



House Committee on Human Services Interim Charge 1

Department of Aging and Disability Services
Commissioner Jon Weizenbaum

Department of State Health Services
Assistant Commissioner Lauren Lacefield Lewis

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DADS Agency Responsibilities

- The Department of Aging and Disability Services serves aging Texans and individuals with disabilities. DADS recognizes that clients receiving services through DADS may also have mental health needs, including access to crisis resources.
- Challenging behavior and the symptoms of mental illness can prevent individuals with intellectual and developmental disabilities (IDD) from living independently in the community.

Existing Resources (DADS)

- Services and supports for individuals with IDD with mental illness and behavioral support needs
 - Local intellectual and developmental disability (IDD) authority (LA) services
 - State supported living centers
 - Community ICFs/IID
 - Community IDD waiver services, including behavioral supports
- Crisis-focused services and supports:
 - Safety net services provided by the LAs
 - MHMRA of Harris County Community Behavior Supports Team
 - Home and Community-based Services (HCS) Medicaid waiver diversion slots
 - Austin Travis County Integral Care pilot for transition from Austin SSLC
 - LA IDD focused 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) projects

Behavioral Health Needs

Percentage of Individuals with Dual Diagnosis by IDD Waiver

IDD Waiver	Fiscal Year 2013		
	Total Served	Number with Dual Diagnosis	Percentage
HCS	21,044	8,201	39.0
TxHmL	5,623	1,522	27.1
CLASS	4,811	1,081	22.5
DBMD	157	16	10.2
Total	31,635	10,820	34.2

SSLC Residents with Mental Health Needs

Fiscal Year	End of Year Enrollment	Number with MH Needs	Percentage with MH Needs
FY2013	3,547	2,208	62.0%

Planned Activities (DADS)

- Money Follows the Person Demonstration proposal
 - Behavioral and medical technical assistance teams
 - Enhanced community transition supports
- Possible 2016-17 Legislative Appropriations Request
 - Enhanced LA service coordination
 - Behavioral and medical technical assistance teams
 - Crisis intervention teams and crisis respite
 - Statewide training based on best practice models
 - Expanded behavioral specialized services for individuals with IDD in nursing facilities
- Rate Add-on Pilot for Individuals with High Medical Needs Transitioning from a SSLC to an ICF/IID
- Senate Bill 7 IDD Assessment Tool

DSHS Agency Responsibilities

Priority Population:

- Persons with a diagnosis of mental illness and significant functional impairment are eligible for DSHS-funded services
- Persons in a behavioral health crisis are considered part of the priority population

25 TAC Chapter 412, Subchapter G

- LMHAs/NorthSTAR are required to provide screening and assessment services to persons in a behavioral health crisis

*All catchment areas have a hotline and
a Mobile Crisis Outreach Team*

DSHS Agency Responsibilities: Funding for Behavioral Health Services

Department of State Health Services			
Strategy	FY12-13 Adjusted GAA	FY14-15 GAA	Percent Increase
Mental Health Adult Services	\$556,240,488	\$664,999,081	19.6%
Mental Health Child Services	\$126,182,344	\$200,976,804	59.3%
Mental Health Crisis Services	\$168,553,850	\$221,182,624	31.2%
NorthSTAR Behavioral Health	\$206,238,496	\$226,593,318	9.9%
Substance Abuse	\$289,333,463	\$315,625,153	9.1%
Community Hospitals	\$139,006,192	\$153,140,973	10.2%
Mental Health State Hospitals	\$791,225,670	\$836,991,501	5.8%
Total	\$2,276,780,503	\$2,619,509,454	15.1%

Note: Above does not include the \$20M added from HB1025 nor the \$10M added for bonds for hospital repairs

DSHS Agency Responsibilities: Capacity/Access

- DSHS was appropriated an additional \$48.2 million (Rider 92) to address the community mental health waiting list
 - In February 2013, 5,321 adults were on the waiting list. By February 2014, that number had dropped to 779
 - In February 2013, 194 children on the waiting list. By February 2014, that number had dropped to 11
- DSHS was appropriated an additional \$43 million (Rider 85) to expand or improve community mental health services to address the needs of those who are underserved due to resource limitations and the anticipated “surge” in demand due to increased public awareness and population growth

DSHS Agency Responsibilities: Crisis Alternatives

DSHS was appropriated an additional \$25 million for crisis services in fiscal year 2014

- Goal: treat individuals in the least restrictive/less costly setting, reduce use of local emergency rooms, divert individuals from the criminal justice system, and minimize impact on law enforcement
 - 16 new crisis facilities were added and 3 crisis sites were enhanced
 - Funds were awarded on a competitive basis
 - A 25% local community match was required

DSHS Agency Responsibilities: Crisis Services

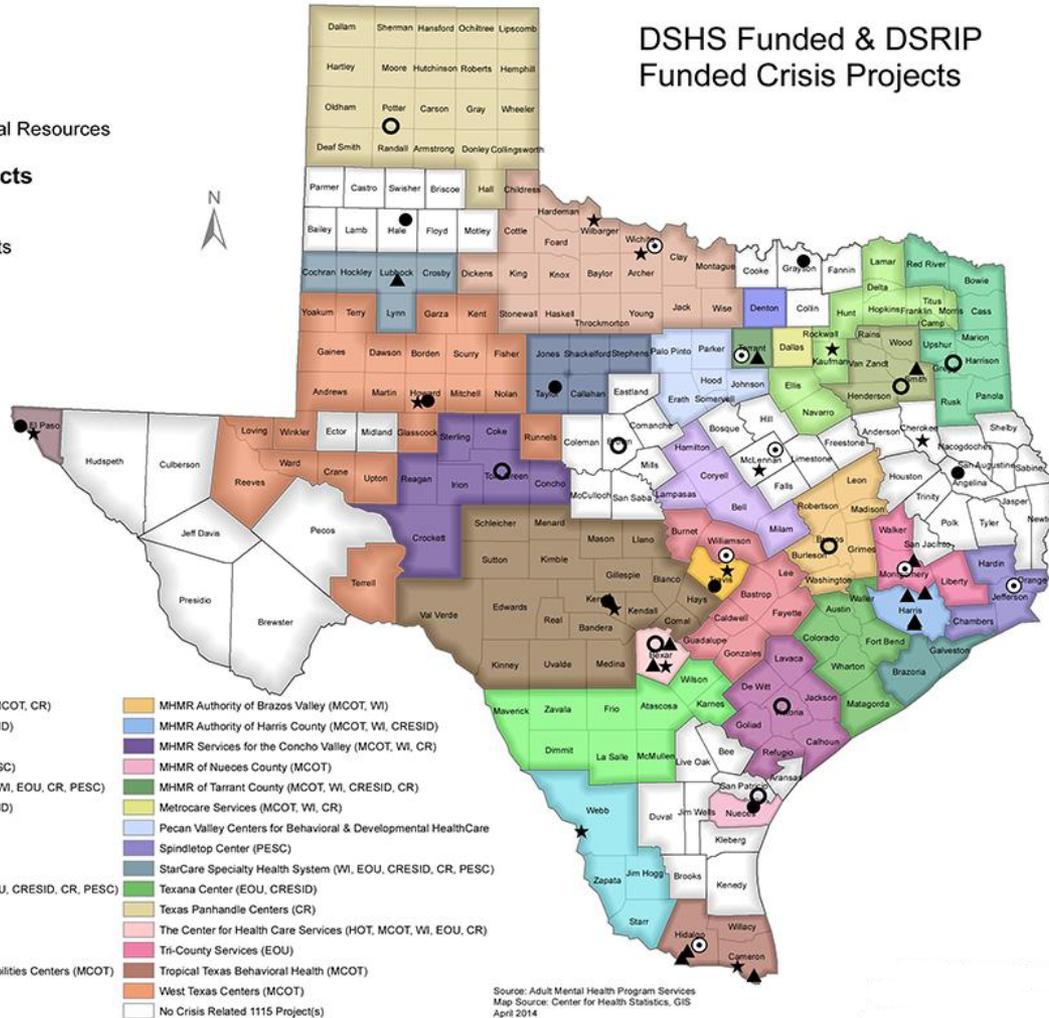
- ★ State Hospital Resources
- ▲ Community / Local Hospital Resources

DSHS Funded Crisis Projects

- Existing Crisis Projects
- ⊙ Existing/Enhanced Projects
- New Crisis Projects

DSRIP Funded Crisis Projects

- | | |
|--|--|
| Andrews Center Behavioral Healthcare System (MCOT, CR) | MHMR Authority of Brazos Valley (MCOT, WI) |
| Austin Travis County Integral Care (MCOT, CRESID) | MHMR Authority of Harris County (MCOT, WI, CRESID) |
| Betty Hardwick Center (MCOT) | MHMR Services for the Concho Valley (MCOT, WI, CR) |
| Bluebonnet Trails Community Services (EOU, PESC) | MHMR of Nueces County (MCOT) |
| Border Region Behavioral Health Center (MCOT, WI, EOU, CR, PESC) | MHMR of Tarrant County (MCOT, WI, CRESID, CR) |
| Camino Real Community Services (MCOT, CRESID) | Metrocare Services (MCOT, WI, CR) |
| Central Counties Services (CR) | Pecan Valley Centers for Behavioral & Developmental HealthCare |
| Community Healthcare (EOU, CRESID) | Spindletop Center (PESC) |
| Denton County MHMR Center (WI, CRESID) | StarCare Specialty Health System (WI, EOU, CRESID, CR, PESC) |
| Emergence Health Network (HOT, MCOT, WI, EOU, CRESID, CR, PESC) | Texas Center (EOU, CRESID) |
| Gulf Bend Center (WI, PESC) | Texas Panhandle Centers (CR) |
| Gulf Coast Center (PESC) | The Center for Health Care Services (HOT, MCOT, WI, EOU, CR) |
| Helen Farabee Centers (CR) | Tri-County Services (EOU) |
| Hill Country Mental Health & Developmental Disabilities Centers (MCOT) | Tropical Texas Behavioral Health (MCOT) |
| Lakes Regional MHMR Center (CRESID, CR) | West Texas Centers (MCOT) |
| | ○ No Crisis Related 1115 Project(s) |



DSHS Agency Responsibilities: Assessment and Coordination

DSHS Uniform Assessment includes

- Diagnosis (including IDD)
- CANS and ANSA- assesses all major life domains, including cognitive/developmental abilities and deficits

If an individual with co-occurring diagnoses meets the DSHS priority population, they are eligible for services

If an individual does not meet the DSHS priority population definition or resources are not available, an appropriate referral is made

DSHS Clients Served: MH/IDD Dual Diagnosis

FY13

- State Hospitals: 605 persons served (\$22 million)
- Community Crisis Services: 323 adults served and 170 children
- Community Ongoing Care*: 223 adults and 162 children

FY14 (to date)

- State Hospitals: 421 persons served
- Community Crisis Services: 233 adults and 146 children
- Community Ongoing Care*: 626 adults and 457 children

* Persons with MH/IDD enrolled in a full level of care

Vision for IDD/MH Crisis Response

Single Hotline

- Hotline deploys crisis screening and assessment staff that link individuals to:
 - Crisis intervention services
 - Crisis facilities, substance abuse treatment or psychiatric hospitals, as appropriate
 - High need persons with IDD/MH have access to behavioral and medical technical assistance teams and crisis respite

Challenges to Cross-Agency Coordination

- Challenge: Separate local IDD authority and local mental health authority contracts
 - Solution: DADS and DSHS will work to identify any language in either contract that serves as a barrier to appropriate access to treatment for persons with IDD/MH
- Challenge: Individuals with IDD/MH may have specialized treatment needs
 - Solution: DADS and DSHS will collaborate to make additional training available to IDD Authority and LMHA staff regarding appropriate assessment and services for this population

Opportunities

SB 58 (83R):

- Integration of physical health and behavioral health benefit

1115 Medicaid waiver/DSRP Projects:

- Special projects targeting this population
- Additional crisis projects based on regional and local needs