



Texas Tech
Law School
Symposium

November 18, 2016
Danette Castle, Executive Director
Texas Council of Community
Centers



Texas Council
of Community Centers

The graphic features a stylized red and black Texas Tech mascot on the left. The text is centered on the right. At the bottom right is the logo for the Texas Council of Community Centers, which includes a blue outline of Texas and the organization's name.



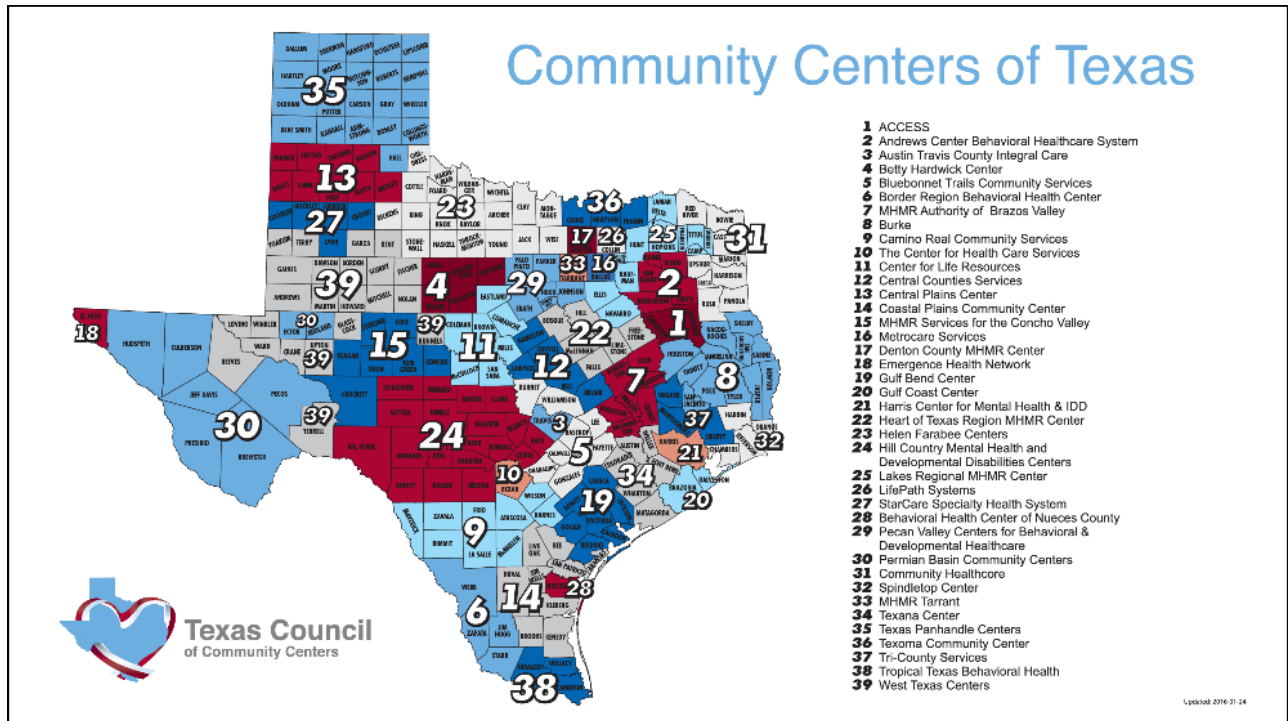


Community Mental Health Act of 1963

- Federal funding for Community MH Centers
- Community-based service philosophy
- Emphasized natural support systems, new medications, regionalized relationship with state facilities
- Catalyst for state legislation and funding

Texas MHMR Act of 1965

- Authorized local taxing authorities (counties, cities, hospital districts, school districts) to
 - create local governmental entity
 - appoint local governing board
 - develop community alternatives to treatment in large residential facilities
- Established local, state and federal partnership to create a community based system for people with mental illness and intellectual disabilities



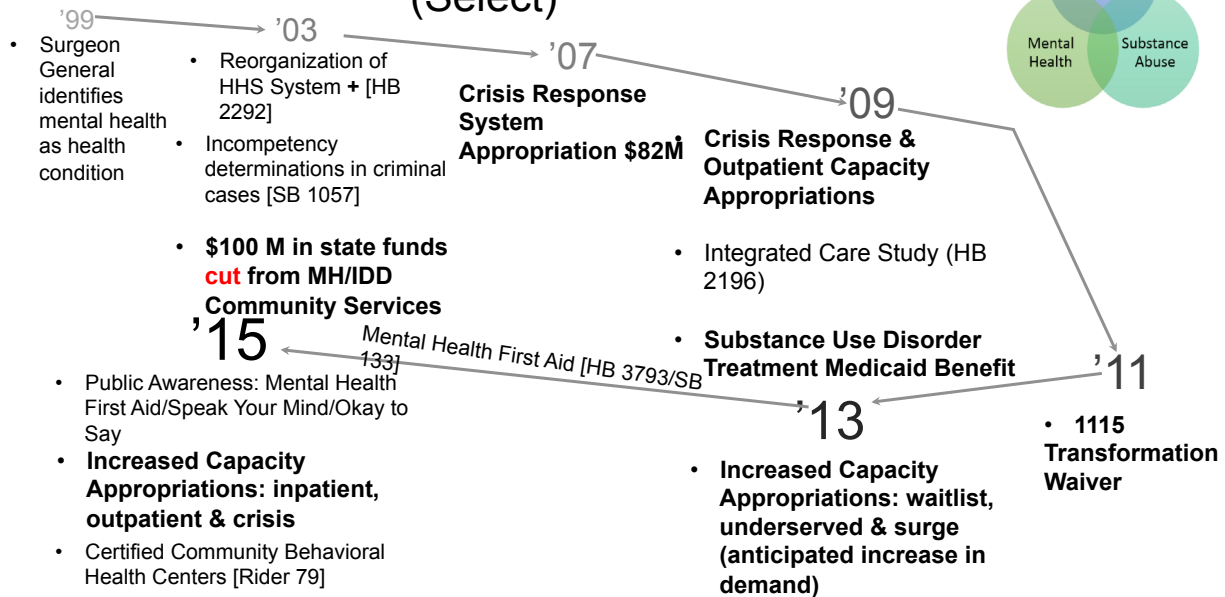
Key Partners

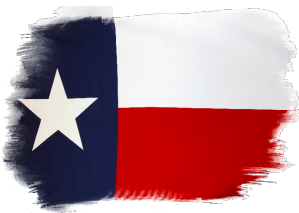
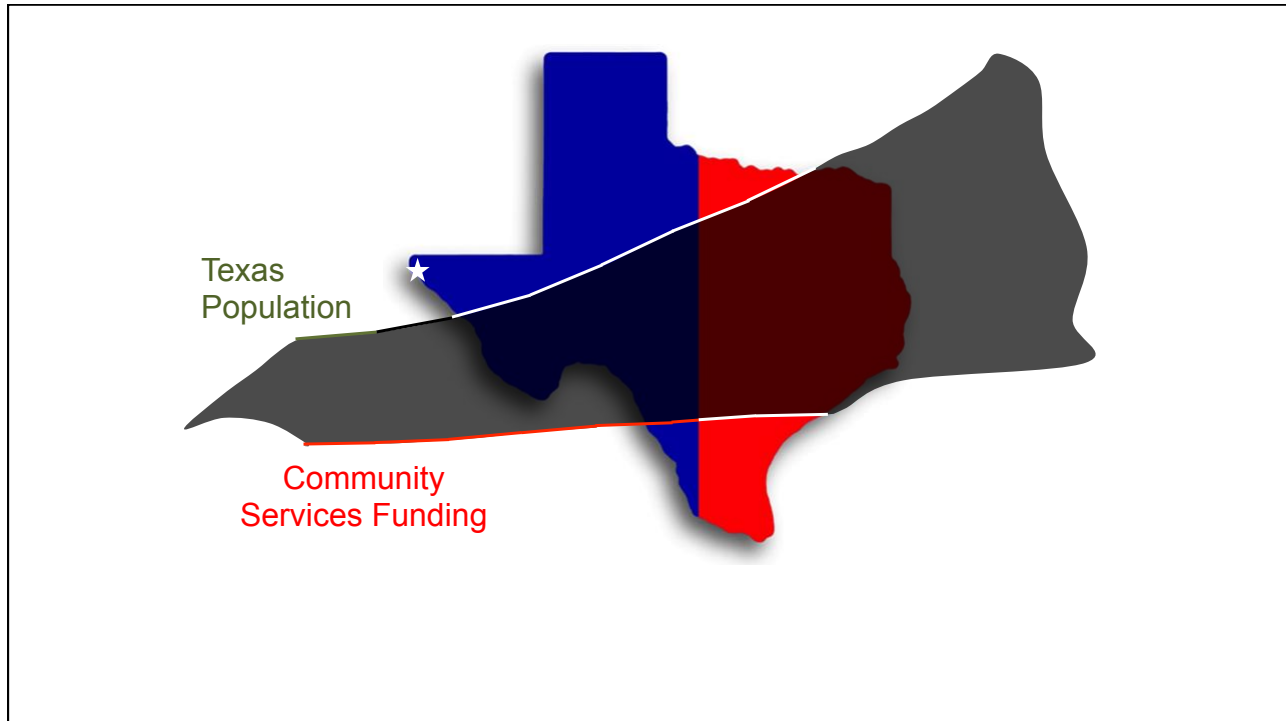


Texas Council
of Community Centers



Factors Impacting Public MH Services (Select)





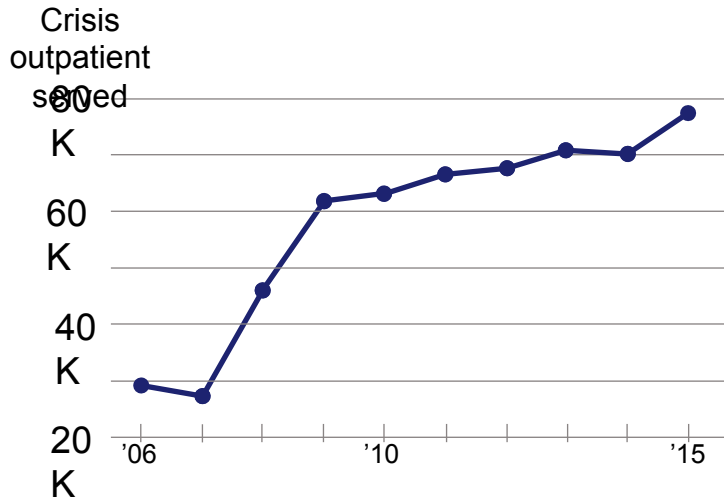
HB 2292 (2003)

- Directed reorganization of state Health and Human Service agencies;
- Reduced state spending on Community MH & IDD by \$100 million/year;
- Directed Local MH Authorities to:
 - Implement outcome based approach to mental health service delivery (**Resiliency and Disease Management**);
 - Restrict **Target Population** to people with major depression, schizophrenia and bipolar disorder; and
 - Develop **Jail Diversion** plans for the target population



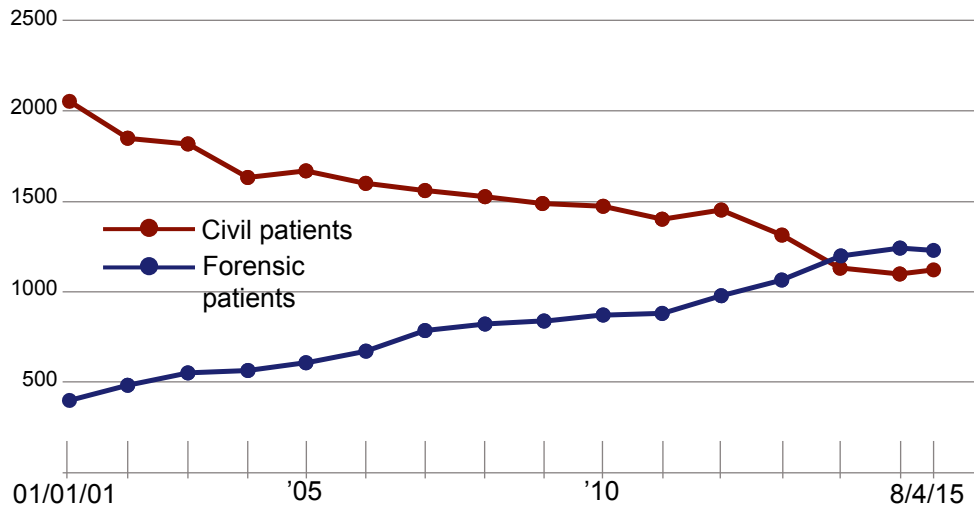
Demand for Outpatient Crisis Response

Crisis Outpatient Cases Served, 2006 – 2015

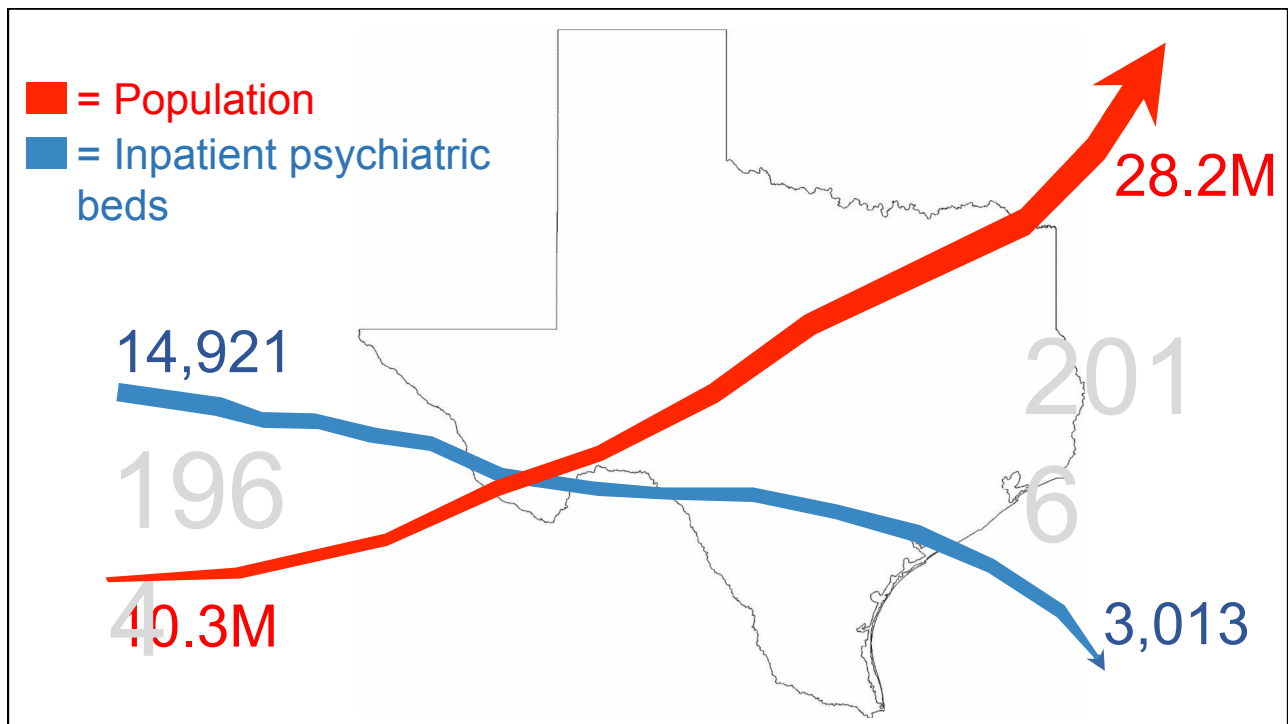
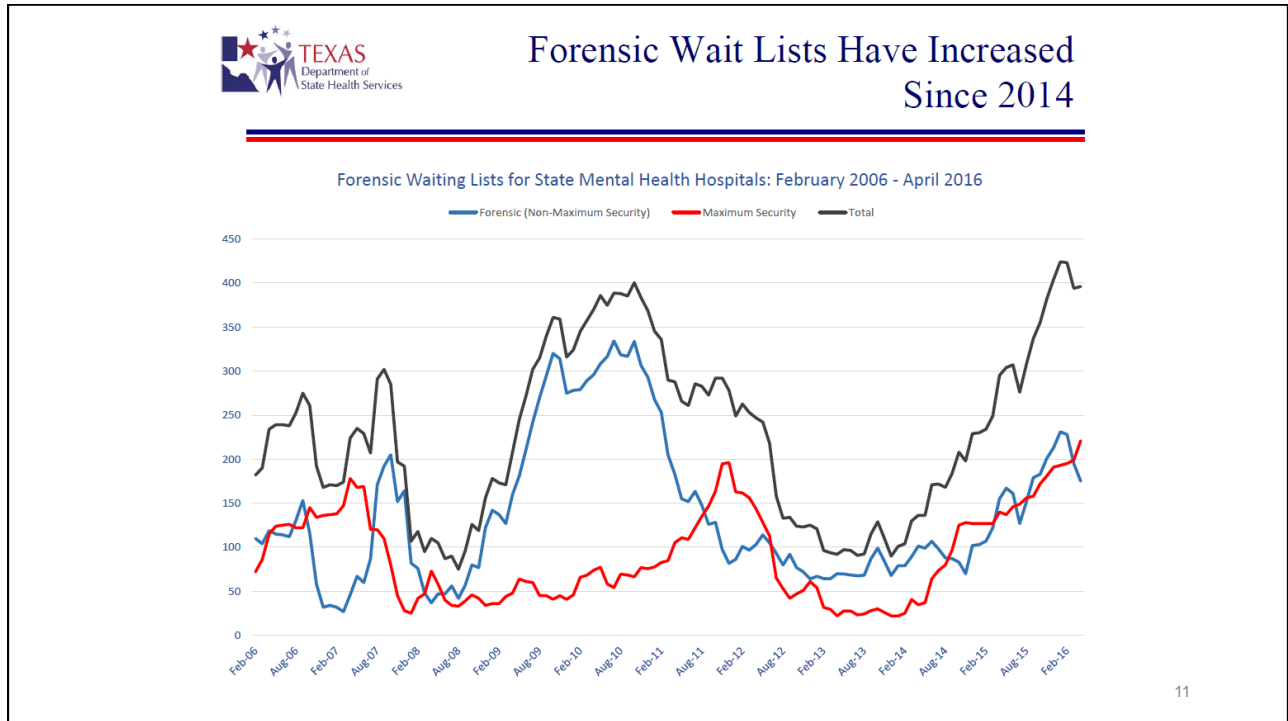


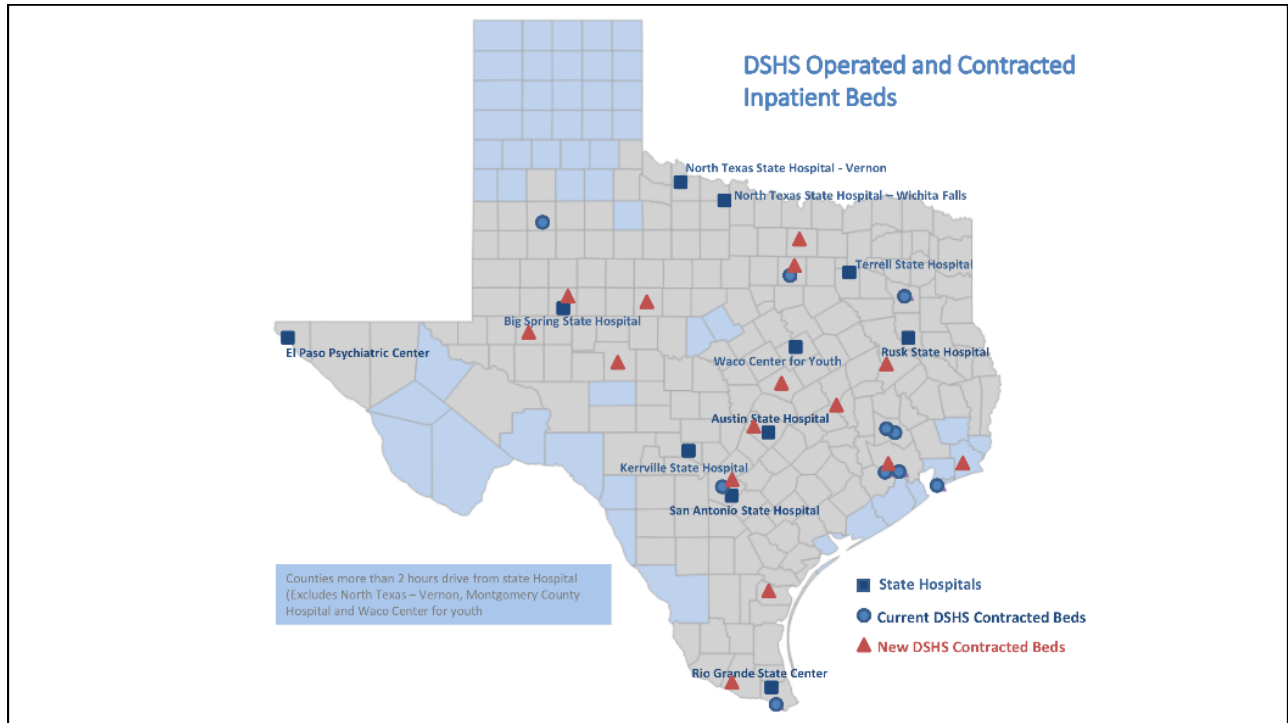
Civil vs. Forensic Patient Population of State Hospitals

Includes Montgomery County Mental Health Treatment Facility



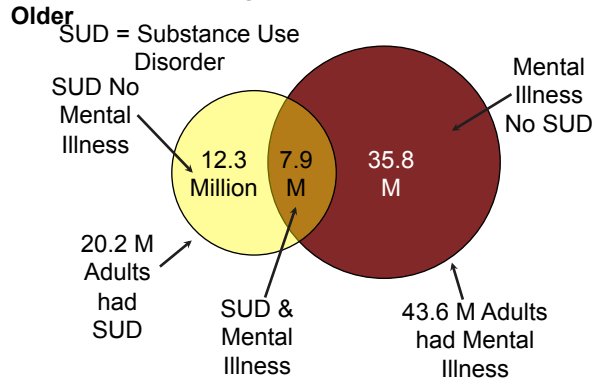
Snapshot taken on Jan. 21 of each year. Last data point snapshot, Aug. 4, 2015



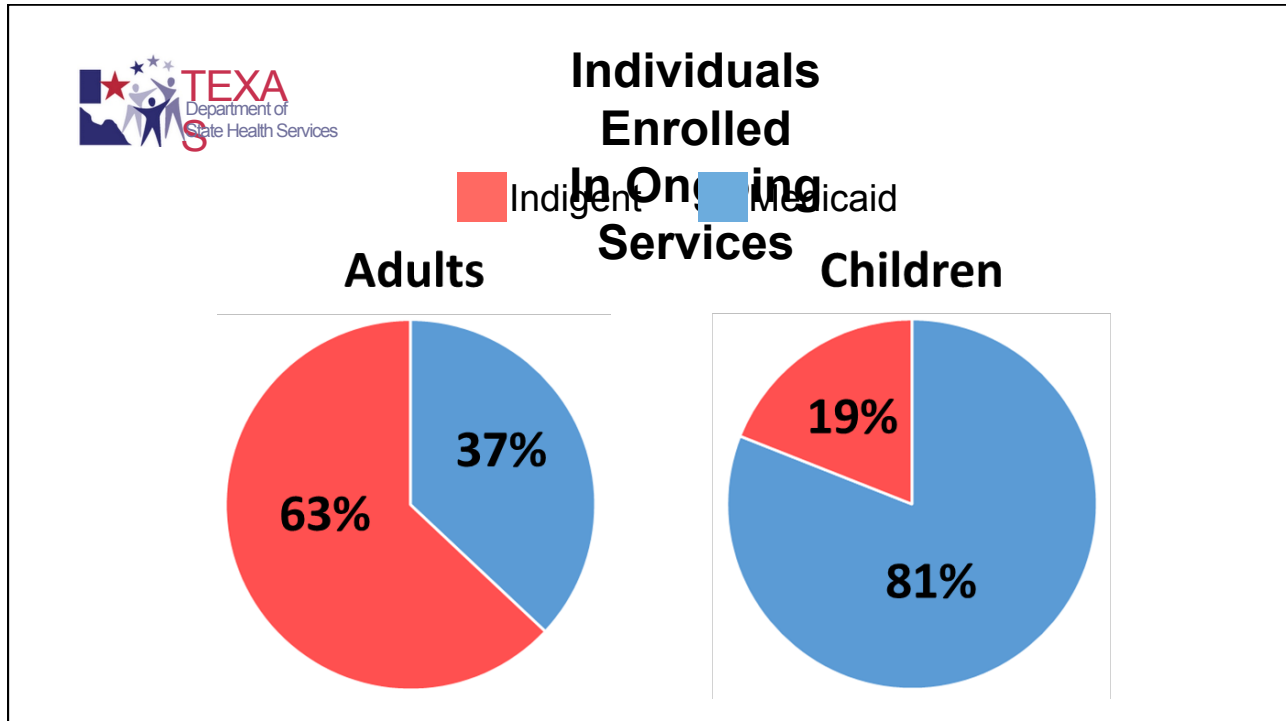


Link between mental illness and substance use disorders

2014 Substance Use Disorders & Mental Illness Among Adults 18 or Older



source: Behavioral Health Trends in the United States, Results from the 2014 National Survey on Drug Use and Health, September 2015. <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>



Overview of MH Service Array Adults & Children

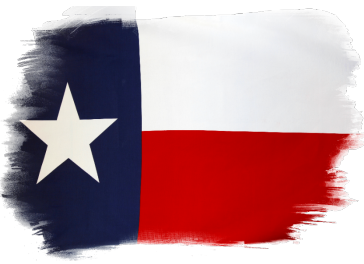
Statewide

- Crisis Hotline (accredited)
- Mobile Crisis Outreach Teams
- Crisis Transitional Services
- Intensive Ongoing Services
- Jail Diversion Planning
- Medication-Related Services
- Skills Training (psychosocial rehab)
- Case Management
- Cognitive Behavioral Therapy
- Supported Employment
- Supported Housing
- Assertive Community Treatment
- Benefits Assistance

Certain Local Service Areas

- Crisis Stabilization Units
- Extended Observation (23 – 48 hrs)
- Crisis Residential Services
- Crisis Respite Services
- Crisis Step-Down/Local Hospital
- Outpatient Competency Restoration
- Community Hospitals
- Local Hospital Beds
- Substance Use Disorder Services
- Homeless Services
- Peer Support Services





1115 Transformation, Waiver [2011]

- Texas leadership is providing an unprecedented opportunity to address unmet behavioral health needs and reduce overall health care costs;
- Community Centers actively engage with Regional Healthcare Partnerships;
- Community Centers provide Intergovernmental Transfer (IGT);
- Community Centers serve as Performing Providers for DSRIP projects.



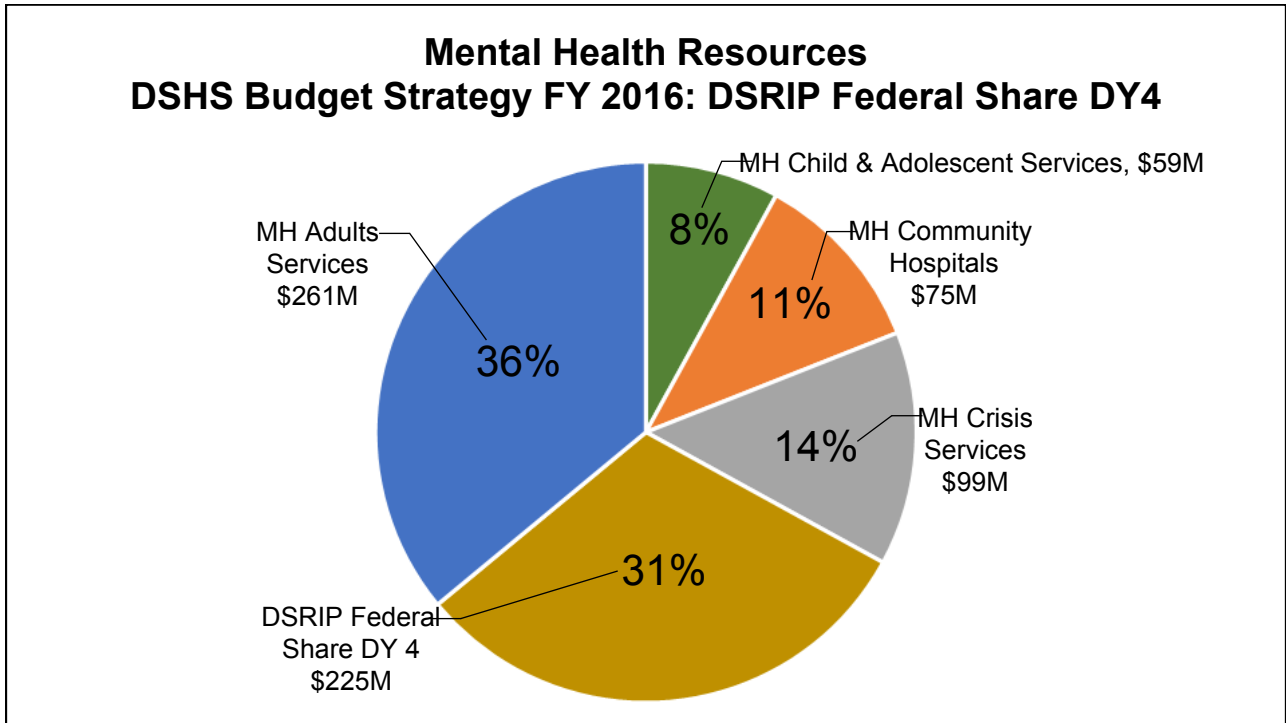


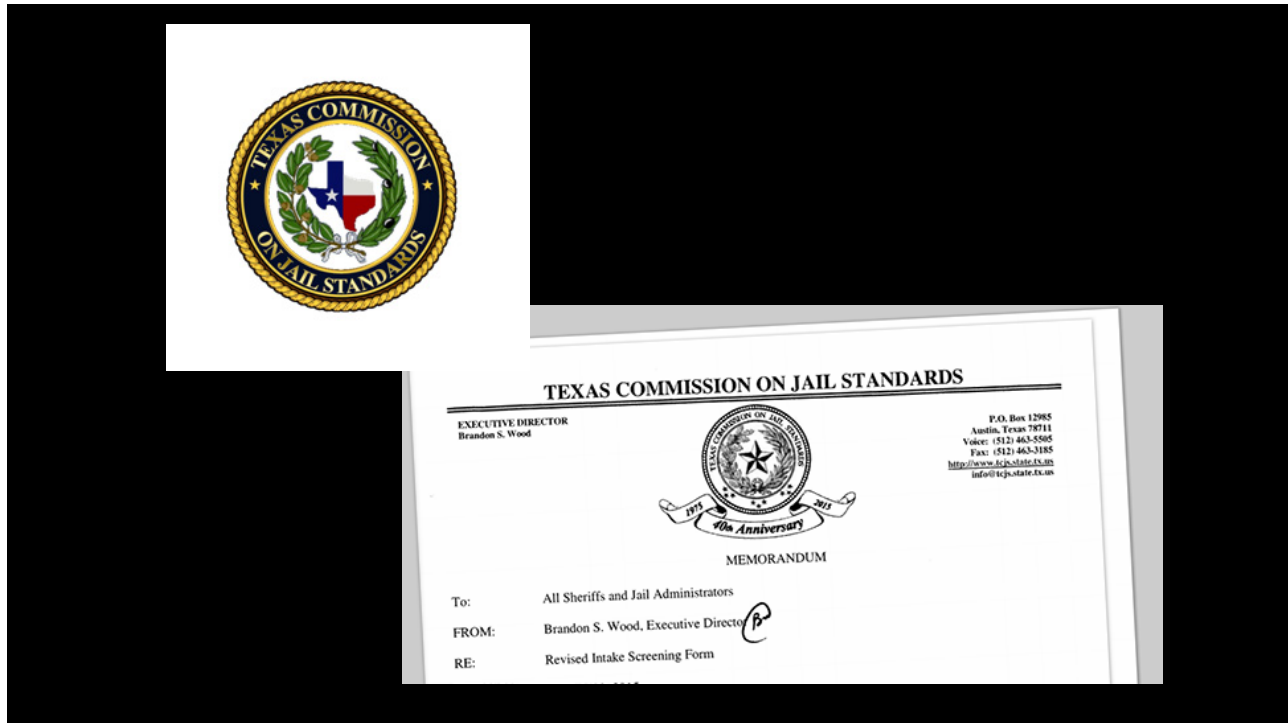
| DSRIP Option | Number of Projects |
|--|--------------------|
| Integrate Physical and Behavioral Health Care | 30 |
| Crisis Stabilization Services | 23 |
| Evidence-based Interventions for a Targeted Population | 22 |
| Expand Community-based Behavioral Health Services in Underserved Areas | 12 |
| Whole Health Peer Support for Persons with MH/SUD | 9 |

Community Center Clients

| Unduplicated Clients Served* | DY3 ¹ Total | DY4 ² Total |
|---|------------------------|------------------------|
| Clients Served Regardless of Funding Source | 515,663 | 598,869 |
| New Clients Served with 1115 Waiver Funds | 50,350 | 80,602 |
| Existing Clients that Received Enhanced Services with 1115 Waiver Funds | 23,728 | 69,409 |

¹ Demonstration Year 3; third year of the Waiver
² Demonstration Year 4; fourth year of the Waiver
 * Community Center Profile, Texas Council of Community Centers, 2016





Promising Practices





• Mental Health Law Liaison Program

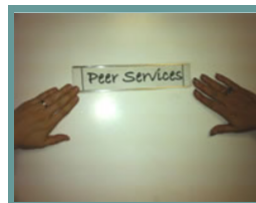
- Averages 764 calls/referrals a month from Law Enforcement with 5% of those calls resulting in incarceration.
- Referrals have increased by 400% in the last 5 years.

• Peer Support Re-entry Pilot

- Engaging Certified Peer Support Specialists (CPS's) to successfully transition inmates with a mental illness from the county jail into clinically appropriate community-based care.

• Enhanced Mental Health Services Docket

- Program has served 155 individuals in the past year.
- Currently serving 97 released from jail on a pre-trial bond with follow up treatment as a condition.



Successes of the Sunrise Canyon Model

- Community-based
- Shorter lengths of stay
- Lower cost of care
- LMHA Operated
- Leverage of local resources
- Jail diversion
- Emergency room diversion
- On-site competency restoration
- Natural support network
- Proximity to full service array
- No waiting list
- County to county support
- State Mental Health Facility (Big Spring) diversion site
- Alternate care site for other LMHAs

Appendix B



FY15 Cost per Episode of Care Comparison

| Facility | Bed Day Cost | Average Length of Stay | Episode of Care Cost |
|-------------------------------------|--------------|------------------------|----------------------|
| Sunrise Canyon Hospital | \$439.01 | 23.7 days | \$10,405.25 |
| State Mental Health Facility System | \$125.00* | 74.1 days | \$31,620.00 |

*During certain Department of State Health Services presentations, one may hear of a bed day cost "below \$600". The high rate is a inclusion of certain state-wide costs, not applicable for comparison with Sunrise Canyon Hospital. For the purpose of this chart, only those costs directly comparable between the two (2) rates are included.



Restoration Center

The Restoration Center – Substance Abuse Treatment Programs

Homeless individuals struggling with alcohol and drugs and people experiencing severe mental illness can now find help at the newly constructed detox and substance abuse treatment center known as The Restoration Center.

The Restoration Center serves our community with a wide range of substance abuse services. Working in close partnership with community partners across Bexar County, The Restoration Center continues to set the standard for integrated care offering a wide range of treatment options and residential placement. The Restoration Center is open 24 hours a day, 365 days of the year.

Services:

- Residential Detoxification
- Sobering
- Injured Prisoner Program
- Outpatient Substance Abuse Treatment Program
- Intensive Substance Abuse Outpatient Counseling Services
- In-House Recovery Program

24-HOUR CRISIS & SUBSTANCE USE HOTLINE
800.316.9241 OR
210.223.SAFE(7233)

Summary of Results:

- Reduced victimization and increased support for the homeless population.
- Greater efficiency in the use of law enforcement, resulting in increased public safety and return of law enforcement officers back to community policing.
- Reduced inappropriate incarceration of persons with mental illness and/or substance abuse issues.
- Reduced inappropriate use of emergency rooms and hospitalizations
- Increased efficiency and effectiveness in the use of public dollars
- Five year total cost avoidance:
 - City of San Antonio: \$10.5 million
 - Bexar County: \$39.5 million



105 Mayo Place, Lufkin

24/7 Short-term crisis facility – unlocked voluntary unit & secure locked unit

Staff screens for appropriateness

Goal to alleviate symptoms and stabilize

Move to a lesser level of care within 48 hours (higher level in limited cases)

Program Description

- Not a hospital but a hybrid
- 8 bed 48 hour secure observation unit & 16 bed crisis residential unit
- Psychiatric care via telemedicine
- Non-coercive: no seclusion, no restraint
- Medical detox provided (1115 Waiver)
- Average length of stay is 3 days
- Provides rapid stabilization in least restrictive environment
- **70% of persons presenting in crisis are stabilized successfully at MHEC**

| Cost of Care | |
|-------------------------------|----------------|
| State MH Hospital stay (2011) | \$11,629 |
| MH Jail Stay (2011) | \$10,960 |
| Psych ED Visit (2012) | \$2,264 |
| Psych Inpatient Stay (2011) | \$5,700 |
| MHEC Stay (2016) | \$2,905 |



Issue: Significant lack of state hospital bed capacity as well as a professional healthcare shortage of registered nurses experienced in Central Texas, the local mental health authority and a private psychiatric hospital have collaborated on a community-based solution.

Solution through partnership: Bluebonnet Trails Community Services (BTCS) and Georgetown Behavioral Health Institute (GBHI) to open an Extended Observation Unit (EOU) within the private psychiatric hospital.

Funding: The EOU is made possible through joint funding through the DSHS Crisis Services Funding (gratefully acknowledging the support during the 83rd Legislative Session) and the Medicaid 1115 Transformation Waiver.

MENTAL HEALTH TREATMENT CENTER



Extended Observation Unit (EOU) goals:

Provide focused care stabilizing persons experiencing crises within 48 hours, diverting them from emergency rooms, the state hospital system and jail.

Step-down option for persons preparing for discharge from Austin and San Antonio State Hospitals so that beds may be opened at the state hospital.

Texas Statewide Behavioral Health Strategic Plan



Vision: To ensure that Texas has a unified approach to the delivery of behavioral health services that allows all Texans to have access to care at the right time and place.

Mission: To develop a coordinated statewide approach to providing appropriate and cost- effective behavioral health services to Texans

2014 Excellence in Mental Health Act



Senators Roy Blunt and Debbie Stabenow



Representatives Leonard Lance and Doris Matsui

Largest federal investment in mental health and treatment addiction in a generation!



The Vision of CCBHCs



- Improve overall health by bolstering community-based mental health and addiction treatment
- Advance behavioral health care to the next stage of integration with physical health care
- Improve care coordination/collaboration
- Utilize evidence-based practices on a more consistent basis

In Texas: 8 Potential CCBHC Sites



1. Austin Travis County Integral Care
2. Bluebonnet Trails Community Services
3. Burke
4. Helen Farabee Centers
5. MHMR Tarrant
6. StarCare Specialty Health System
7. Tropical Texas Behavioral Health
8. Montrose (private entity)







