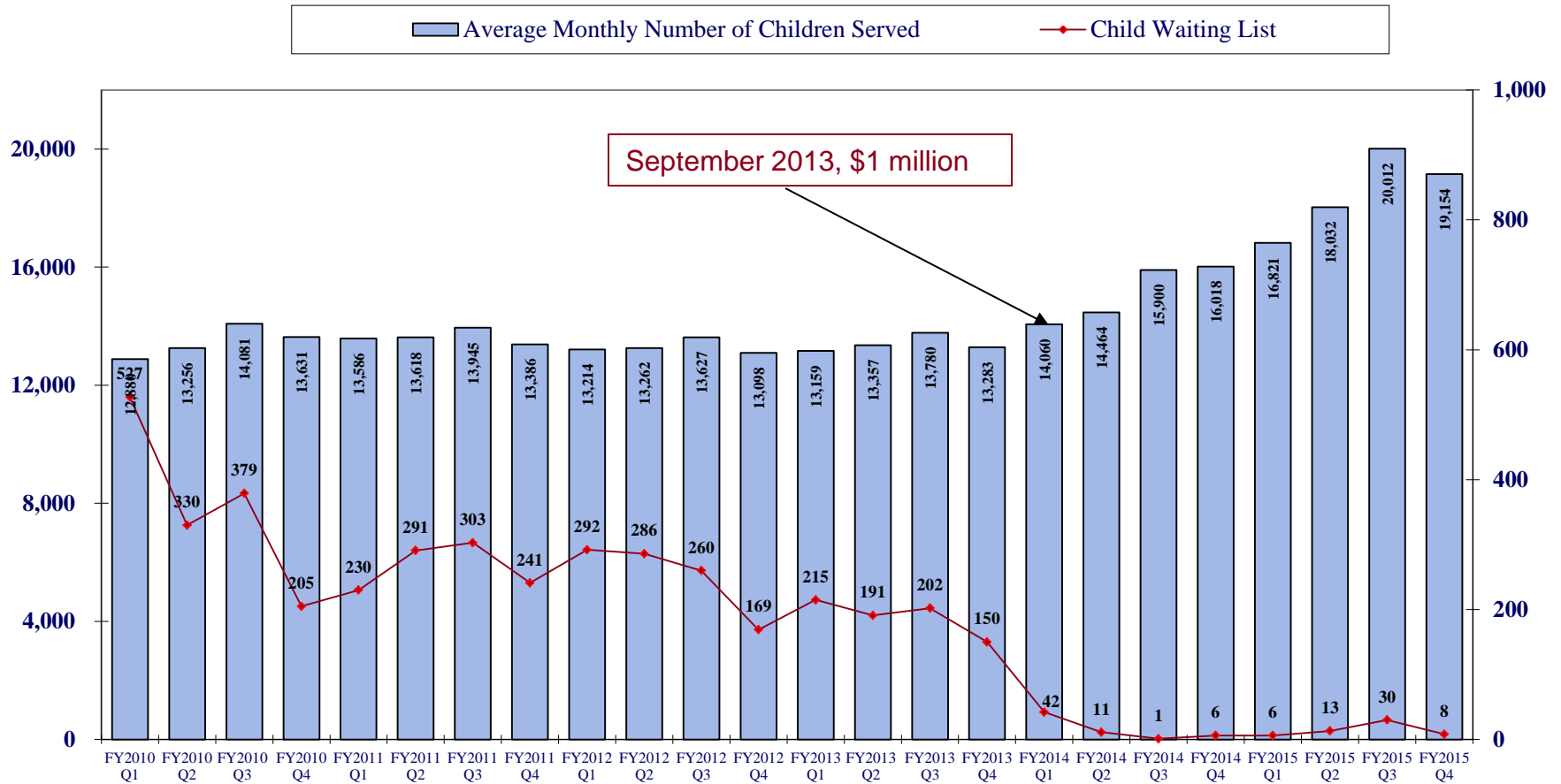
Mental Illness in Texas: Estimated Youth Need

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

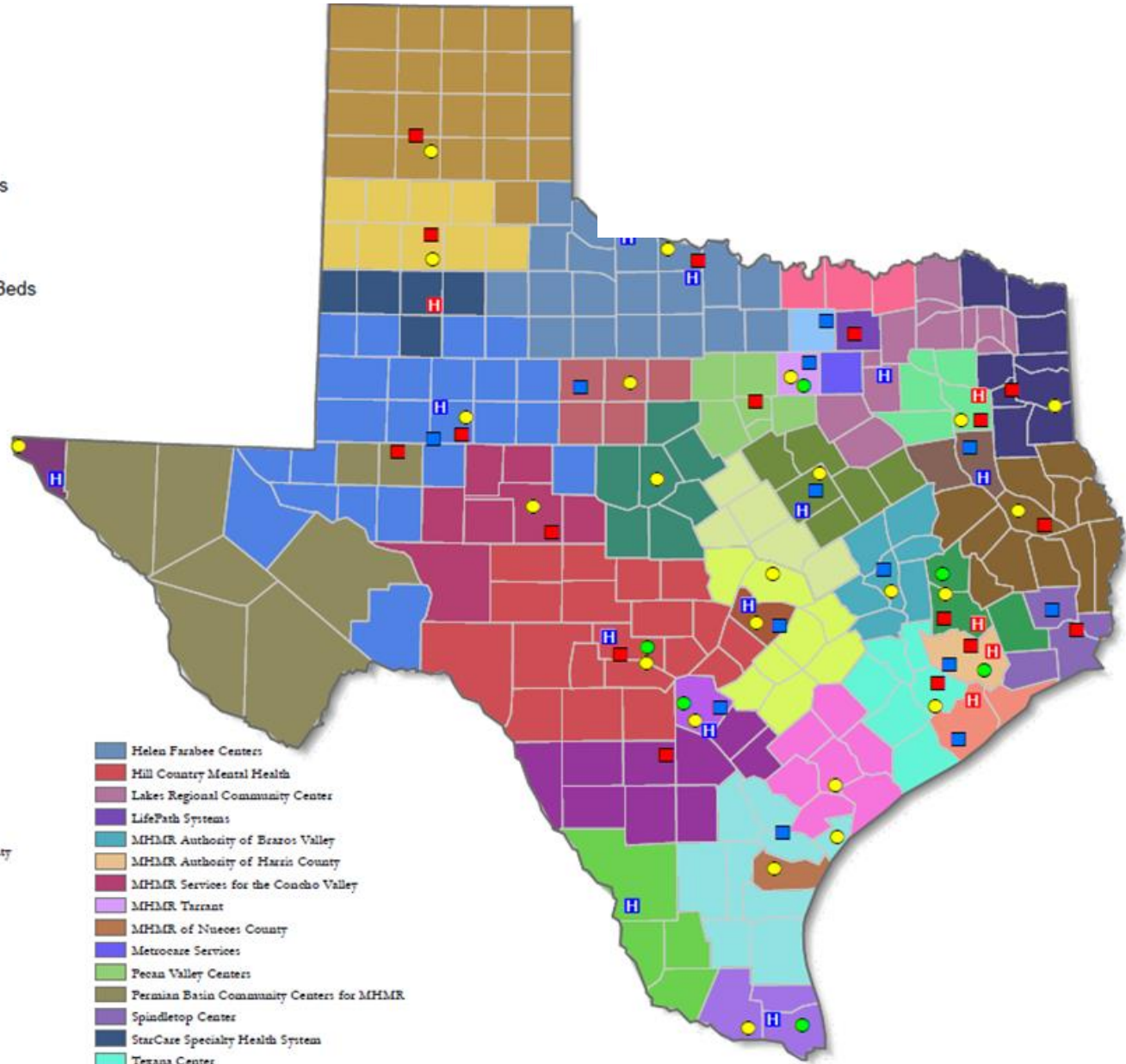


Sources: Texas State Data Center, CMHS, SAMSHA, HHS, Census Bureau, DSHS

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



- H Community Hospitals
- New Crisis Projects
- New Local Inpatient Beds
- H State Hospitals
- Existing Crisis Projects
- Existing Local Inpatient Beds



LMHA Catchment Areas

- | | |
|--|---|
| ■ ACCESS | ■ Helen Farabee Centers |
| ■ Andrews Center | ■ Hill Country Mental Health |
| ■ Austin Travis County Integral Care | ■ Lakes Regional Community Center |
| ■ Behavioral Health Center of Nueces County | ■ LifePath Systems |
| ■ Betty Hardwick Center | ■ MHMR Authority of Brazos Valley |
| ■ Bluebonnet Trails Community Services | ■ MHMR Authority of Harris County |
| ■ Border Region Behavioral Health Center | ■ MHMR Services for the Concho Valley |
| ■ Burke Center | ■ MHMR Tarrant |
| ■ Camino Real Community Services | ■ MHMR of Nueces County |
| ■ Center for Life Resources | ■ Metrocare Services |
| ■ Central Counties Services | ■ Pecan Valley Centers |
| ■ Central Plains Center | ■ Permian Basin Community Centers for MHMR |
| ■ Coastal Plains Community Center | ■ Spindletop Center |
| ■ Community Healthbase | ■ StarCare Specialty Health System |
| ■ Denton County MHMR Center | ■ Texans Center |
| ■ Emergence Health Network | ■ Texas Panhandle Centers |
| ■ Gulf Bend Center | ■ Tenoma Community Center |
| ■ Gulf Coast Center | ■ The Center for Health Care Services |
| ■ Heart of Texas Region MHMR Center | ■ Tri-County Behavioral Healthcare |
| | ■ Tropical Texas Behavioral Health |
| | ■ West Texas Centers |

Data Source: Adult Mental Health Services
 Texas Department of State Health Services
 Map Author: CHS-GIS, Feb 2016



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 84th 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.

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 83rd 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 84th 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

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

The Crisis System: Enhancements

Mobile Crisis Outreach Teams (MCOT)

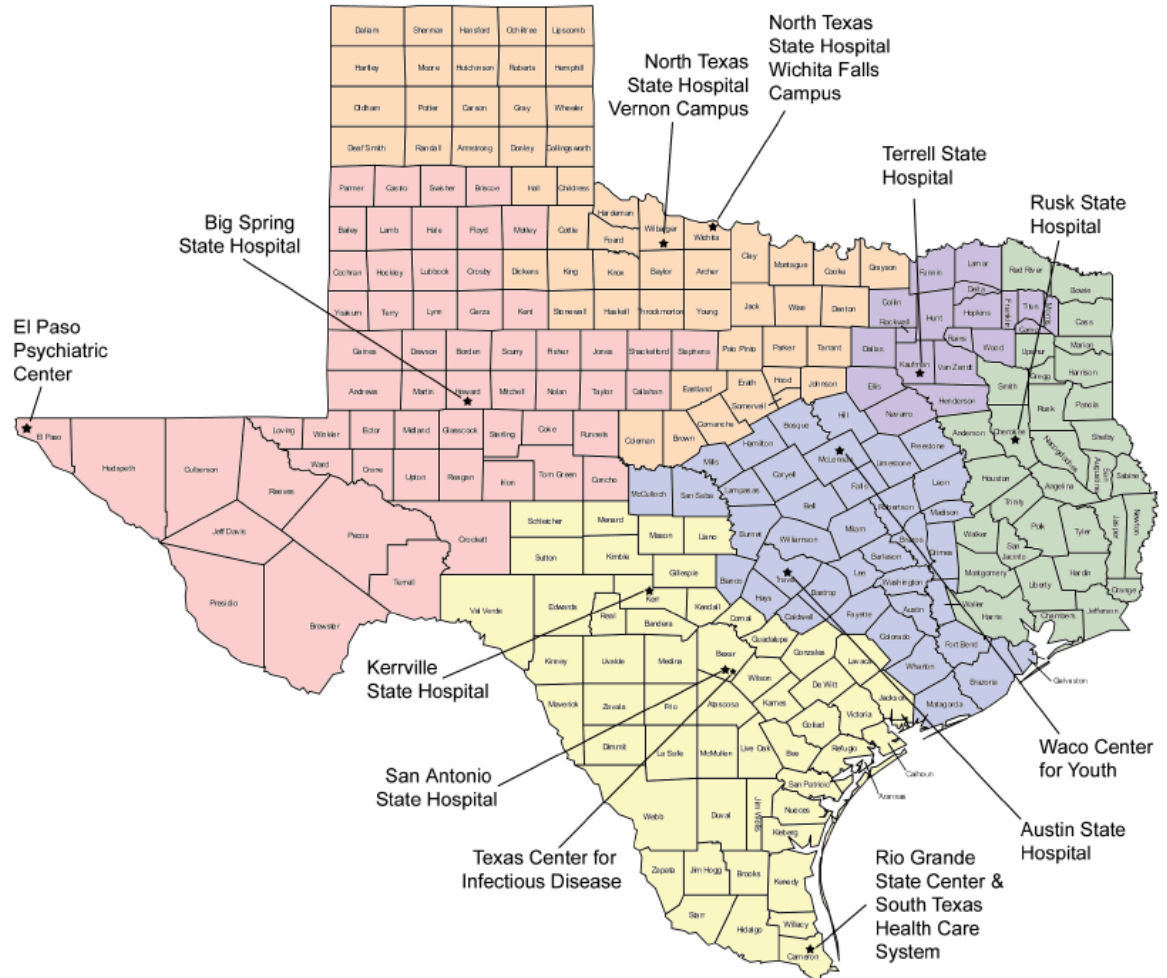
- Local Mental Health Authority service that provides around-the-clock services that include crisis assessment, crisis intervention, crisis follow-up, and relapse prevention services.

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

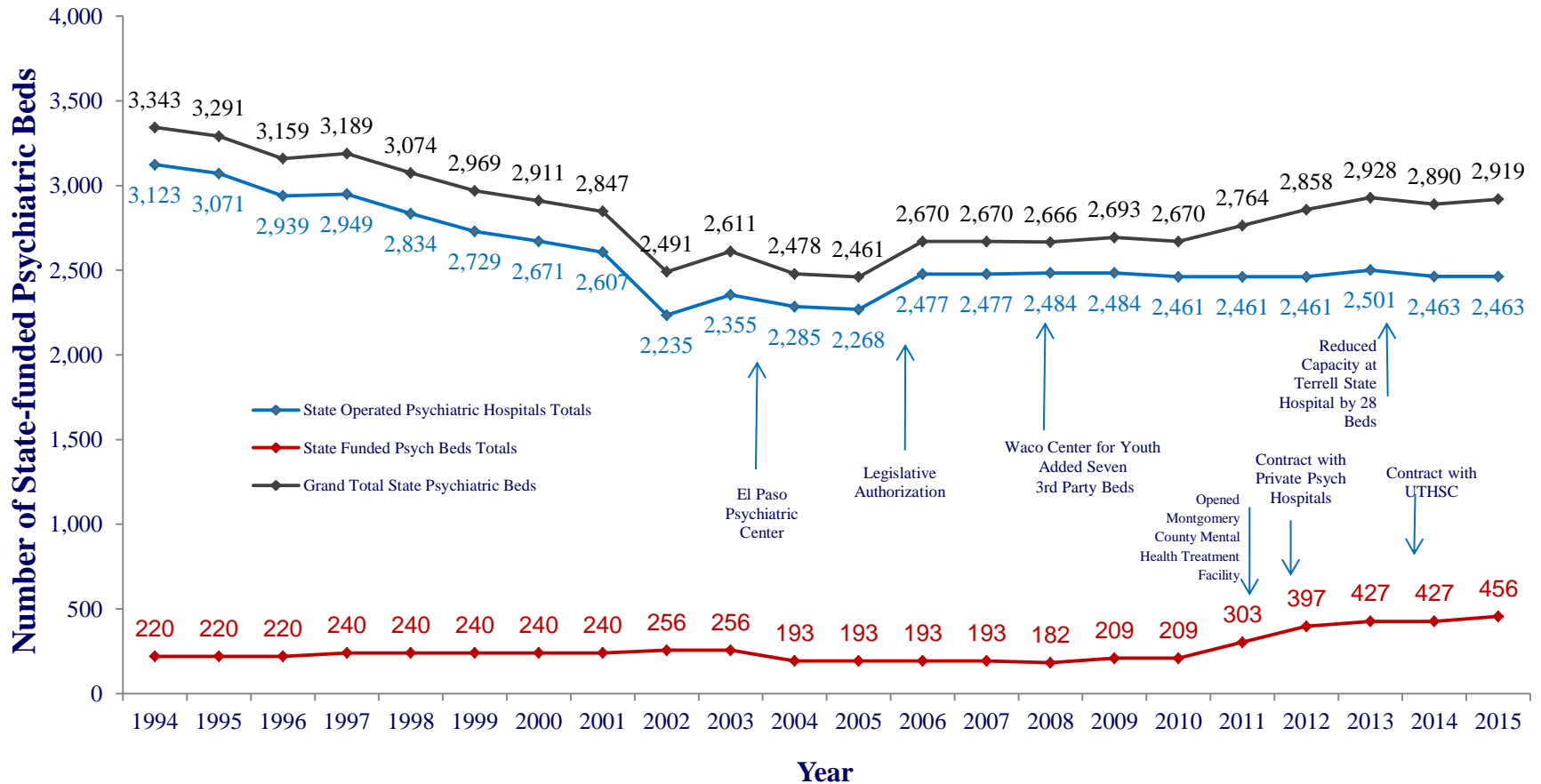
Typical Admissions Pathways:

- 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

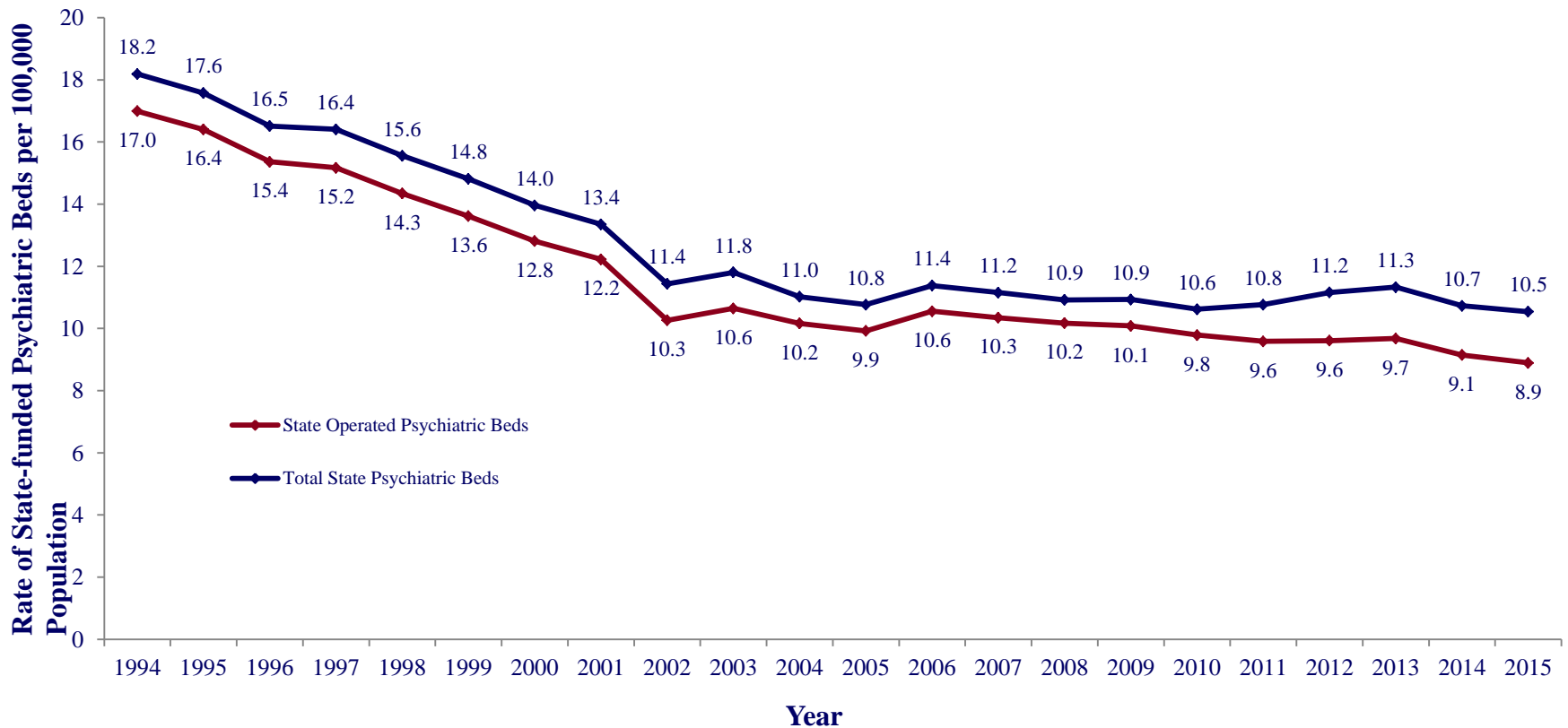
Challenges include:

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

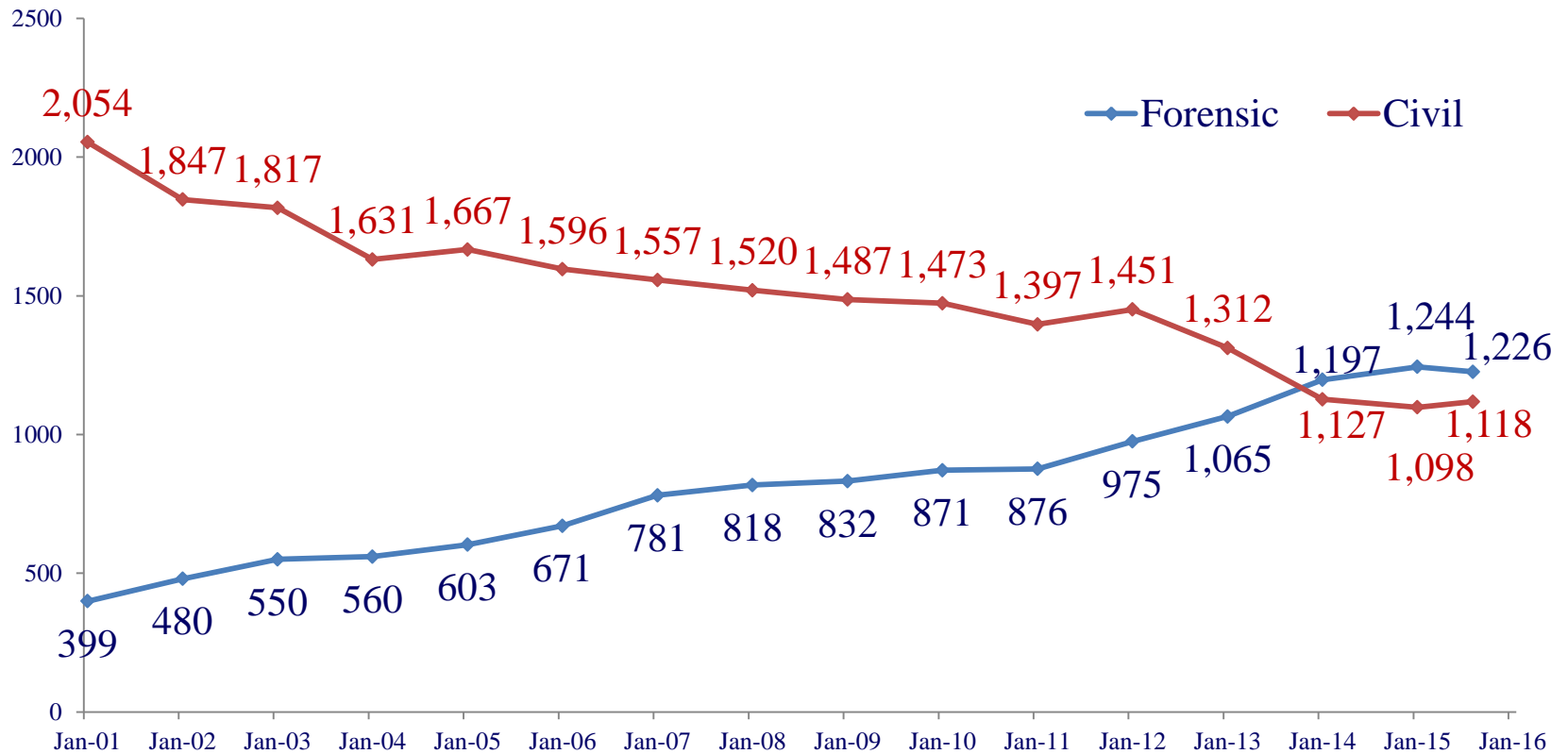
State-funded Psychiatric Bed Capacity: FY 1994 - 2015



State-funded Psychiatric Bed Capacity: FY 1994 - 2015



Civil vs. Forensic Patient Population of State Hospitals



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



State Hospital System: Enhancements

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.

- 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.