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# 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

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## **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

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## **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

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## **Mental Health**

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

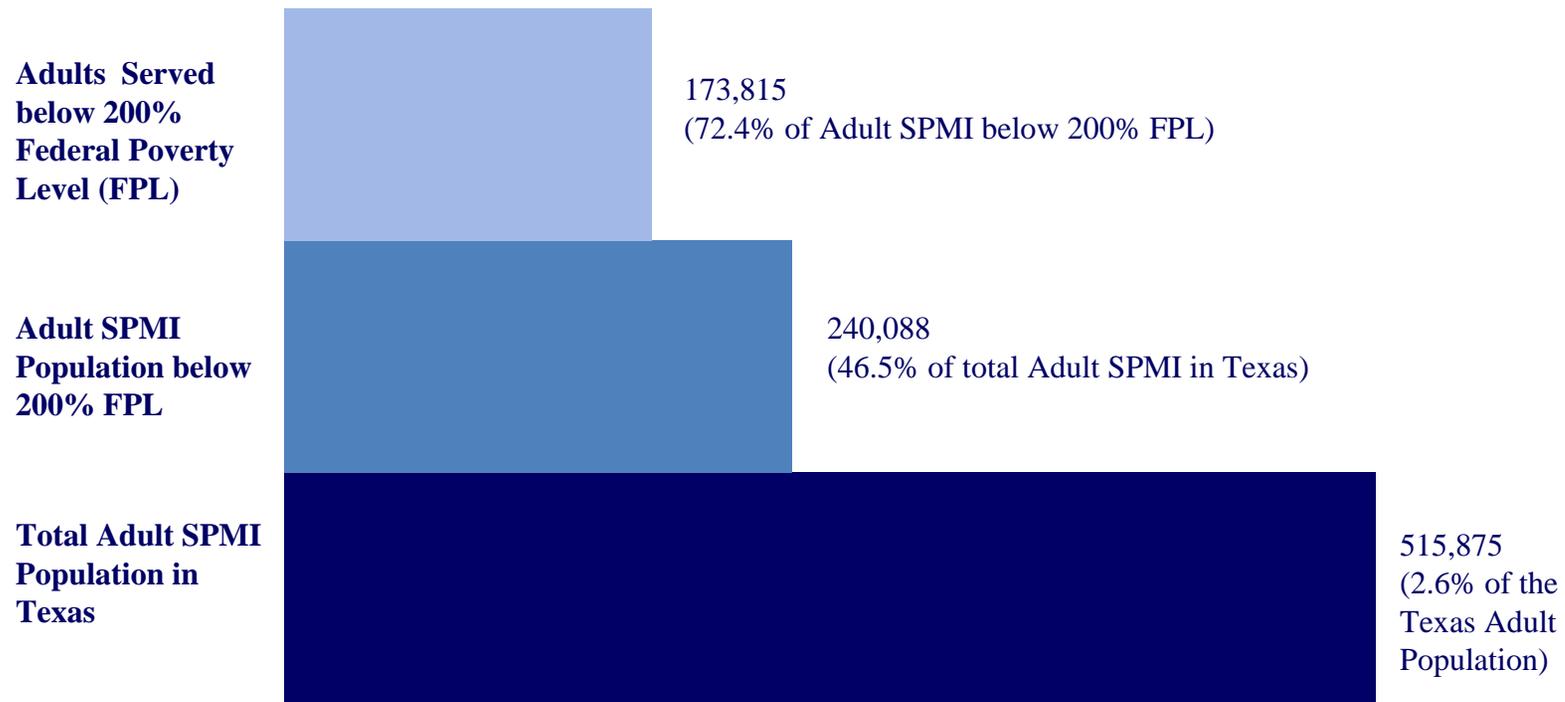
## **Substance Abuse**

- Increased abstinence
- Reduction in relapse



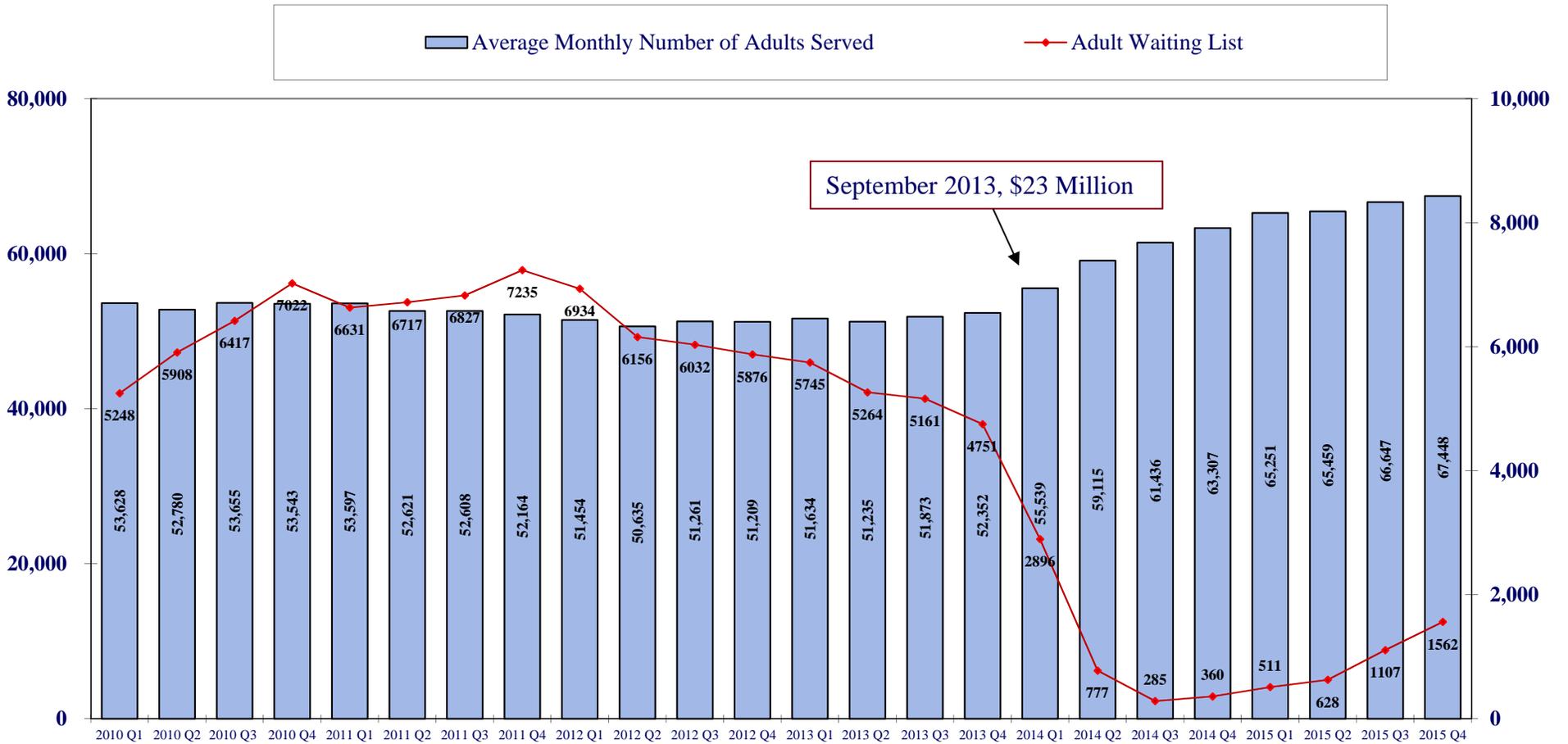
# Mental Illness in Texas: Estimated Adult Need

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



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

# Adult Mental Health Community Wait Lists, 2011 - 2015





# Mental Illness in Texas: Estimated Youth Need

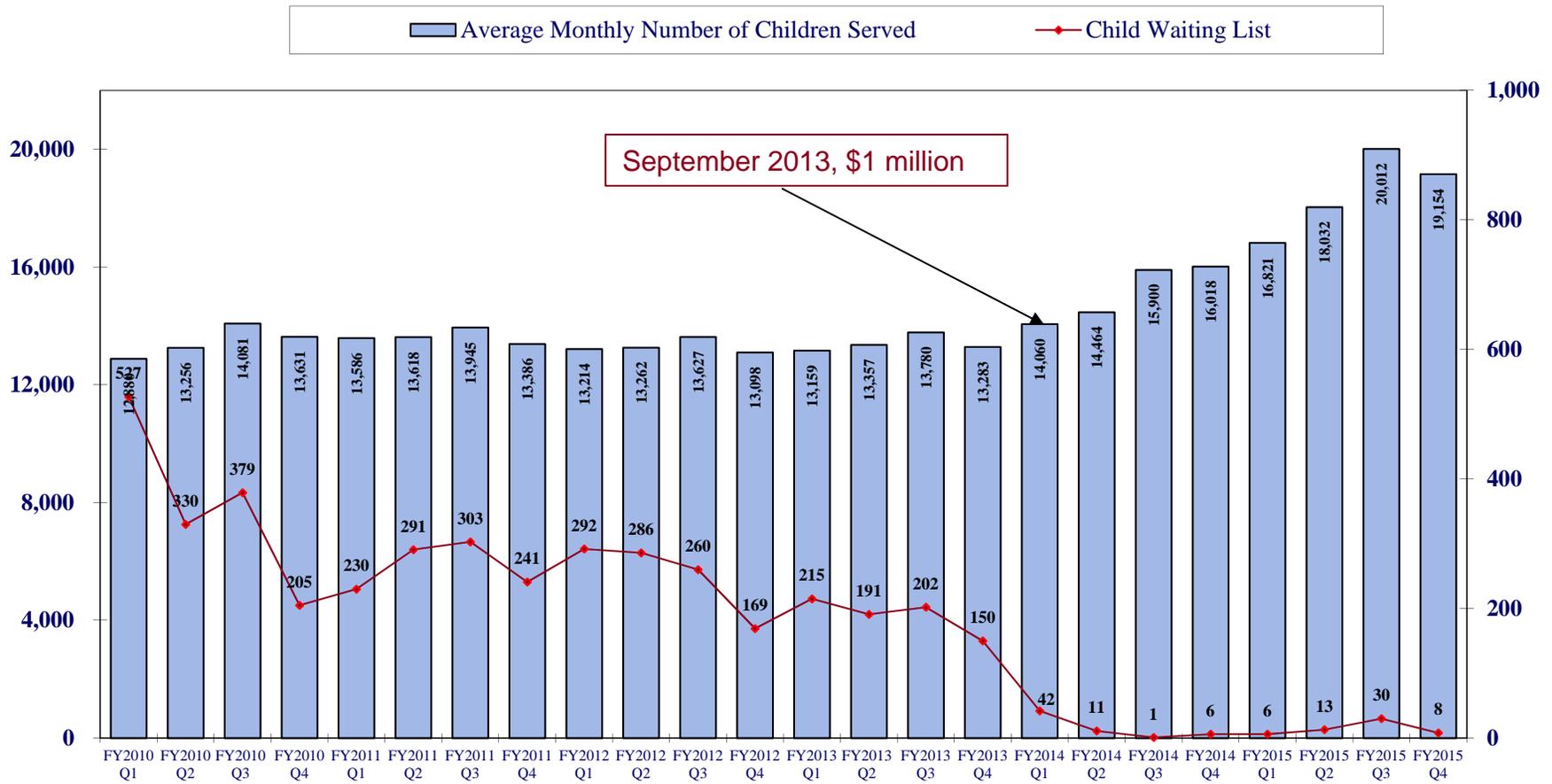
## Estimated Need for Mental Health Services, Texas Youth: FY 2014



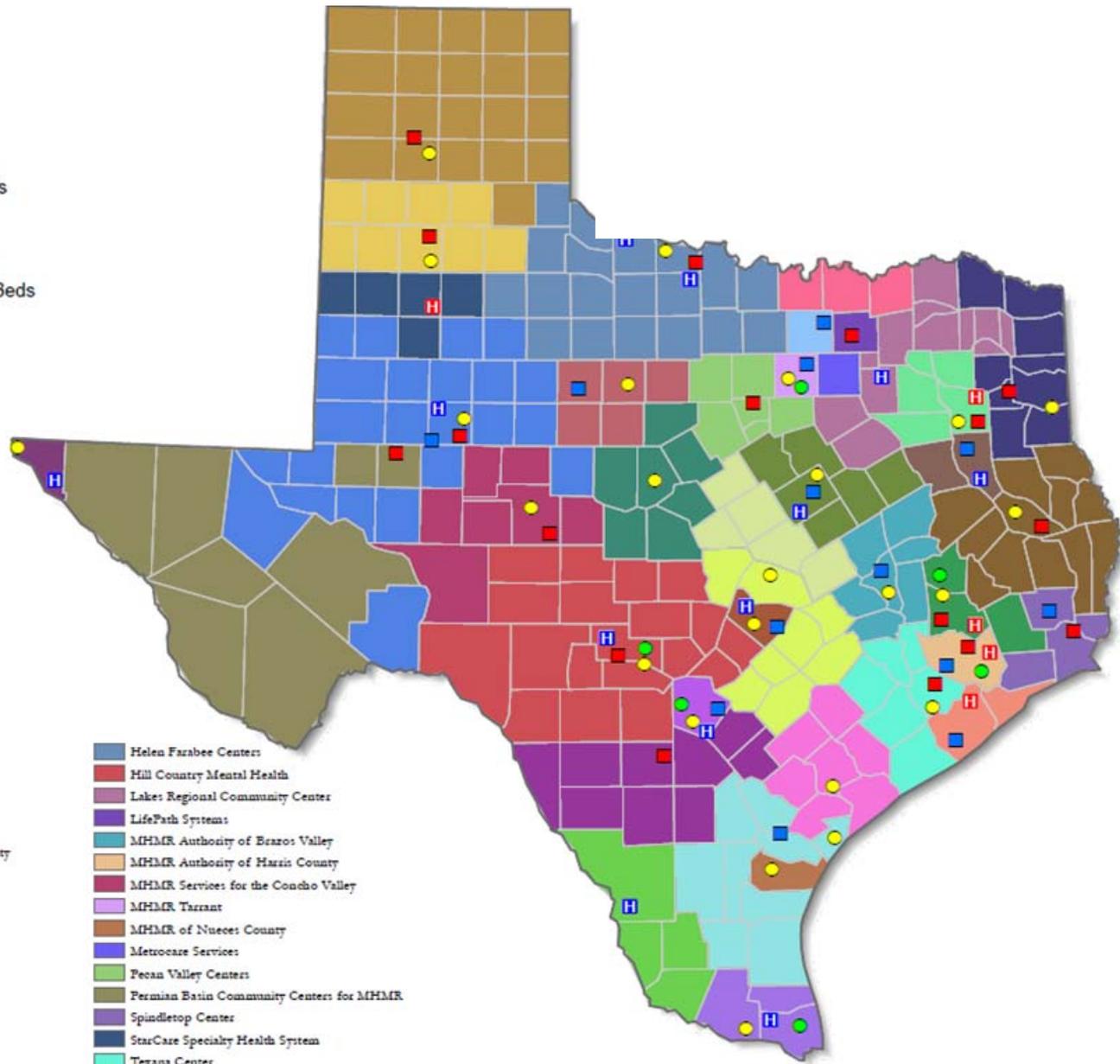
Sources: Texas State Data Center, CMHS, SAMSHA, HHS, Census Bureau, DSHS



# 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

- |  |   |
|--|---|
| <span style="color: brown;">■</span> ACCESS                                      | <span style="color: blue;">■</span> Helen Farabee Centers                     |
| <span style="color: lightgreen;">■</span> Andrews Center                         | <span style="color: red;">■</span> Hill Country Mental Health                 |
| <span style="color: brown;">■</span> Austin Travis County Integral Care          | <span style="color: purple;">■</span> Lakes Regional Community Center         |
| <span style="color: darkred;">■</span> Behavioral Health Center of Nueces County | <span style="color: purple;">■</span> LifePath Systems                        |
| <span style="color: red;">■</span> Betty Hardwick Center                         | <span style="color: teal;">■</span> MHMR Authority of Brazos Valley           |
| <span style="color: yellow;">■</span> Bluebonnet Trails Community Services       | <span style="color: orange;">■</span> MHMR Authority of Harris County         |
| <span style="color: lightgreen;">■</span> Border Region Behavioral Health Center | <span style="color: red;">■</span> MHMR Services for the Concho Valley        |
| <span style="color: brown;">■</span> Burke Center                                | <span style="color: purple;">■</span> MHMR Tarrant                            |
| <span style="color: purple;">■</span> Camino Real Community Services             | <span style="color: brown;">■</span> MHMR of Nueces County                    |
| <span style="color: darkgreen;">■</span> Center for Life Resources               | <span style="color: blue;">■</span> Metrocare Services                        |
| <span style="color: lightgreen;">■</span> Central Counties Services              | <span style="color: lightgreen;">■</span> Pecan Valley Centers                |
| <span style="color: yellow;">■</span> Central Plains Center                      | <span style="color: brown;">■</span> Permian Basin Community Centers for MHMR |
| <span style="color: cyan;">■</span> Coastal Plains Community Center              | <span style="color: purple;">■</span> Spindletop Center                       |
| <span style="color: darkblue;">■</span> Community Healthcare                     | <span style="color: darkblue;">■</span> StarCare Specialty Health System      |
| <span style="color: lightblue;">■</span> Denton County MHMR Center               | <span style="color: cyan;">■</span> Texas Center                              |
| <span style="color: purple;">■</span> Emergence Health Network                   | <span style="color: brown;">■</span> Texas Panhandle Centers                  |
| <span style="color: pink;">■</span> Gulf Bend Center                             | <span style="color: pink;">■</span> Texoma Community Center                   |
| <span style="color: orange;">■</span> Gulf Coast Center                          | <span style="color: purple;">■</span> The Center for Health Care Services     |
| <span style="color: darkgreen;">■</span> Heart of Texas Region MHMR Center       | <span style="color: green;">■</span> Tri-County Behavioral Healthcare         |
|  | <span style="color: purple;">■</span> Tropical Texas Behavioral Health        |
|  | <span style="color: blue;">■</span> West Texas Centers                        |

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





# Ten Percent Withhold

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## 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.

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## 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.

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## 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

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**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

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- The 84<sup>th</sup> 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

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**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

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## **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

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## 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

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## 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.



# Behavioral Health Outreach

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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

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## **Mental Health First Aid (MHFA)**

- MHFA training teaches skills to respond to the signs of mental illness and substance use in Texas students.
- The 83<sup>rd</sup> 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 84<sup>th</sup> 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



# The Crisis System

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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

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## **Mobile Crisis Outreach Teams (MCOT)**

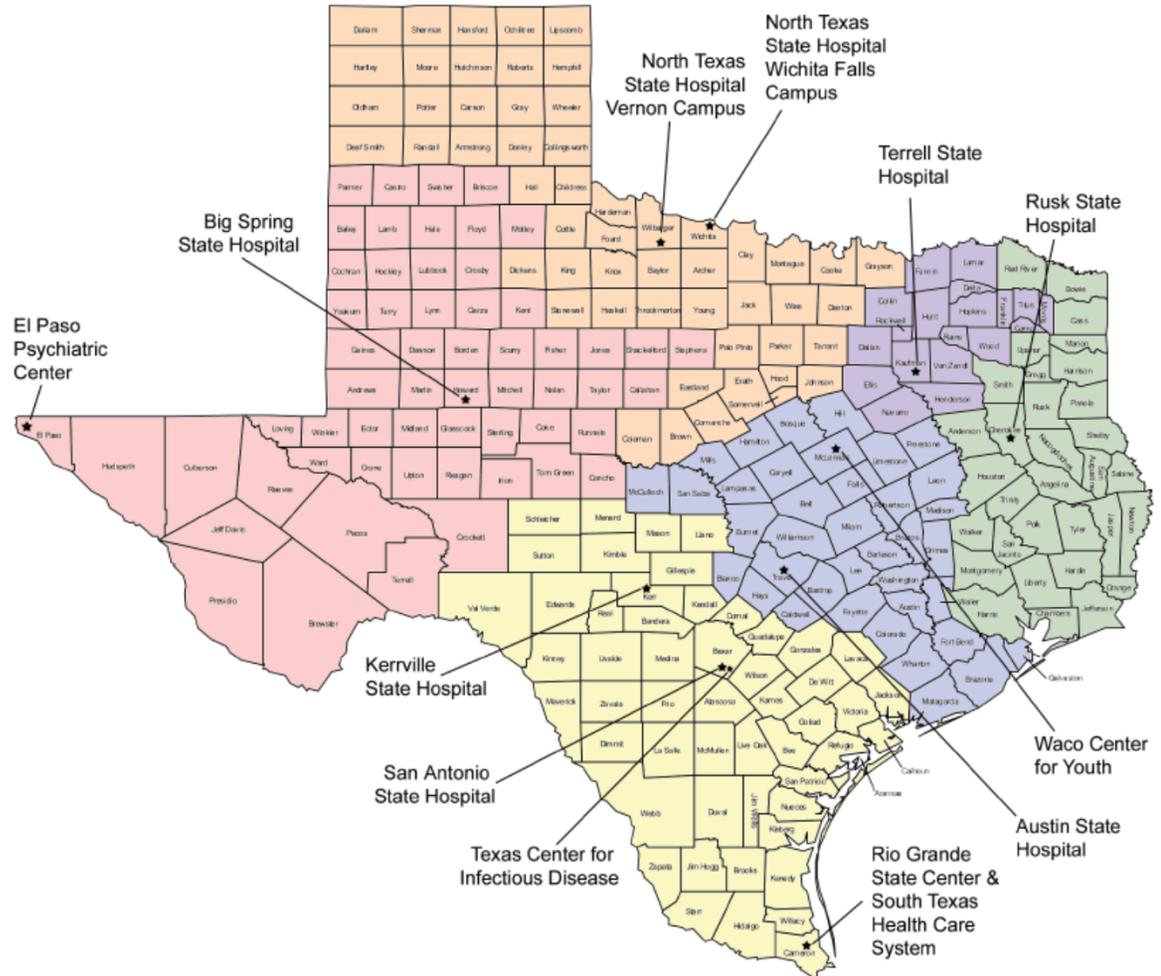
- Local Mental Health Authority service that provides around-the-clock services that include crisis assessment, crisis intervention, crisis follow-up, and relapse prevention services.

## **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 System

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## **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

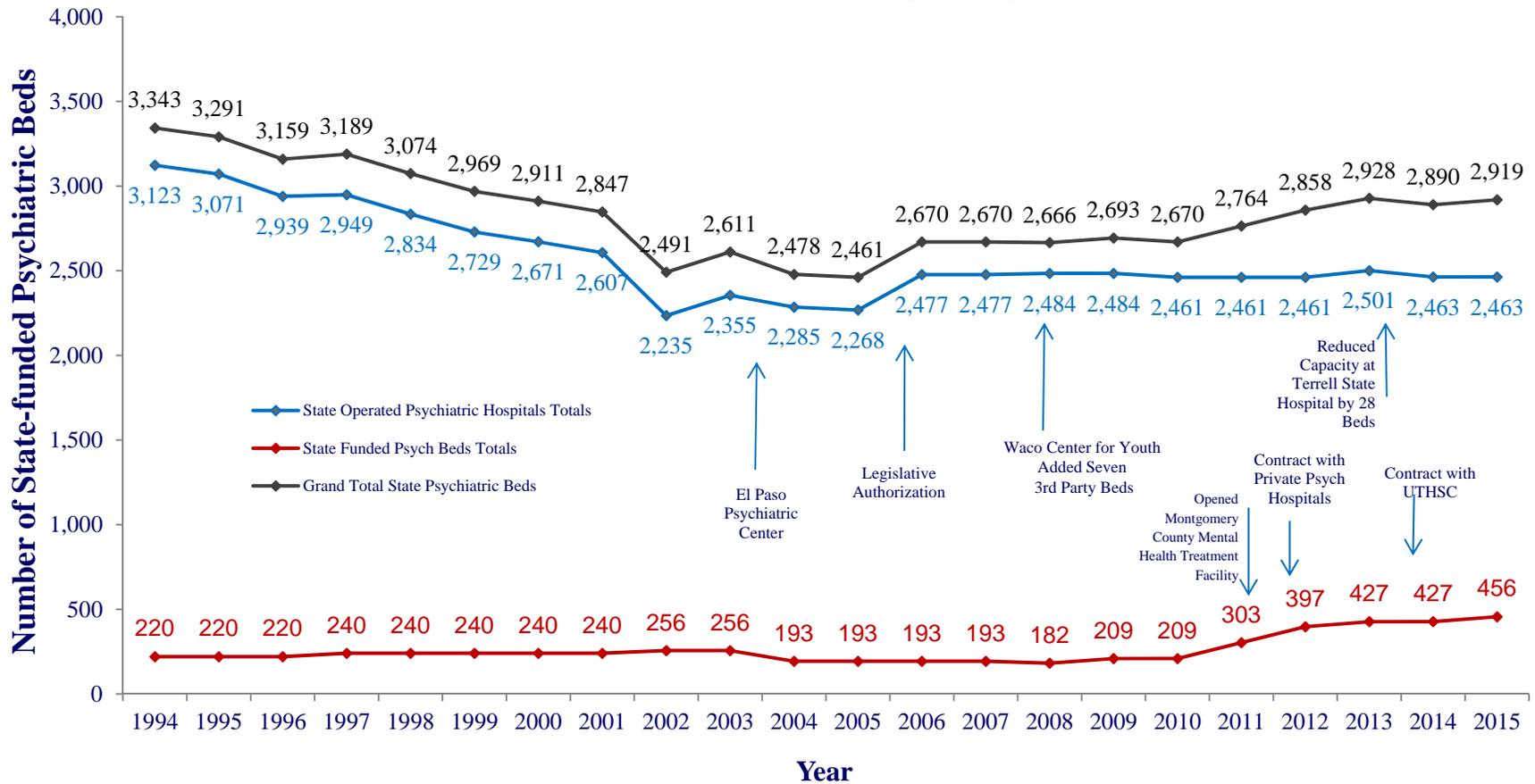
## **Typical Admissions Pathways:**

- 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

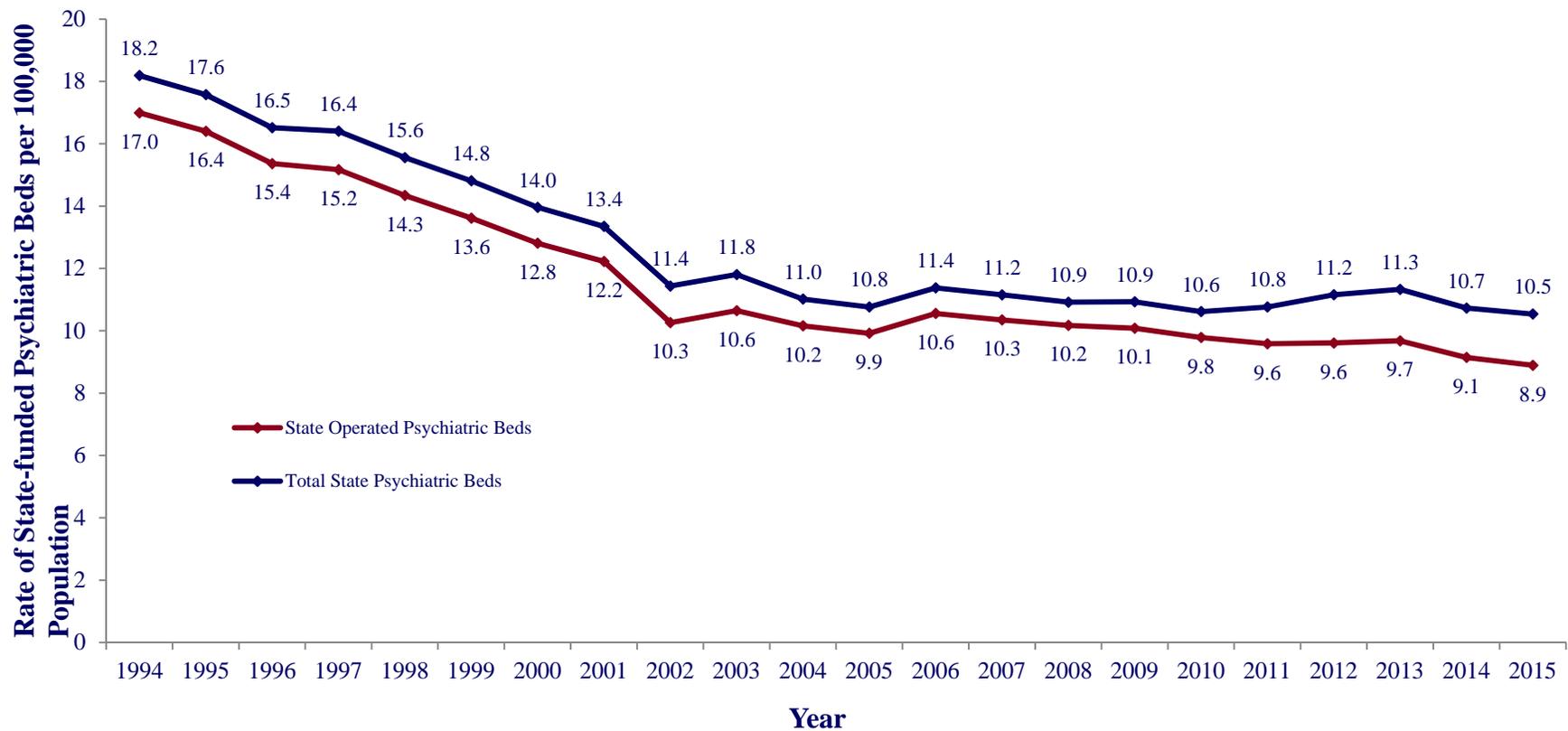
## **Challenges include:**

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

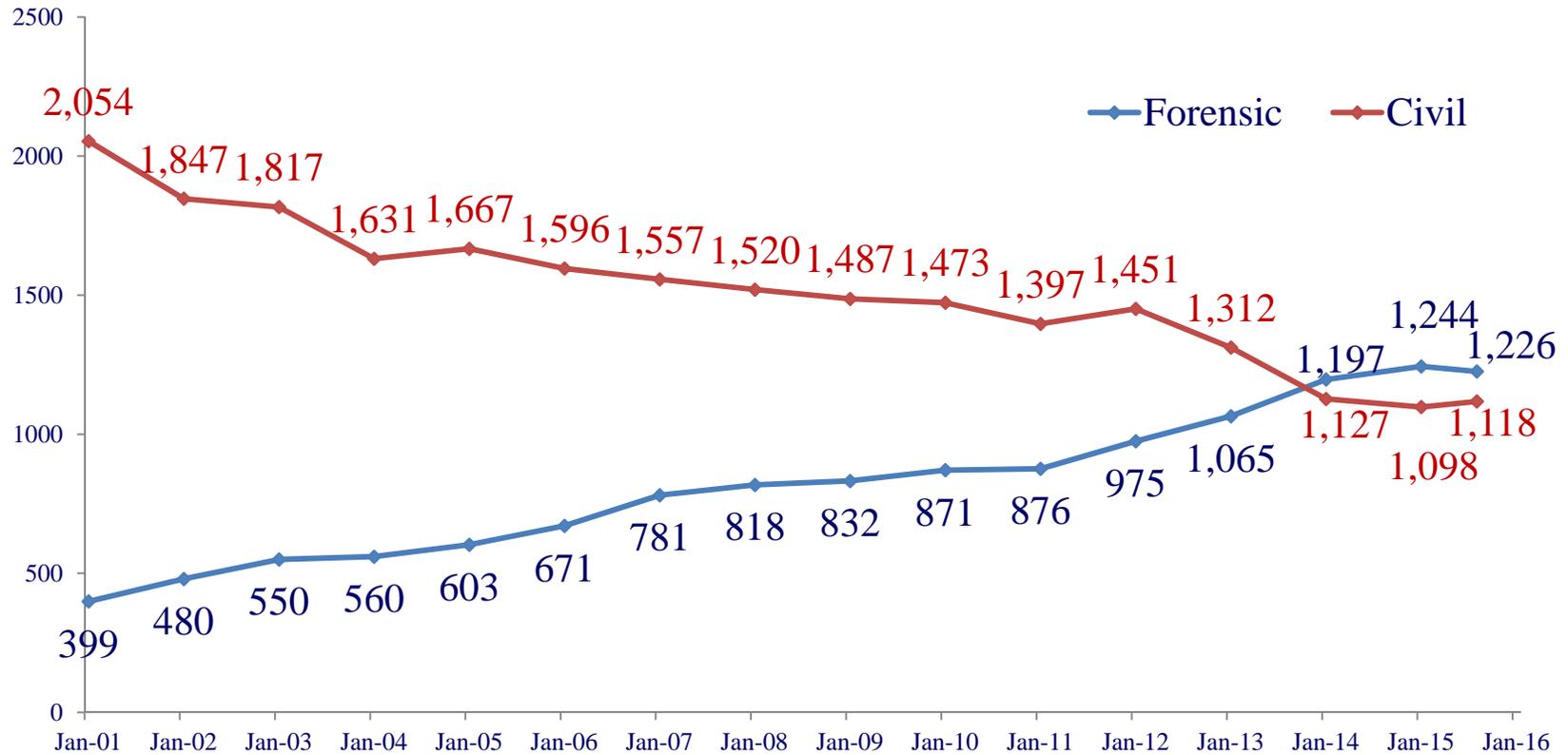
## State-funded Psychiatric Bed Capacity: FY 1994 - 2015



## State-funded Psychiatric Bed Capacity: FY 1994 - 2015



## Civil vs. Forensic Patient Population of State Hospitals





# State Hospital System: Enhancements

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## **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

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## **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.



## Long-term Strategies

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- 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.