

*Deep in the Heart
of Texas DMIE*

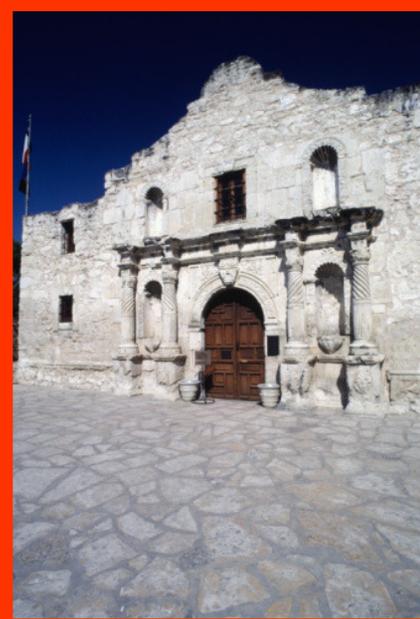
Texas Department of State Health Services
Harris County Hospital District
University of Texas at Austin

Texas DMIE Team



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Harris County Hospital District
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University of Texas at Austin, Addiction
Research Institute

Texas: The Myth



Houston: The Reality



Health Economics



- Texas ranks near last place in per capita state funding for mental health services
- One in four Texans are uninsured
- Public systems of care are severely challenged to meet demand for services



Houston



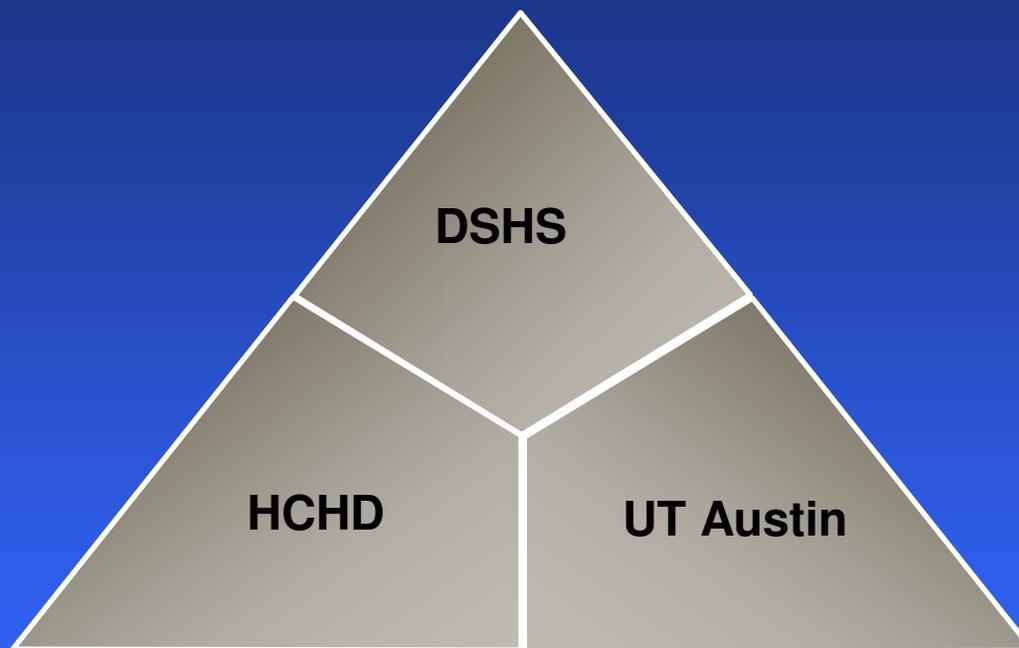
- Largest city within Texas
- Fourth largest in the US
- **31.4%** of residents **uninsured** (1.1 million)
- **500,000 underinsured**
- Harris county contributes significant local dollars to mental health and indigent care
- Houston public / private agencies provide **\$2 billion** in health care each year to people lacking insurance



Texas DMIE



- A state / local partnership



Texas Team Roles



HCHD

Develop/ operate
DMIE Health
System

Provide match
for Medicaid-
like services

DSHS

Oversight
Manage Project

UT Austin

Implement /
operate DMIE
data system

Conduct
independent
evaluation



- Mental Health / Substance Abuse Authority
- Department of Health and Human Services
- Health and Human Services Commission (HHSC) is also single state Medicaid agency
- Executive Commissioner of HHSC reports to Governor of Texas

HCHD



- Largest Texas hospital district
- Fourth largest in the US
- Extensive and complex delivery system (hospitals, 32 clinics, contracted providers)
- 500,000 per year served
- HCHD programs ensure access to care (Gold Card, CommunityOne)
Members contribute financially based on income





- UT Austin School of Social Work, Addiction Resource Institute - ARI leads a number of evaluation, research, and training projects funded by NIDA, SAMHSA, and the Texas Department of State Health Services.
- UT ARI will be assisted by:
 - Texas A & M University Public Policy Research Institute – recruit, randomize, gather annual data
 - UTH School of Public Health – collect field data

Texas DMIE Project



- Service Area: Harris County
- Evaluates effects of access to health care coverage on working individuals with potentially disabling behavioral health (mental health or substance abuse) conditions
- \$18.6 million federal, \$7.5 million HCHD in-kind

Texas DMIE Design



- Randomized controlled trial
- 625 to 1,000 in intervention group
- Intervention and Control groups drawn from HCHD GoldCard / CommunityOne programs
- Intervention group receives enhanced medical, behavioral and dental services, case management and vocational services

Inclusion Criteria



- HCHD Goldcard or CommunityOne member
- Received HCHD services in the last 12 months
- Employed 40 hours a month or an average of 40 hours for the past three months, or an average of 40 hours for the past 6 months
- 21 – 60 years of age
- Not receiving or seeking assistance, such as SSI or SSDI
- Diagnoses:
 - schizophrenia, bi-polar disorder, major depression;
or
 - behavioral health diagnoses co-occurring with a physical diagnosis which would reasonably be expected to increase the likelihood of eligibility for SSI or SSDI.

Candidate Pool



- Over 15,000 HCHD GoldCard or CommunityOne members have a BH condition and work part or full-time
- Over 7,000 members meet criteria for inclusion in the DMIE study, per HCHD administrative data

Intervention Services



- Chemical dependency treatment services including:
 - Outpatient Detox
 - Intensive Outpatient
 - Partial Hospitalization
 - Residential Treatment
- Prescriptions above the 3 per month Medicaid limit
- Expanded Durable Medical Equipment
- Preventative and restorative dental treatment
- Enhanced psychological and neuropsychological assessments
- Improved access to outpatient mental health services (expedited office or outpatient visits)

Case Management



- Individual planning addressing life and health issues
- Advocacy, direct services, motivational interviewing, coordination and intervention
- Assistance in connecting to other community resources
- Employment/Vocational supports including:
 - Vocational Assessment/Evaluation
 - Collaboration with an Employer
 - Vocational Support Groups
 - Collaboration with Family/Friends
 - Vocational Treatment Planning/Career Development
 - Vocational Counseling

Hypotheses



The intervention group will experience:

- Higher rates of employment
- Greater job satisfaction
- Greater control over their behavioral illness
- Fewer or weaker symptoms of behavioral illness
- Better physical health outcomes
- Less dependence on SSI, SSDI, public mental health system, Medicaid

Evaluation Measures



- HPQ: The World Health Organization's Work Performance Questionnaire (HPQ) - baseline / annually
- ADL and IADL scales - baseline / annually
- SF12v2 - annually
- Basis-24 health status survey - at least annually
- HCHD administrative data (demographics)
- State unemployment data - annually
- HCHD customer healthcare cost and utilization data - at least annually
- Focus group and individual interview - at least annually

Challenges

- Negotiating state and local bureaucracies
- Designing a program which can work and be replicated in a state like Texas, which delegates indigent care to local systems
- Developing a data system that obtains, contains and tracks individual experience across services and networks
- Contracting for new and enhanced services outside and within existing HCHD networks
- Changing the culture of provider systems to focus on prevention and integration of individualized services across disciplines

Next Steps



- Final protocol submission: Late 2006
- Project Start Date: Early 2007

