



House Committee on County Affairs
Interim Hearing
May 5, 2014
Department of State Health Services

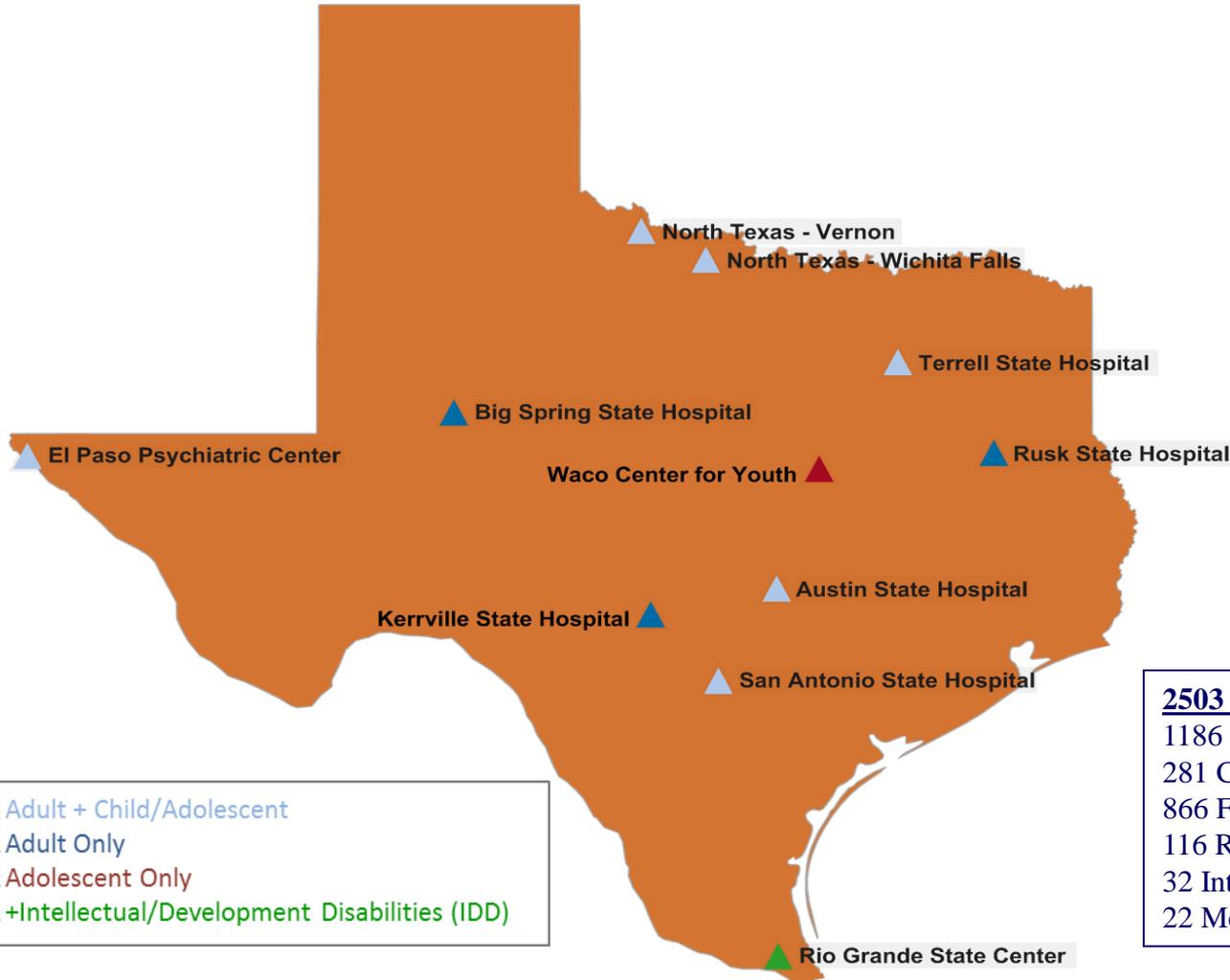
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Commissioner Mental Health &
Substance Abuse Division

Overview of H. B. 3793, Section 3

Challenges in the Mental Health System

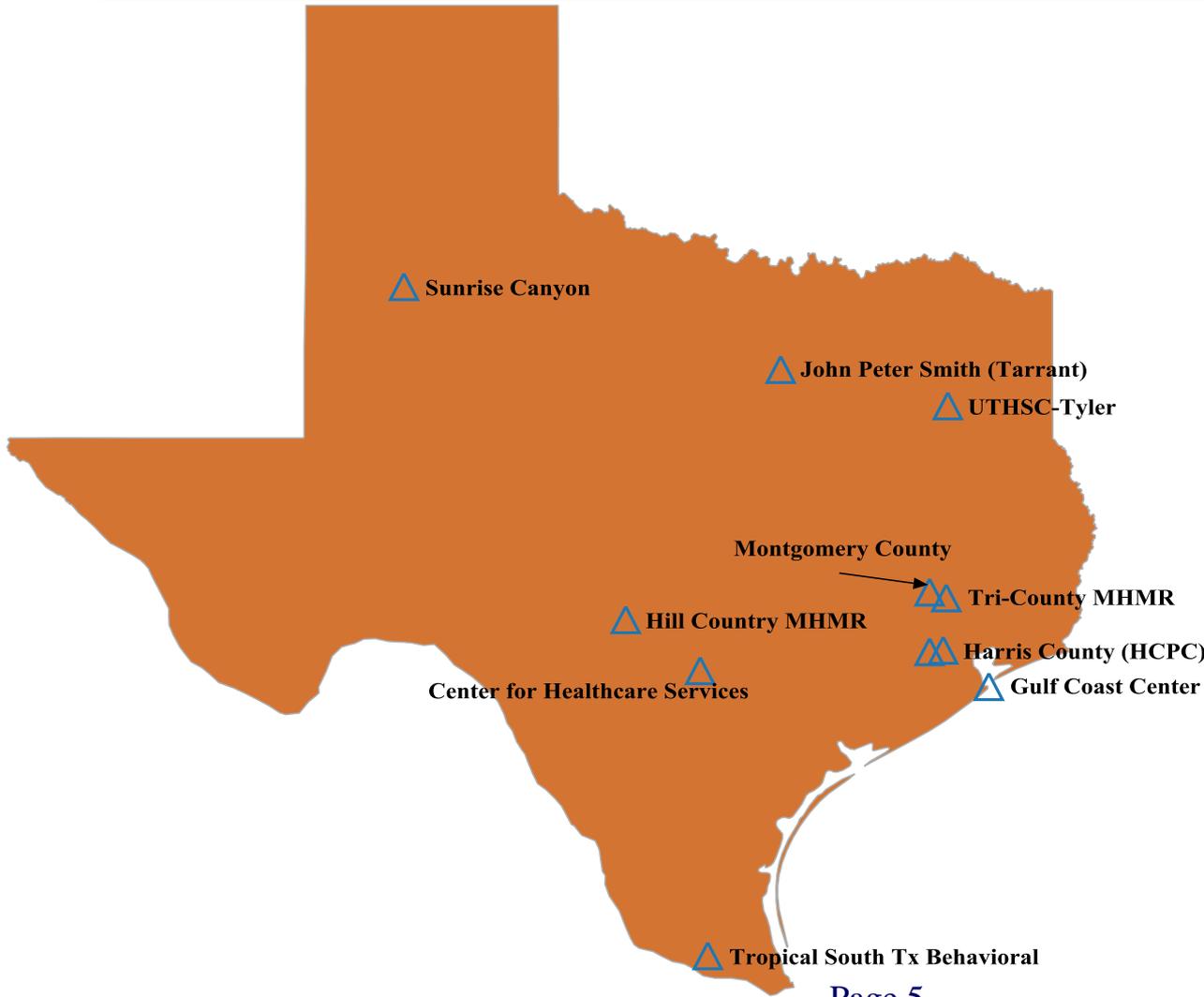
- Rapidly growing population
- Workforce shortages (recruitment and retention)
- Priorities and perspectives of the legal system
- Lack of affordable services outside of the state system
- Demand exceeds resources
- Increase in judicial commitments

State Hospitals in Texas



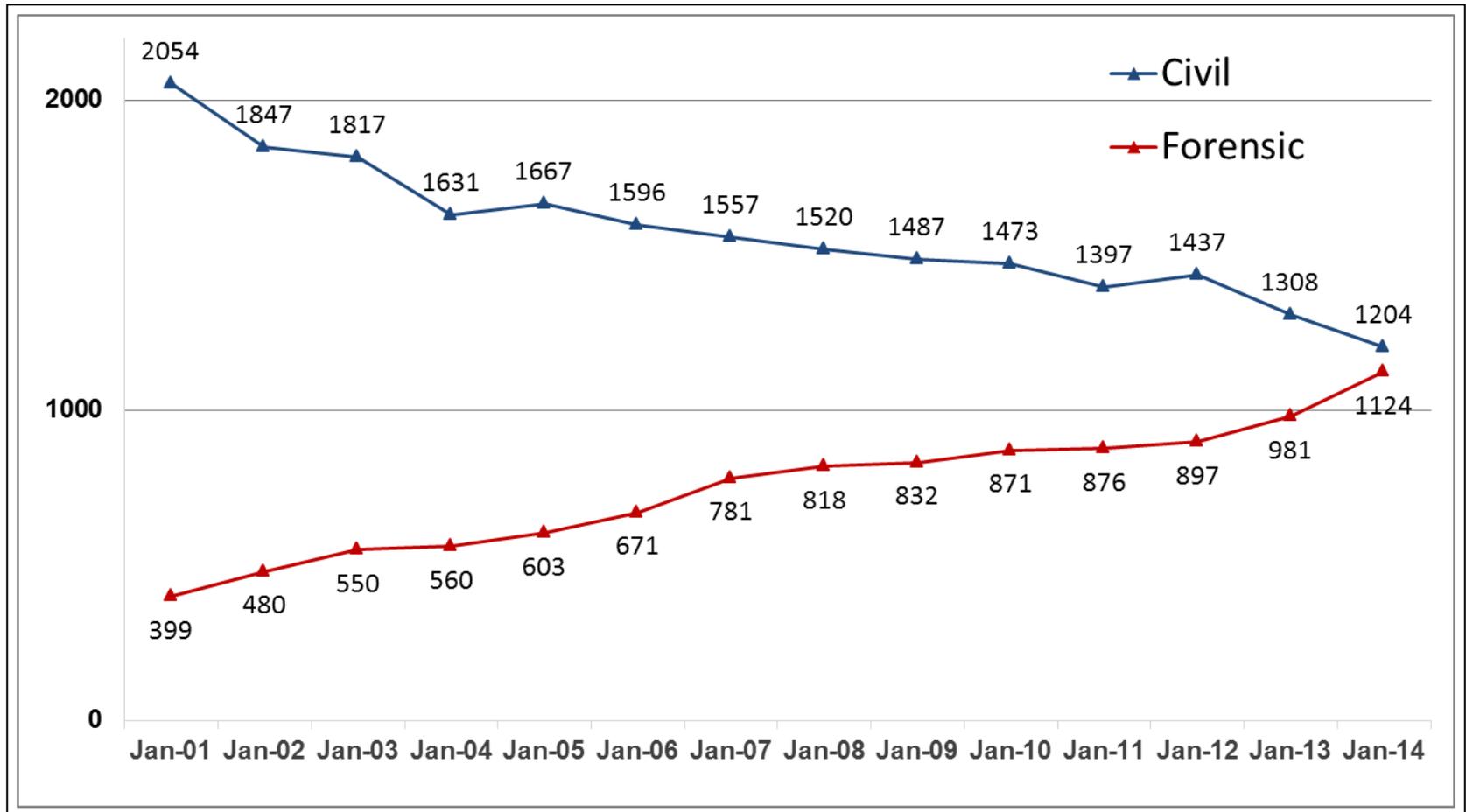
2503 State Operated Psychiatric Beds
 1186 Civil (32 *Maximum Security*)
 281 Child/Adolescent (77 *Adolescent Forensic*)
 866 Forensic (292 *Maximum Security*)
 116 Residential
 32 Intermediate
 22 Medical

Community Hospitals in Texas



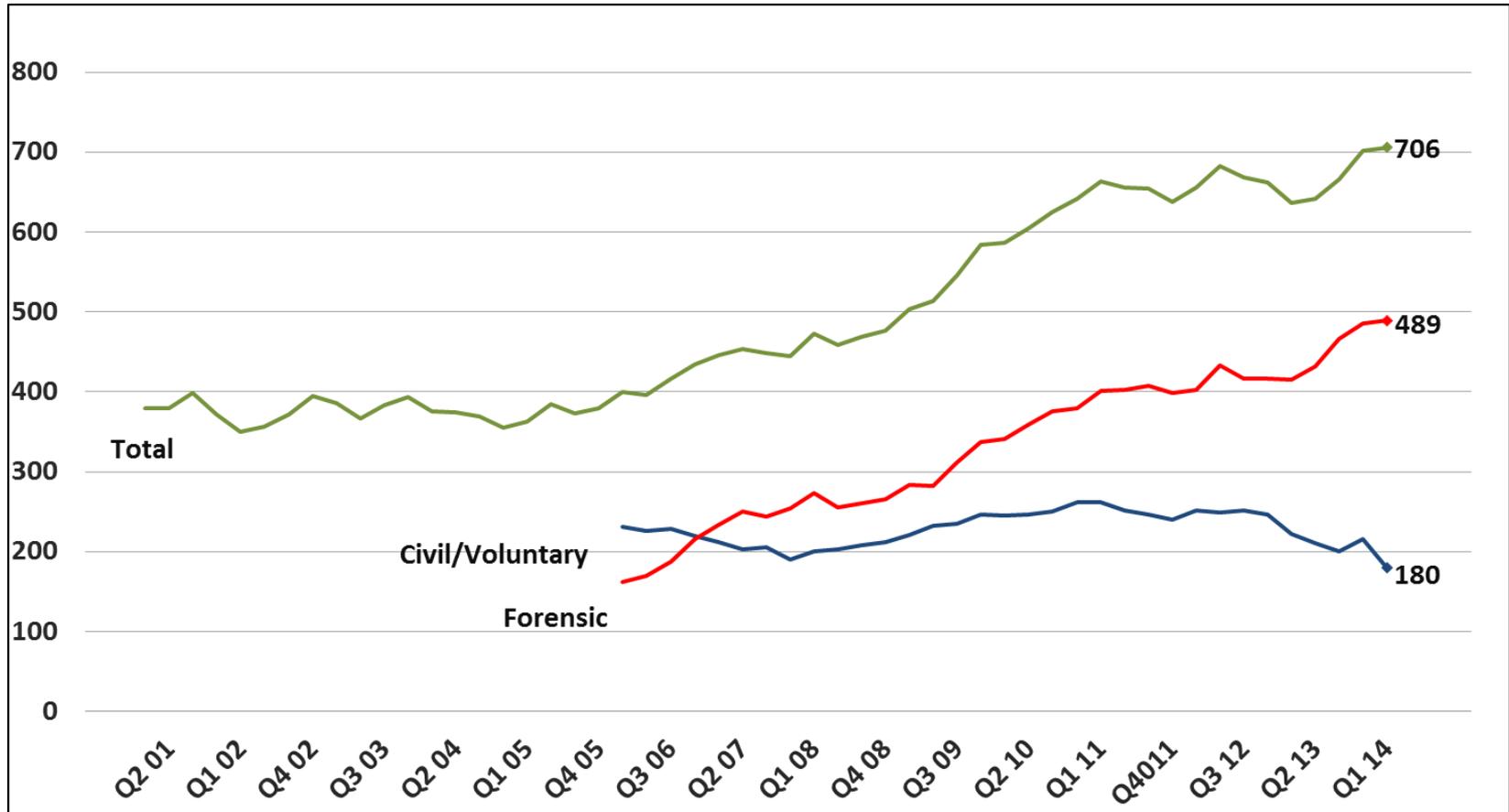
<u>397 State Funded Psychiatric Beds</u>	
Montgomery County	94
Harris County (HCPC)	162
Harris County (HCPC)	17
Gulf Coast Center	18
Sunrise Canyon	30
Hill Country MHMR	16
Tri-County MHMR	5
Center for Health Care Services	25
Tropical South Texas Behavioral	10
MHMR of Tarrant County	20

Trend in State Hospital Patients by Commitment Type





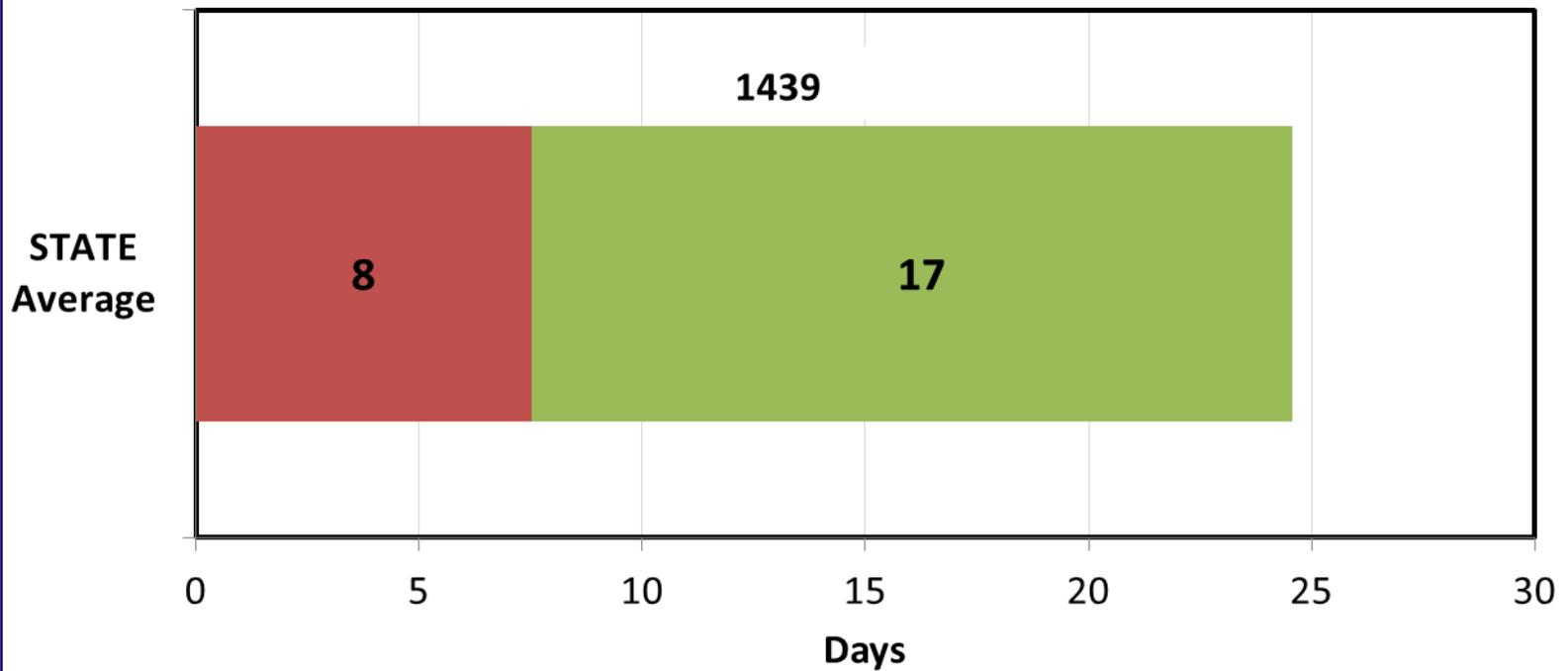
State Hospital Patient Admissions Exceeding a Year 2001 – 2014



Clearinghouse: Forensic Waitlist

Breakout of Time from Commitment to Hospital Admission: State Average

■ Commitment to Waitlist ■ Waitlist to Admission



Overview of H.B. 3793

H.B. 3793, Section 3 (83rd Legislature, Regular Session, 2013) directs DSHS 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

Advisory Panel

- Purpose: The bill directs DSHS to establish an Advisory Panel to assist in the development of the plan for the appropriate and timely provision of mental health services
- Members: The panel consists of 17 members from various stakeholder groups

Panel Representation

- Texas Department of Criminal Justice
- Texas Hospital Association
- Texas Municipal League
- Texas Association of Counties
- Texas Conference of Urban Counties
- Texas Catalyst for Empowerment
- Texas Council of Community Centers
- County Judges and Commissioners Association of Texas
- Sheriff's Association
- DSHS – Council for Advising and Planning (CAP)

Framework of Activities

- Develop the initial version of the plan no later than 12/31/13
- Identify standards and methodologies for implementation of the plan no later than 8/31/14
- Submit a report to the Governor and Legislature 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 no later than 12/1/14
- Update the plan at least biennially

Elements of Initial Plan

- Statute requires the plan to address four key areas with regards to outpatient mental health services and beds in the state hospitals for both groups of patients (civil/voluntary and forensic):
 - **Service Needs**
 - **Capacity Needs**
 - **Funding and Resource Allocation**
 - **Access and Availability**

Initial Plan Service and Capacity

Initial Plan:

- Completed preliminary estimate of need for outpatient services and hospital beds based on available data
 - Based on prevalence data, currently DSHS serves 32% of the identified need for adults and 27% of the need for children (additional individuals may receive non-DSHS funded services)
 - Currently DSHS has 11 beds per 100,000 population in Texas compared to a national average of 14 beds per 100,000 population
- Identified an array of services for every local service area

Next Steps:

- Collect community-level data to refine preliminary estimates
- Complete analysis of existing and emerging capacity and unmet needs
- Develop community-based alternatives to inpatient treatment for forensic patients

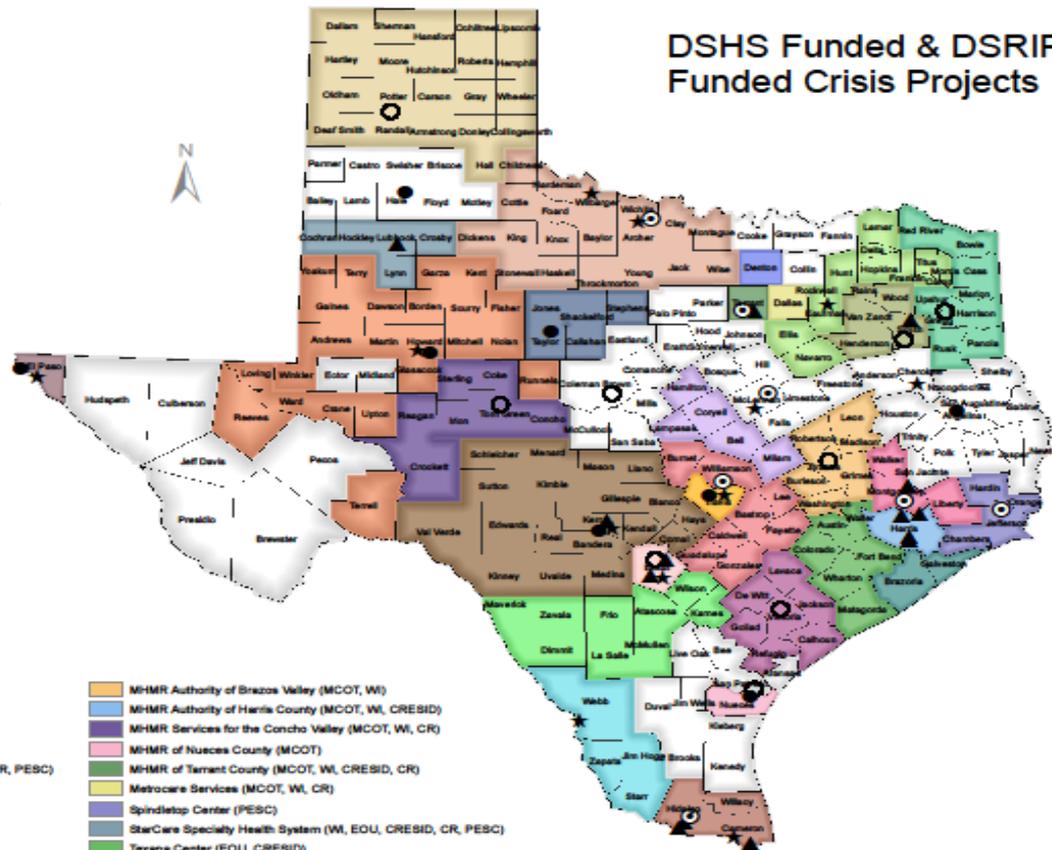
Service and Capacity: 1115 Waiver Crisis Projects

★ State Hospital Resources

DSHS Funded Crisis Projects

- Existing Crisis Projects
- Existing/Enhanced Projects
- ⊙ New Crisis Projects
- ▲ Community / Local Hospital Resources

DSHS Funded & DSRIP Funded Crisis Projects



DSRIP Funded Crisis Projects

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Andrews Center Behavioral Healthcare System (MCOT, CR) ■ Austin Travis County Integral Care (MCOT, CRESID) ■ Betty Hardwick Center (MCOT) ■ Bluebonnet Trails Community Services (EOU, PESC) ■ Border Region Behavioral Health Center (MCOT, WI, EOU, CR, PESC) ■ Camino Real Community Services (MCOT, CRESID) ■ Central Counties Services (CR) ■ Community Healthcare (EOU, CRESID) ■ Denton County MHMR Center (WI, CRESID) ■ Emergence Health Network (HOT, MCOT, WI, EOU, CRESID, CR, PESC) ■ Gulf Bend Center (WI, PESC) ■ Gulf Coast Center (PESC) ■ Helen Farabee Centers (CR) ■ Hill Country Mental Health & Developmental Disabilities Centers (MCOT) ■ Lakes Regional MHMR Center (CRESID, CR) | <ul style="list-style-type: none"> ■ MHMR Authority of Brazos Valley (MCOT, WI) ■ MHMR Authority of Harris County (MCOT, WI, CRESID) ■ MHMR Services for the Concho Valley (MCOT, WI, CR) ■ MHMR of Nueces County (MCOT) ■ MHMR of Tarrant County (MCOT, WI, CRESID, CR) ■ Metrocare Services (MCOT, WI, CR) ■ Spindletop Center (PESC) ■ StarCare Specialty Health System (WI, EOU, CRESID, CR, PESC) ■ Texans Center (EOU, CRESID) ■ Texas Panhandle Centers (CR) ■ The Center for Health Care Services (HOT, MCOT, WI, EOU, CR) ■ Titi-County Services (EOU) ■ Tropical Texas Behavioral Health (MCOT) ■ West Texas Centers (MCOT) ■ No Crisis Related 1115 Project(s) |
|---|--|

Source: Adult Mental Health Program Services
Map Source: Center for Health Statistics, GIS
February 2014



Initial Plan

Sufficient Funding and Resource Allocation

Initial Plan:

- Described allocation methodology for community and state-funded inpatient services
 - Community services are funded based on historical levels. When new funding is appropriated a methodology is used that addresses movement toward equity
 - Hospital beds are allocated based on population

Next Steps:

- Form specific capacity recommendations for needed services
- Develop cost projections to support capacity recommendations

Initial Plan

Access and Availability

Initial Plan:

- Described critical activities needed to ensure adequate services and support long-term stability and recovery
 - Housing, crisis alternatives, peer support, outcome-based incentives, and jail diversion strategies

Next Steps:

- Improve management of existing hospital capacity
- Develop long-term community residential services for patients with extended lengths of stay
- Improve quality and consistency of critical activities, such as continuity of care, outreach, engagement, and crisis response
- Improve collaboration with law enforcement and the judicial system

H.B. 3793 Past Activities

September 2013:

- First meeting of the panel
- Solicited ideas from panel members for inclusion in the draft outline of the plan

October 2013:

- Reviewed compilation of ideas and identified priority areas to include in the draft outline of the plan
- Developed draft outline of the plan

November 2013:

- Reviewed draft outline of the plan and made modifications based on panel members' comments/recommendations

December 2013:

- Posted draft outline of the plan for public comment and sent to panel members for final comments/recommendations
- Finalized and posted the initial plan to the H.B. 3793 website (www.dshs.state.tx.us./mhsa/hb3793)

January – February 2014:

- Developed timeline for 2014 and identified next steps
- Developed resource groups to assist with specific issues as needed
- Began work on the community-based needs assessment
- Completed workforce recommendations
- Examined issues related to forensic commitments
- Discussed current allocation methodology

H.B. 3793 Activities

March - April 2014

March 2014:

- Discussed resource estimates for capacity recommendations
 - Rural and Frontier Areas: Crisis/diversion services for identified areas
 - Statewide – Regional Collaborative Efforts: Short-term/transitional and long-term housing options, seamless integration of crisis services, and workforce development
 - Infrastructure Development: New facility licensure types, clinical data exchange, and other data enhancements
- Discussed proposal for preferred settings for services currently provided in State Hospitals
 - State Hospital Setting: Extended acute, adult forensic (Not Guilty by Reason of Insanity or manifestly dangerous), and child and adolescent forensic services
 - Community Setting (when clinically appropriate and available): Acute, adult forensic (Incompetent to Stand Trial), residential, and specialty medical services

April 2014:

- Provided information on Rider 83 (10 year plan)
 - Expectations for contractor
 - Relevance to H.B. 3793 plan
- Discussed strategies for capacity management
 - Methods for managing utilization of state hospital beds
 - Management of long-term patient needs, including barriers to community placement
- Discussed strategies for judicial engagement and outreach
 - Partner organizations (for judges, prosecutors, and defense attorneys)
 - Information needed (topic areas for training and resource materials)
 - Potential venues for presentation

H.B. 3793 Future Activities

May – August 2014:

- Complete community-based service and capacity needs assessment
- Complete statutory and regulatory recommendations
- Complete allocation and utilization management recommendations
- Complete forensic engagement recommendations
- Revise initial plan to incorporate results of capacity and service needs assessment and other standards and methodologies
- Begin implementing the plan

September - December 2014:

- Monitor implementation of the plan
- Assess the plan's impact on the delivery of services
- Submit report to the Governor and Legislature by 12/1/14

Overview of Healthy Community Collaboratives

Key Legislation

- SB 58, Section 2 (83rd Legislature, Regular Session, 2013) requires DSHS to establish or expand community collaboratives that provide services to individuals experiencing issues related to mental health and homelessness
 - Maximum of five grants in municipalities located in counties with a population of over 1 million
 - Dollar for dollar matching funds from private community sources
 - Awardees must provide evidence of significant coordination and collaboration
- SB 1, DSHS Rider 90 (83rd Legislature, Regular Session, 2013) allocates \$25 million (biennium) to award healthy community collaborative grants

Implementation Timeline

- August 16, 2014: Initial RFI was posted
 - Added Housing First option
- November 27, 2013: RFP was released
 - Prior to the release of the RFP, two conference calls were held to engage potential respondents
- January 10, 2014: Responses were due
 - Proposals were submitted by each eligible municipality
- January-April 2014: Evaluation
 - Proposal clarification and negotiations
- July 1, 2014: Expected start date

Awards

- **Five awardees:**
 - Coalition for the Homeless Houston/Harris County
 - City of Dallas (the Bridge)
 - Tarrant County MHMR
 - Austin Travis County Integral Care
 - Haven for Hope (San Antonio)
- **Over \$23,536,632 in private matching funds identified**
 - Capital Campaign, on-going fundraising activities, United Way and private donations
 - Private Foundations include: St. David's NuStar, Fort Worth, Austin Community Seton Healthcare Family, Meadows, Waller Creek Conservancy, Hogg, Arnold, Religious Coalition for Homeless
- **Total collaborative funding = \$47,073,264 million (over biennium)**

Project Overviews

- **City of Dallas (The Bridge):** \$5.18 million GR funds (FY 14/15) / \$ 5.18 million private matching funds
 - Centralized intake to serve the entire continuum of care
 - Increase case management services
 - Increase integrated physical and behavioral services
 - Provide permanent supportive housing
 - Increase aftercare supports by an additional 6-months of community based care
- **Haven for Hope (San Antonio):** \$3.58 million GR funds (FY 14/15) / \$3.58 million private matching funds
 - Centralized intake to serve the entire continuum of care
 - Provide permanent supportive housing
 - Increase aftercare supports to foster retention
 - Increase peer support in all areas of service delivery from outreach, intake, and case management through to aftercare and discharge
 - Increase coordination and services for the re-entry population

Project Overviews

- **Coalition for the Homeless Houston / Harris County:** \$6.96 million GR funds (FY 14/15) / \$6.96 million private matching funds
 - Build a co-located homeless crisis and housing processing services center in the northeast section of downtown Houston
 - Increase the number of permanent supportive housing units
 - Increase the access to integrated medical and behavioral health services
- **MHMR Tarrant County:** \$4.34 million GR funds (FY 14/15) / \$4.34 million private matching funds
 - Expand outreach and engagement
 - Create Homeless Navigator Team with case managers and peer providers
 - Provide permanent supportive housing subsidies
- **Austin Travis County Integral Care (ATCIC):** \$3.48 million GR funds (FY 14/15) / \$3.48 million private matching funds
 - Create dedicated housing units for the homeless
 - Provide permanent supportive housing subsidies
 - Provide intensive case management services
 - Enhance substance abuse treatment for permanent supportive housing
 - Provide supported employment services