



Allocation of Outpatient Mental Health Services and Beds in State Hospitals

**As Required By
H.B. 3793, 83rd Legislature, Regular Session, 2013**



**Department of State Health Services
January 2015**

- This page is intentionally left blank -

Table of Contents

Executive Summary	1
Introduction.....	2
Background	2
Specific Outpatient Service Needs.....	2
Mental Health Supported Housing.....	3
Home and Community Based Services.....	3
Community Collaboratives for Homelessness and Mental Health	3
Substance Abuse Services.....	3
Peer Services and Recovery Supports.....	3
Access and Need for Inpatient Care.....	4
Plan for Allocation of Inpatient Resources	4
Access and Need for Outpatient Care.....	5
Plan for Allocation of Outpatient Resources.....	5
Other Efforts to Enhance Access.....	5
Stakeholder Education.....	5
Criminal Justice	5
Youth	6
Utilization Management.....	6
Conclusion	6

- This page is intentionally left blank -

Executive Summary

[Section 3, H.B. 3793, 83rd Legislature, Regular Session, 2013](#), directs the Department of State Health Services (DSHS), in conjunction with the Health and Human Services Commission (HHSC), to develop a plan to ensure the appropriate and timely provision of mental health services and to allocate mental health outpatient and hospital resources for the forensic and civil/voluntary populations. It also directs DSHS to establish an advisory panel to assist in the development of the plan.

The H.B. 3793 Advisory Panel convened in September 2013 and the initial plan was adopted in December 2013. As required by statute, the plan addresses four key areas related to outpatient mental health services and beds in the state hospital system for both groups of patients (forensic and civil/voluntary): service needs, access and need for inpatient care, access and need for outpatient care, and other efforts to enhance access. To determine current and future service and capacity needs, a community-based assessment was conducted in conjunction with the development of a ten-year plan for the provision of psychiatric inpatient hospitalization required by the 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 83).

This report highlights efforts made by DSHS to evaluate and strengthen access, engagement, successful transitions, and recovery. The report also addresses the status of implementation of the four statutorily required elements. Last, attached to this report are the initial plan and the standards and methodologies for implementing the plan.

Introduction

Section 3, H.B. 3793, 83rd Legislature, Regular Session, 2013, directs DSHS, in conjunction with HHSC and with the assistance of an advisory panel, to develop a plan for the proper and separate allocation of outpatient or community-based mental health services by secure and nonsecure outpatient facilities that provide residential care alternatives and mental health services and for the proper and separate allocation of beds in the state hospitals for patients who voluntarily receive those services or who are ordered by a court to receive those services in civil or criminal proceedings. The statute requires the plan to include the following elements:

- A determination of the needs for outpatient mental health services of the two groups of patients described above (forensic and civil/voluntary);
- A determination of the minimum of beds that the state hospital system must maintain to adequately serve the two groups of patients described above;
- A statewide plan for and the allocation of sufficient funds for meeting the outpatient mental health service needs of and for the maintenance of beds by the state hospitals for both forensic and civil/voluntary patients; and
- A process to address and develop, without adverse impact to local service areas, the accessibility and availability of sufficient outpatient mental health services and beds provided by the state hospitals to the two groups of patients described above based on the success of contractual outcomes with mental health service providers and facilities under Sections 533.034 and 533.052 of the Texas Health and Safety Code.

The statute requires DSHS to develop the initial version of the plan not later than December 31, 2013, and identify standards and methodologies for implementation of the plan and begin implementing the plan not later than August, 31, 2014. DSHS is required to submit a report to the Legislature and the Office of the Governor that includes the initial version of the plan, the status of the plan's implementation, and the impact of the plan on the delivery of services.

Background

H.B. 3793 requires DSHS to establish an advisory panel to assist in the development of the plan. The advisory panel is to be composed of representatives from: Texas Department of Criminal Justice, Texas Association of Counties, Texas Council of Community Centers, County Judges and Commissioners Association of Texas, Sheriffs' Association of Texas, Texas Municipal League, Texas Conference of Urban Counties, Texas Hospital Association, Texas Catalyst for Empowerment, and DSHS Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Use Disorders.

The Advisory Panel held monthly meetings between September 2013 and August 2014 to discuss the development of the plan and the standards and methodologies for implementing the plan.

Specific Outpatient Service Needs

Local Mental Health Authorities (LMHAs) provide a comprehensive and coordinated array of mental health services for adults and youth. Since completion of the initial plan required by H.B.

3793, DSHS has taken several steps to fill gaps in the service array and to increase access to essential services to targeted populations. The following is a summary of recent initiatives, most of which were made possible by funds appropriated by the 83rd Legislature, to expand and/or enhance existing outpatient services and capacity.

Mental Health Supported Housing

Using funds appropriated by the 83rd Legislature, over 1,700 individuals received both short- and long-term supported housing services during fiscal year 2014. DSHS expects to serve more individuals in fiscal year 2015.

Home and Community Based Services

DSHS is working to implement the Home and Community-Based Services (HCBS) Adult Mental Health (AMH) program for adults with complex needs and extended or repeated state inpatient psychiatric stays. The program will provide comprehensive care and a structured environment, which will enable these individuals to live and experience successful tenure in their communities. In order to enable federal financial participation, to the extent possible, DSHS has submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services.

Community Collaboratives for Homelessness and Mental Health

As authorized by S.B. 58, 83rd Legislature, Regular Session, 2013, and using funds appropriated by the 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 90), DSHS created a community collaborative grant program to encourage communities to leverage public and private resources to comprehensively address the needs of individuals experiencing homelessness and mental health issues. In May 2014, DSHS awarded grants in five counties with a population of over one million (Dallas, Bexar, Harris, Tarrant, and Travis).

Substance Abuse Services

Using funds appropriated by the 83rd Legislature, DSHS increased capacity for substance abuse treatment services and is currently serving approximately 9,600 clients per month. DSHS received additional funds to implement a rate increase for substance abuse treatment services, which has been fully implemented. DSHS is exploring the potential of providing specific substance abuse services to state hospital residents with co-occurring substance use disorders.

Peer Services and Recovery Supports

In the fall of 2013, a new Certified Peer Specialists (CPS) workgroup was created to advise DSHS staff on issues related to the further development of peer specialists as a profession. Between January and August 2014, Via Hope, a program funded by DSHS and working in partnership with the Hogg Foundation for Mental Health, conducted 7 peer specialist certification trainings, which resulted in the certification of 133 peer specialists. At present, there are 428 active CPS in the state. In February 2014 and July 2014, 38 CPSs received training in Peer Support Whole Health and Resiliency from Via Hope, bringing the total number of individuals who have received the training to 224. In fiscal year 2014, two new endorsements, 'Trauma Informed Peer Support' and 'Co-occurring Disorders' were created for advanced specialized training for peer specialists. Over 50 CPSs were trained in 'Trauma Informed Peer Support' and approximately 30 CPSs were trained in 'Co-occurring Disorders'.

Access and Need for Inpatient Care

Over the past ten years, DSHS has contracted for additional inpatient care to meet the rising demand for inpatient services. Key hospital contracts include Montgomery County Mental Health Treatment Facility, Harris County Psychiatric Center, Gulf Coast Center, and Sunrise Canyon. Most recently, DSHS also expanded a contract with UT Tyler Health Northeast to establish a new 14 bed acute unit, which was brought online on September 1, 2014. On September 16, 2014, DSHS announced Open Enrollment for applications to provide inpatient mental health services located at licensed psychiatric hospitals.

The 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 83) requires DSHS to develop a ten-year plan for the provision of psychiatric inpatient hospitalization. To assist DSHS in the development of the ten-year plan, a request for proposal was coordinated to contract for a comprehensive study of the state's inpatient psychiatric hospitals. The selected contractor, CannonDesign, analyzed workforce demographics, assessed existing facilities and determined future operational and infrastructure needs, conducted site market analyses, and evaluated land use and made recommendations for best use. DSHS is in the process of completing its 10-year plan using the contractor analysis and will submit that plan to the Legislature in January 2015.

Building on data provided by CannonDesign, H.B. 3793 Advisory Panel members recommended adding approximately 1,500 new state-operated and contracted hospital beds to meet current demand and an additional 60 beds each year for projected population growth. Of the approximate 1,500 new state-funded beds, the members recommended adding 720 beds in the 2016-17 biennium, and then 1,260 beds to meet current and future demands by the end of 8 years.

The DSHS Legislative Appropriations Request submitted in August 2014, is not as aggressive as the HB 3793 panel recommendations. It included an exceptional item that would appropriate \$40 million in General Revenue over the course of the 2016-17 biennium to fund 50 new beds in fiscal year 2016 and the addition of 100 more beds in fiscal year 2017. The purchase of beds would allow additional patients to be served closer to their homes. These figures may be adjusted after the ten-year plan has been finalized.

Additionally, DSHS submitted an exceptional item request for \$36.8 million for the 2016-17 biennium to expand or enhance facility-based crisis alternatives. This initiative would allow for local choice and options to address regional and community needs, and is intended to decrease demand for state hospital beds and avoid unnecessary incarceration.

Plan for Allocation of Inpatient Resources

DSHS will work with stakeholders to develop a new state hospital allocation methodology. One consideration is the elimination of forensic commitments from the methodology. In lieu of directly allocating forensic commitment beds to the LMHAs, forensic capacity could be managed more directly by the state. However, LMHAs would continue to retain responsibilities related to discharge planning and continuity of care of forensic commitments.

Access and Need for Outpatient Care

The 2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013 (Article II, Department of State Health Services, Rider 92 and Rider 85) provided DSHS with increases in funds to serve persons with mental illness. As a result, there was a 93 percent reduction in the number of adults waiting for community mental health services, and a 96 percent reduction in the number of children waiting for services between February 2013 and August 2014. Using surge and waitlist dollars, there was an 11 percent increase in the average monthly number of adults served in the community and a 7 percent increase in the average monthly number of children served as of August 2014.

Due to the significant investments made by the 83rd Legislature, individuals in most areas of the state are being admitted into services without waiting. However, there is an acknowledgement that as the population grows in Texas the number of persons with mental illness in need of care will rise as well. Therefore, DSHS recommends relatively small, planned growth in resources sufficient to address basic population growth, coupled with the resource management approaches mentioned in the 'Other Efforts to Enhance Access' section of this report.

Plan for Allocation of Outpatient Resources

DSHS will work with stakeholders to consider ongoing issues related to the management of dollars to address the waiting list and efforts to improve the equitable distribution of funding.

Other Efforts to Enhance Access

Key strategies for ensuring access include stakeholder education and utilization management. The H.B. 3793 Advisory Panel has emphasized to DSHS the importance of educating families, law enforcement, and other community members regarding available resources. DSHS is equally committed to ensuring the best use of available resources through utilization management.

Stakeholder Education

Criminal Justice

DSHS is in the process of developing a brochure for use by the judicial system that includes commitment options for individuals found incompetent to stand trial or not guilty by reason of insanity. The brochure is expected to be available to stakeholders and the public, via the DSHS website, in February 2015.

In May and June of 2014, DSHS presented at the annual Bailiff and Warrant Officer's Conference and the annual Court Administrators Seminar on mental health and substance abuse issues in the courtroom. In March 2015, DSHS plans to present a webinar on mental health issues in municipal courts through the Texas Municipal Courts Education Center.

Over the past year, DSHS, in conjunction with officials from the judicial system, has conducted site visits with seven LMHAs to discuss the benefits of utilizing Outpatient Competency Restoration (OCR) programs. Also, DSHS is collaborating with the Court of Criminal Appeals

to host a jail diversion/mental health training for judges and attorneys to be held in the second or third quarter of calendar year 2015.

Youth

Using funds appropriated by the 83rd Legislature, DSHS undertook a behavioral health awareness campaign to build broad awareness about mental illness and substance abuse disorders, particularly among teens and young adults and their support systems. In June 2014, DSHS launched *Speak Your Mind Texas*, a statewide ‘conversation’ about mental health that is designed to break down the stigma often associated with mental illness and emotional disturbance, as well as to remove barriers to support and treatment. The campaign includes a website, an online media buy, statewide public service announcement distribution, social media, media relations, partnerships with external stakeholders, and Community Conversation events across the state. At the Community Conversations, participants learn about mental health issues affecting their community, the warning signs of mental illness and substance abuse, and the resources available to help young people and those who support them face these challenges.

Utilization Management

DSHS-funded mental health services have looked to utilization management guidelines, procedures, and data-driven oversight to maximize available resources. Since February 2014, DSHS has conducted weekly utilization management conference calls with state hospital staff. These calls are designed to identify, evaluate, and provide technical assistance on key aspects of utilization management, including appropriateness of admission and continued stay for patients in the state hospitals, discharge planning, and integration of utilization management and social service functions to improve coordination of care for patients both during and after hospitalization.

DSHS has taken a number of additional steps to address utilization management. The Clinical Performance Improvement (CPI) Physician Review process was implemented at all of the state hospitals in March 2014. This process evaluates state hospital patient medical records to determine the need for inpatient hospitalization and ensure documentation needed for reimbursement from third party payers.

DSHS created a daily census report that shows available inpatient capacity at contracted community mental health and private psychiatric providers. The report is merged with the state hospital bed census report and distributed to all state hospitals daily. Additionally, DSHS is in the process of developing a web-based system of reporting daily capacity that would provide real-time data to all community partners.

Conclusion

As required by H.B. 3793, DSHS developed a plan for ensuring the appropriate and timely provision of mental health services and to allocate mental health outpatient and hospital resources for the forensic and civil/voluntary populations. Over the past year, DSHS has engaged in several initiatives to address the required elements of the plan, many of which were made possible by funds appropriated by the 83rd Legislature (2014-15 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session, 2013). This report highlights past initiatives, as

well as future initiatives for expanding and/or enhancing existing services, increasing inpatient and outpatient capacity, and strengthening access to services.