

**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

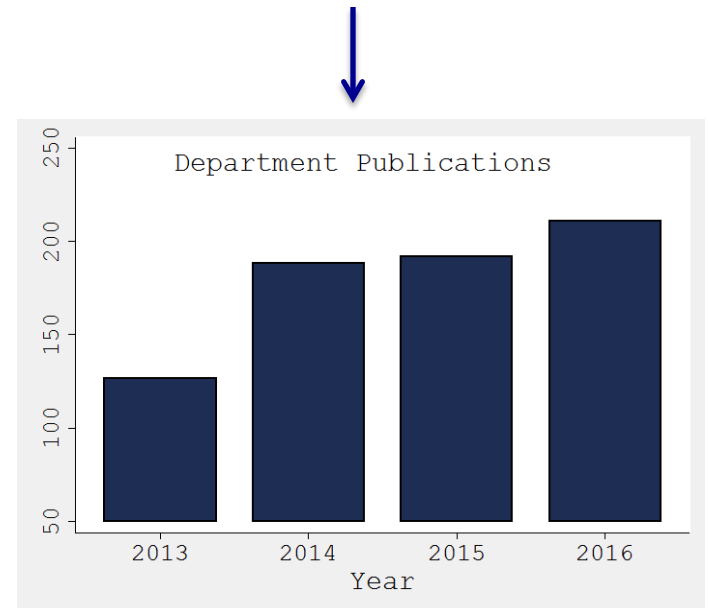
- Early Psychosis Research Program
- fMRI Laboratory
- Psychologists Intervention Research Program for Mood Spectrum Disorders
- Post-Traumatic Stress Disorder Program
- Center for Molecular Psychiatry
- Center for Experimental Models in Psychiatry
- UTHealth Trauma and Grief Center for Youth
- Psychology 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**



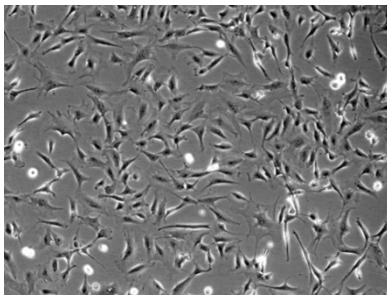
# Research Activities

## Pioneering Research

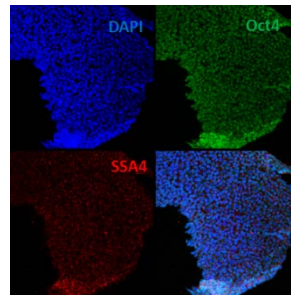
Deep Brain Stimulation (DBS)



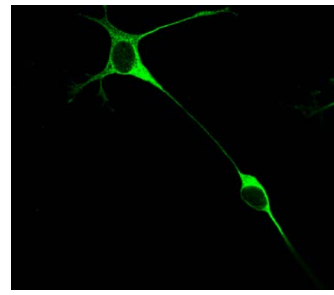
Psychiatric Genetics (Biomarkers)



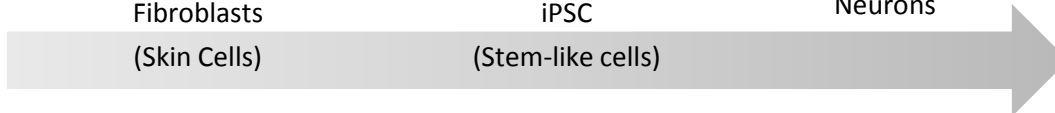
Fibroblasts  
(Skin Cells)



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

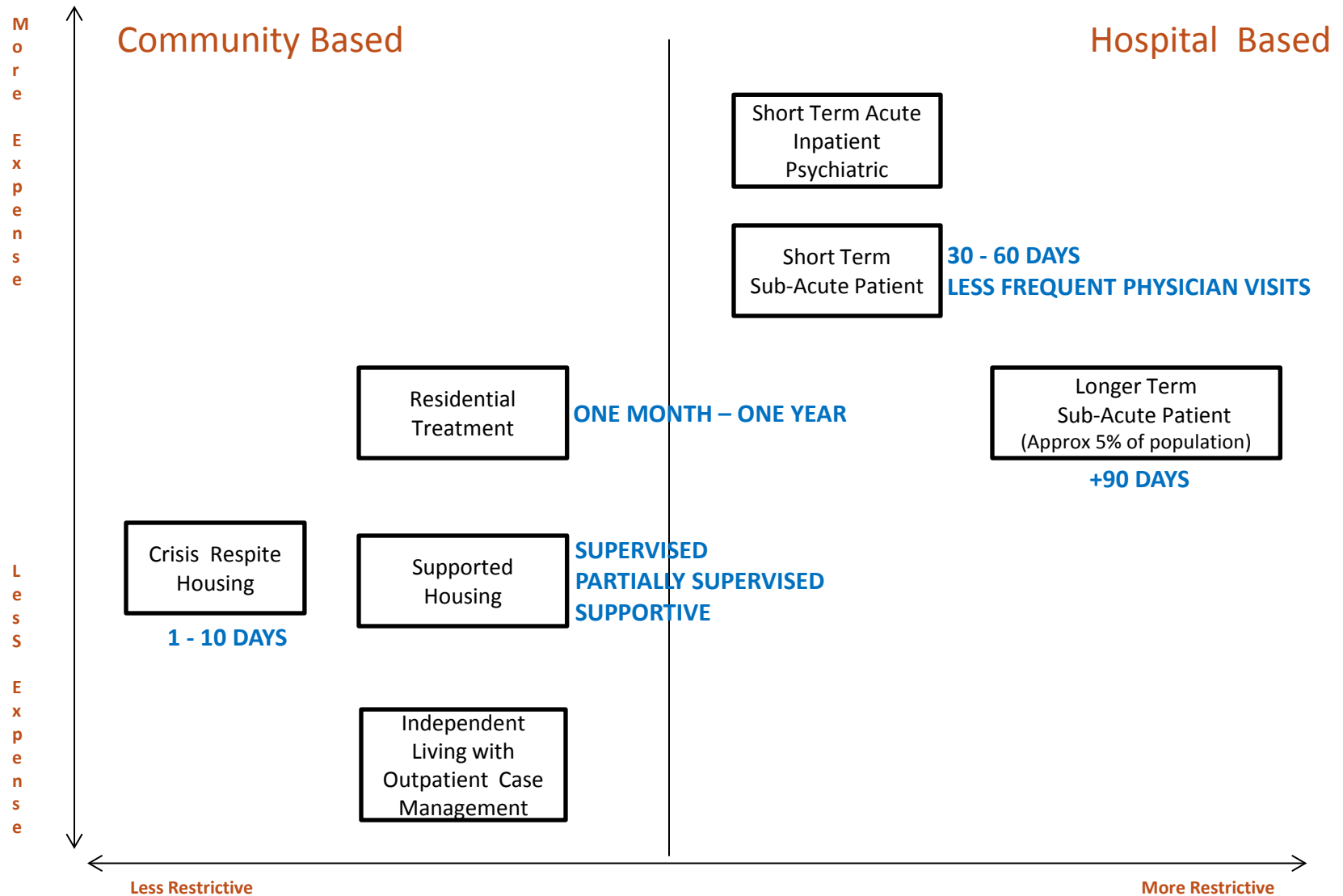
- Most severely and persistently mentally ill patients need to be treated in a continuum of progressively less intensive and less restrictive forms of care
- Currently there is a gap in that continuum that causes over-utilization of the most expensive forms of care (acute inpatient)
- That gap is also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

# Continuum of Care Gap

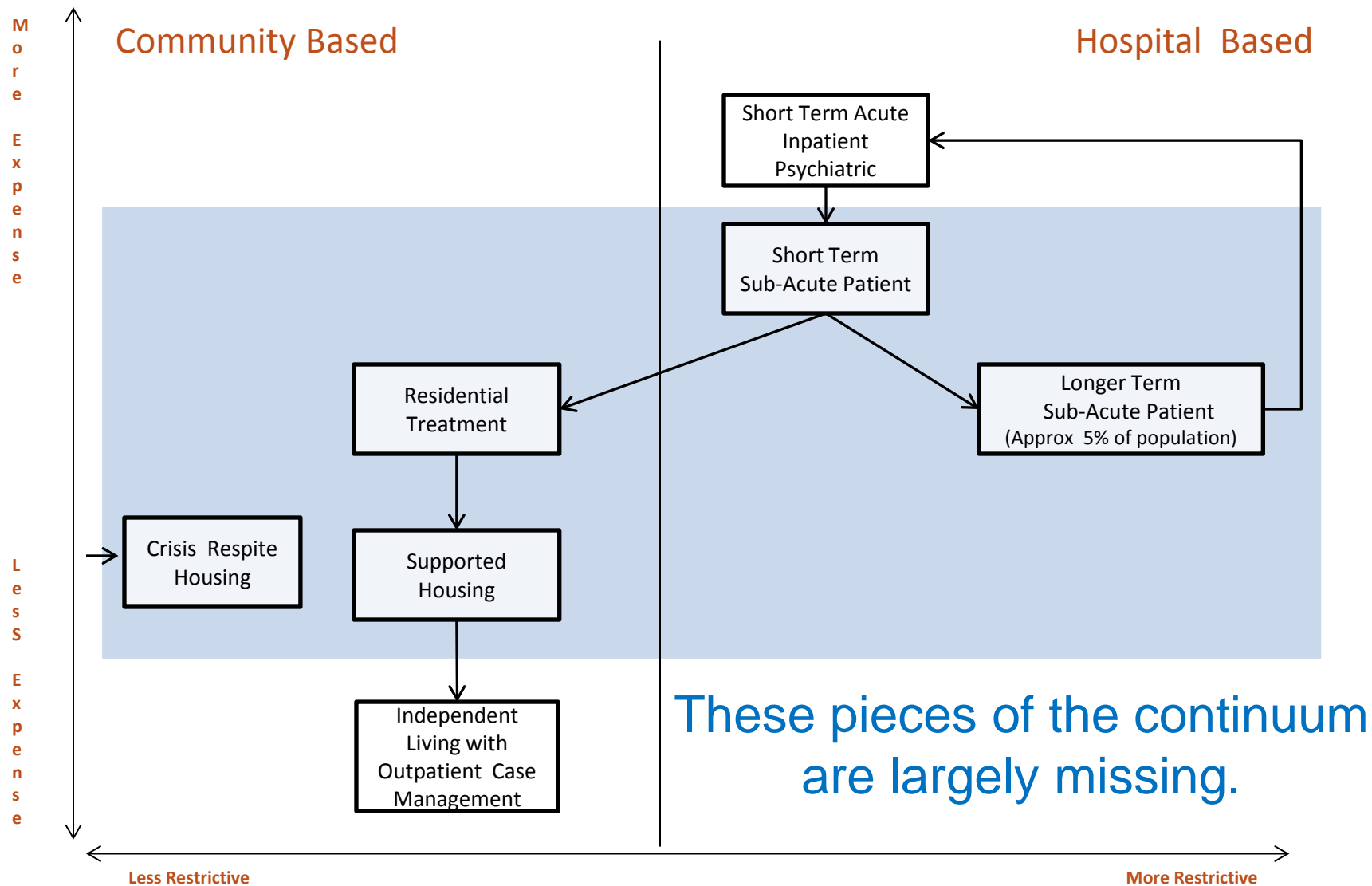
- Chronic recidivism and rapid re-admissions to acute care hospitals are two of the consequences of this “gap in the continuum of care”
- This over reliance on acute inpatient care drives cost up and results in less than optimal outcomes

	<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	

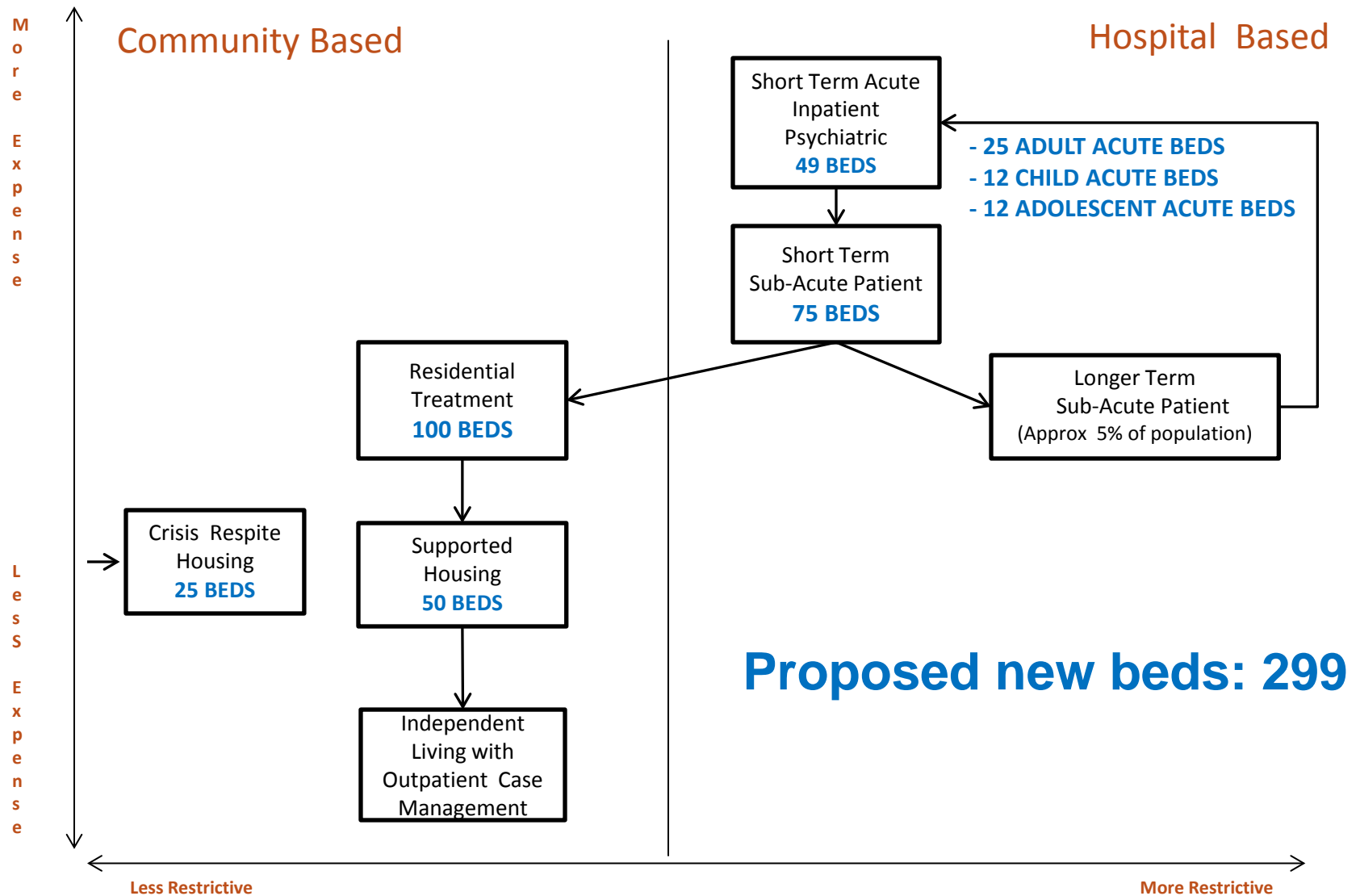
# The Continuum of Mental Health Services



# 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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