Presentation to House Committee on County Affairs

Department of State Health Services

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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
- Identify standards and methodologies for implementation of the plan
- 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
- Update the plan at least biennially

Elements of Initial Plan

Statute requires the plan to address four key areas with regard 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

H.B. 3793 Activities
September – December 2013

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)

H.B. 3793 Activities January – August 2014

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

March 2014:

- Discussed resource estimates for capacity recommendations
- Discussed proposal for preferred settings for services currently provided in State Hospitals

April 2014:

- Provided information on Rider 83 (10 year plan)
- Discussed strategies for capacity management
- Discussed strategies for judicial engagement and outreach

May – August 2014:

- Completed community-based assessment of capacity and needs
- Identified standards and methodologies for implementation of the initial plan
- Completed capacity, allocation, and access and availability recommendations

Panel Recommendations Capacity

Inpatient (State Hospital and Contract Beds):

Add 1,500 new beds for current demand and 60 new beds per year for population growth

- Bring 720 beds online in 2016-17 biennium
- Add remaining beds over subsequent six years

Outpatient:

Increase capacity by 1.8 % per year for population growth

- Improvements in jail diversion, engagement and retention, and continuity of care could increase demand

Panel Recommendations Allocation

Inpatient:

Eliminate forensic commitments from the State Hospital Allocation Methodology (SHAM)

- DSHS to manage forensic capacity in lieu of Local Mental Health Authorities (LMHAs)

Replace SHAM committee with a diverse, statewide stakeholder group

- Include representation from criminal justice, law enforcement, county and city management, providers of physical health care and mental health and substance abuse services, and consumer advocacy groups
- Initial workgroup meeting to include all members of HB 3793 Advisory Panel

Provide monthly utilization reports to LMHAs/NorthSTAR and stakeholder group

Outpatient:

- Expand scope of stakeholder group charge to include community-based services
- Maintain current methodology for existing funds
- Use new funding to achieve equitable distribution of resources as permitted by legislation

Panel Recommendations
Access and Availability, FY 2015

Optimize Utilization of Capacity:

- Develop a state-level waitlist for civil and voluntary patients in need of a bed
- Develop alternatives and manage incentives that maximize resources
- Develop process to monitor utilization of community-based alternatives to inpatient care

Enhance Stakeholder Education:

- Simplify nomenclature related to crisis alternatives
- Create a list of available resources for information, training and technical assistance
- Provide training and information to judges and attorneys
- Provide technical assistance to state hospital and LMHA staff on effective engagement with the criminal justice system
- Work collaboratively to increase the number of clients transitioning from forensic to civil commitments

Panel Recommendations
Access and Availability, FY 2016-2017

Continue to Optimize Utilization of Capacity:

- Expand state-level reporting to show daily capacity of crisis beds

Continue to Enhance Stakeholder Education:

- Develop an online guide to alternatives to inpatient treatment
- Create a centralized portal for stakeholders to access information and resources

Transition to a Regionally-Developed Access System:

- LMHAs to submit a biannual regional psychiatric emergency plan, approved by local stakeholders, for use of current and future funding

Revise treatment planning process:

- Implement a standardized, formulaic continuity of care document
- Collect and analyze assessment data at all state-funded providers

Expand and enhance health information exchange among providers

Pursue statutory changes to promote effective and efficient use of capacity:

- Seek authorization to pilot forensic community programs
- Propose language requiring certification of waiver of an annual commitment hearing

DSHS Rider 83 – 10 Year Plan Overview and Timeline

The 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, 2013 (Article II, DSHS Rider 83) requires DSHS to develop a ten-year plan for the provision of psychiatric inpatient hospitalization and authorizes DSHS to contract for necessary technical expertise

- CannonDesign is 3rd party consultant
- Ten Year Plan due to Legislature and Governor by 12/1/14

DSHS Rider 83 – 10 Year Plan

Addresses

- Capacity across various regions of the state and associated costs
- Current and future operational and infrastructure needs

Key Elements

- Timely access to services in least restrictive, appropriate setting
- Best practices inpatient treatment
- Care closer to patients' homes
- Efficient use of state resources

2016-2017 Exceptional Items

Ten Year Plan (Rider 83) - $40.0 Million

- Procure an additional 150 beds over the biennium: 50 beds in FY 2016 and 100 additional beds in FY 2017
- Purchase private psychiatric hospital beds throughout the state in locations where services are needed
- Address interim needs pending implementation of the Ten-Year State Hospital Plan required by DSHS Rider 83 of the FY 2014-2015 General Appropriations Act

Crisis Services Expansion and Enhancement - $36.8 Million

- Build on efforts by the 80th and 83rd Legislatures to support an array of crisis services
- Ensure a facility-based crisis option in all 37 Local Mental Health Authorities and NorthSTAR catchment areas
- Enhance crisis service sites: expedited access and transport, coordinated medical care, and substance abuse services

2016-2017 Exceptional Items

Mental Health Home and Community-Based Services 1915i - $2.7 Million

Annualizes funding for the Home and Community-Based Services – Adult Mental Health program established by DSHS Rider 81, FY 2014-2015 General Appropriations Act

Supported Decision-Making - $2.5 Million

Creates a supported decision–making program to facilitate the discharge of certain long-term state hospital patients to more appropriate community-based facilities

- Provides housing decision-making assistance for 100 state hospital patients who no longer need inpatient mental health services but cannot be discharged to the community due to lack of support
- Trains supported decision-makers to ensure individuals smoothly transition into appropriate community-based services

2016-2017 Exceptional Items

Mental Health Surge-Nursing Facilities - $39.0 Million

- Enhance referral to needed care for persons with mental illness at risk of nursing facility placement
- Ensure necessary match for mental health case management and skills training/rehabilitation services for nearly 10,000 individuals with mental illness residing in nursing homes
- Provide housing and relocation assistance for nursing home residents who wish to transition back to the community

Facilities/Demolition - $88.6 Million

- Address life and safety issues for state hospital patients and staff through critical facility maintenance and demolition of condemned or unsafe buildings