



House Appropriations Subcommittee on Article II July 12, 2012

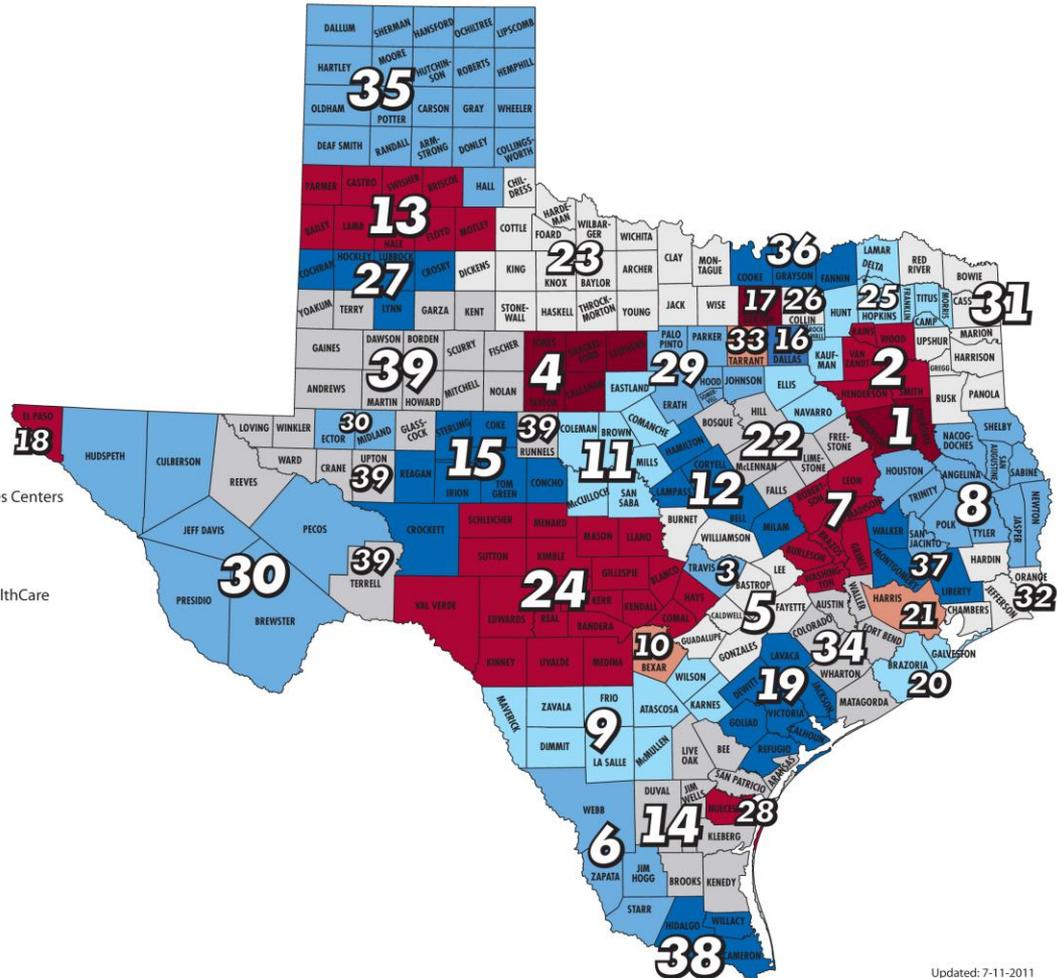
Mike Maples
Assistant Commissioner
Mental Health and Substance Abuse

Mental Health Funding

Strategy	FY10-11	FY12-13
MH Adult Services	\$570,219,568	\$562,881,043
MH Children Services	\$132,932,210	\$130,498,386
MH Crisis Services	\$164,953,850	\$168,553,850
NorthSTAR Behavioral Health	\$201,403,108	\$206,833,519
Community Hospitals	\$68,936,154	\$114,206,192
MH State Hospitals	\$775,709,016	\$783,400,983
Total	\$1,914,153,906	\$1,966,373,973

Local Mental Health Authority Areas of Service

1. ACCESS
2. Andrews Center Behavioral Healthcare System
3. Austin Travis County Integral Care
4. Betty Hardwick Center
5. Bluebonnet Trails Community Services
6. Border Region Behavioral Health Center
7. MHMR Authority of Brazos Valley
8. Burke Center
9. Camino Real Community Services
10. The Center for Health Care Services
11. Center for Life Resources
12. Central Counties Services
13. Central Plains Center
14. Coastal Plains Community Center
15. MHMR Services for the Concho Valley
16. Metrocare Services
17. Denton County MHMR Center
18. Emergence Health Network
19. Gulf Bend Center
20. Gulf Coast Center
21. MHMR Authority of Harris County
22. Heart of Texas Region MHMR Center
23. Helen Farabee Centers
24. Hill Country Mental Health and Developmental Disabilities Centers
25. Lakes Regional MHMR Center
26. LifePath Systems
27. StarCare Specialty Health System
28. MHMR of Nueces County
29. Pecan Valley Centers for Behavioral & Developmental HealthCare
30. Permian Basin Community Centers
31. Community Healthcare
32. Spindletop Center
33. MHMR of Tarrant County
34. Texana Center
35. Texas Panhandle Centers
36. Texoma Community Center
37. Tri-County Services
38. Tropical Texas Behavioral Health
39. West Texas Centers





Community Mental Health Numbers Served

- **FY2011:**
 - **Front-Door Crisis Services = 49,582**
 - **On-Going Adult Services = 158,010** (including NorthSTAR)
 - **On-Going Child Services = 46,463** (including NorthSTAR)

LMHA Payment Methodology

- Current LMHA allocations are based on historical funding levels and continued at base levels to maintain current service delivery.
- General Revenue funds are paid at the beginning of each quarter in the following distribution: 1st Q-30%, 2nd Q-30%, 3rd Q-20%, 4th Q- 20%
- Federal funds (MHBG, Title XX, SSBG) are paid at the end of each quarter at 25% per quarter.
- Since FY10, 3rd and 4th quarter payments have been reduced for Medicaid State Match based upon historical billing patterns of Case Management and Rehabilitative Services.

Accountability for Performance

- Financial sanctions are imposed for failure to achieve key targets and performance measures at 6 month intervals during the 2 year contract term.
- Liquidated damages are imposed for failure to submit timely information or other breaches of contractual requirements.¹
- All funds received are redistributed to other LMHAs in accordance with rider requirements.²

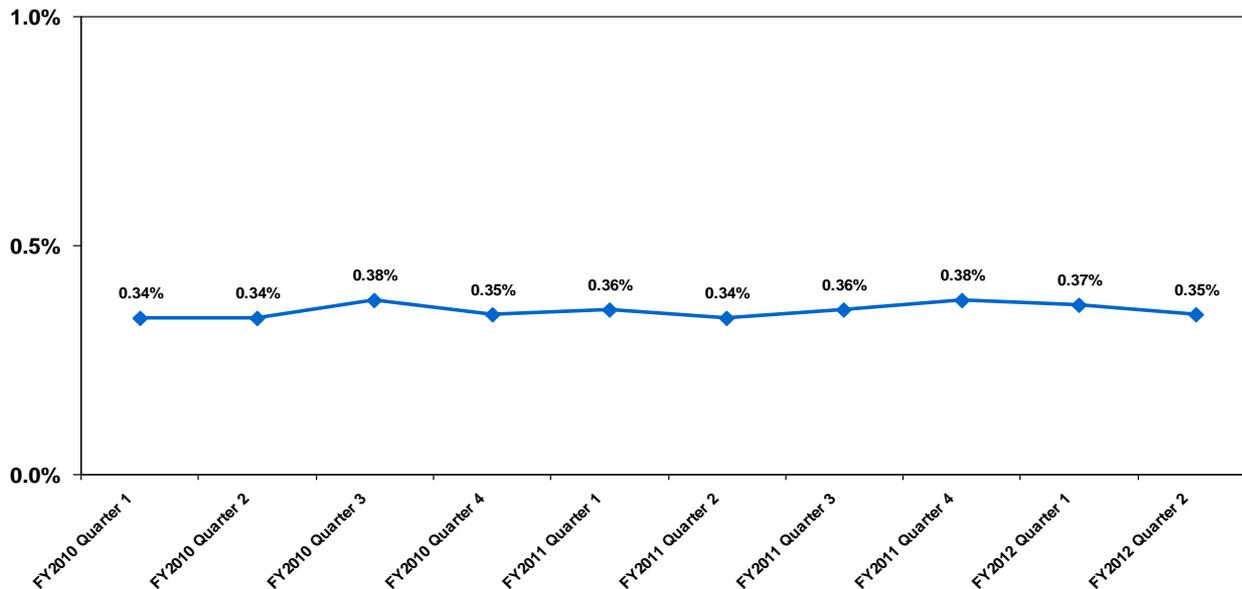
1. Liquidated damages represent a stipulation in advance of a sum payable as damages.

2. See Rider 24 and 45, Special Provision Relating to all Health and Human Services Agencies. GAA (2012-13)

Community Mental Health HOSPITAL RECIDIVISM

COMMUNITY MENTAL HEALTH SERVICES ■ Section 1 ■ Adults

Figure 1.7. Percentage of adults in community mental health services admitted 3 or more times in 180 days to a state or community psychiatric hospital

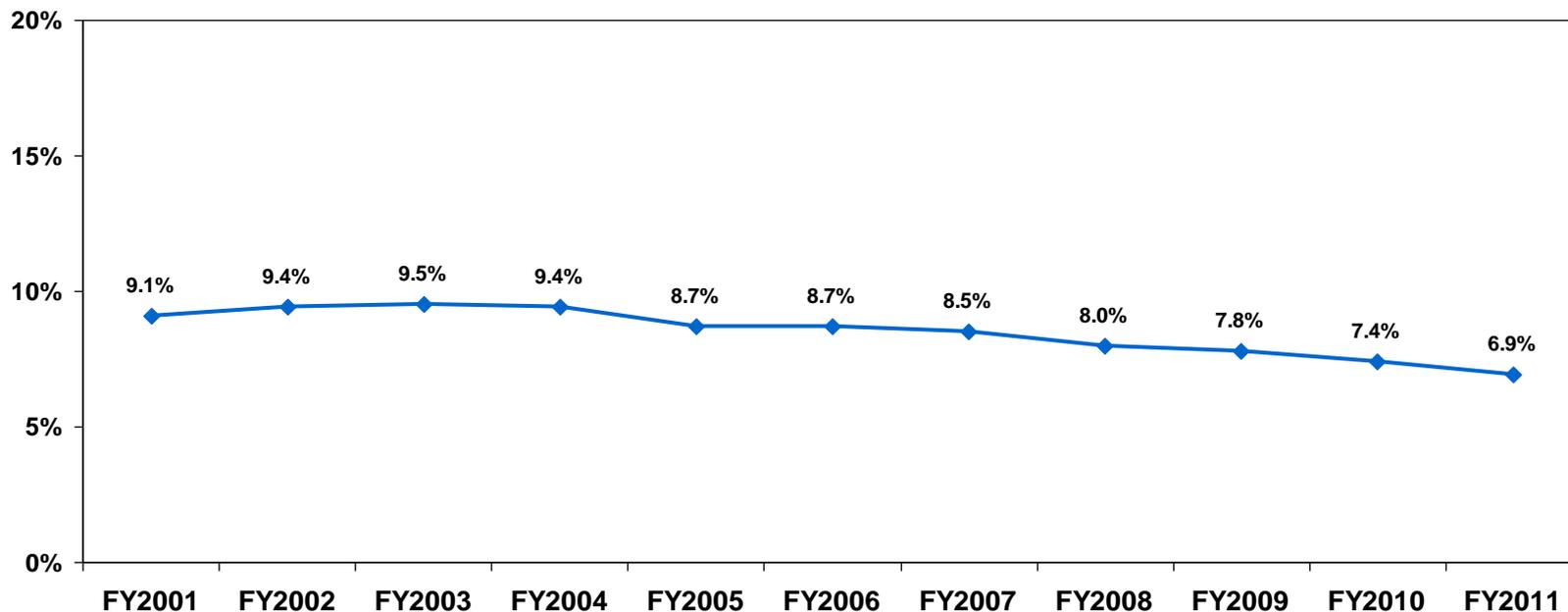


Source: DSHS, Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW).

Note: During FY2010 Quarter 1, the methodology of obtaining community psychiatric hospitalizations changed from CARE assignments to encounters. The result was a small noticeable jump in the number of clients counted as being served. It was decided to drop CARE assignments and only consider the new method using encounters as being more accurate. Thus, this figure includes data for FY2010 Quarter 1 going forward.

Community Mental Health HOSPITAL RECIDIVISM (continued)

Percent of Persons Readmitted to State Facilities within 30 Days



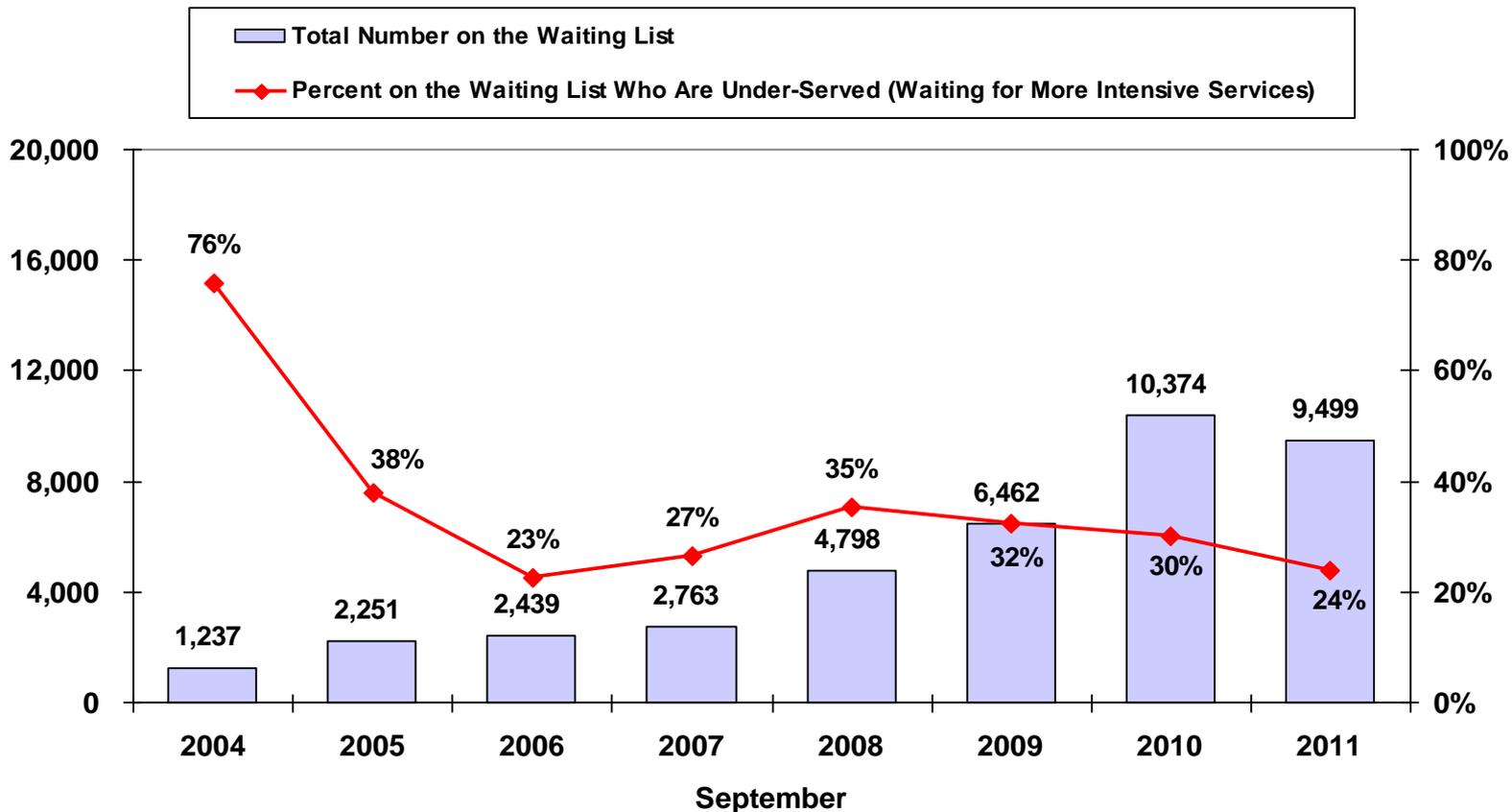
Source: DSHS Client Assignment Registration (CARE) system.

Notes:

- State Hospital direct (non-transfer discharges with reassignment to a DSHS-funded community mental health center) discharges of clients who were admitted on a civil commitment.
- Includes counts of readmissions of same clients following these discharges that were within 30 days of the discharge.
- Readmission can be civil or forensic.

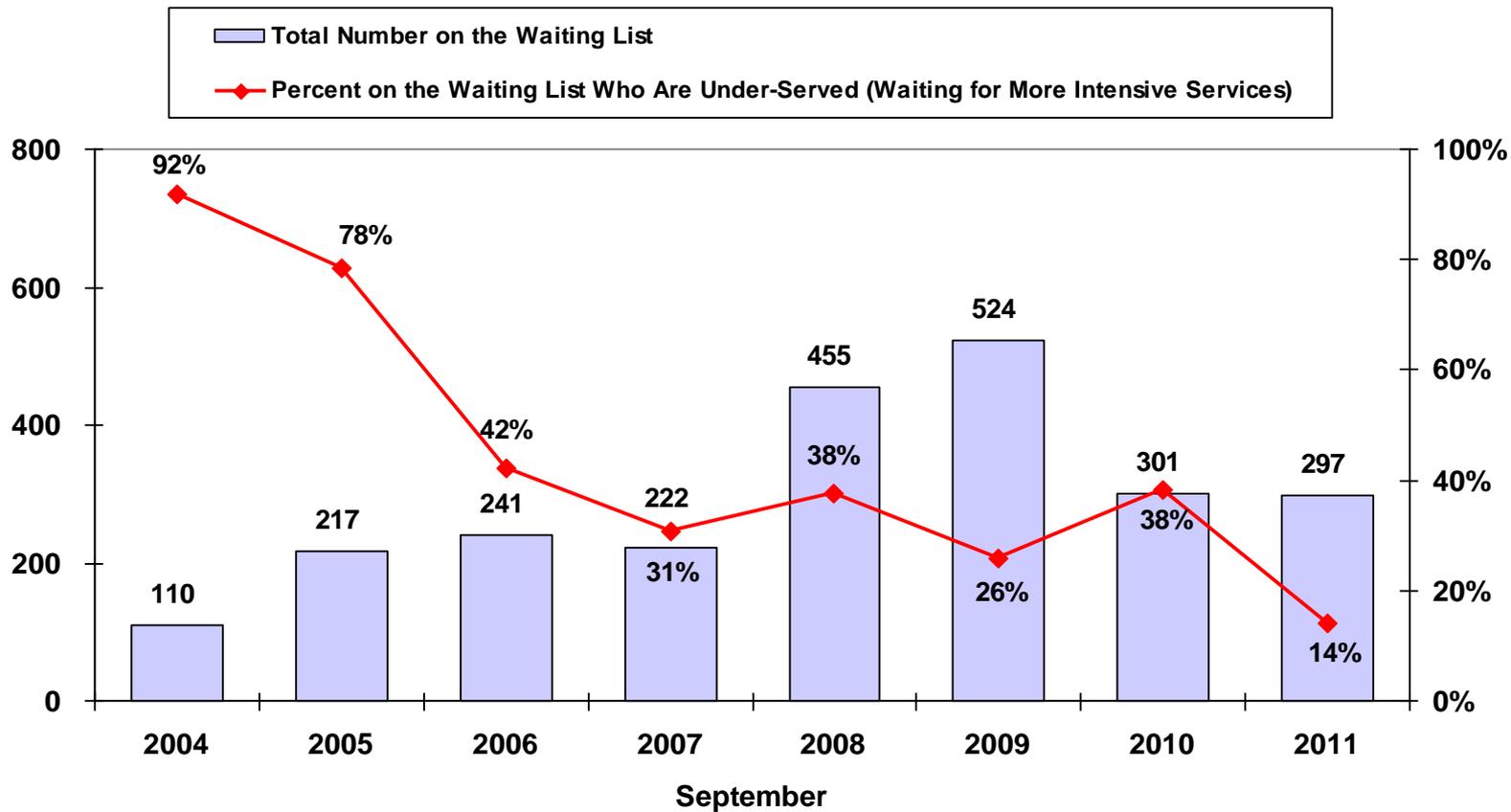
Waiting List (Community)

Adults Waiting for On-Going Community Mental Health Services



Waiting List (Community)

Children Waiting for On-Going Community Mental Health Services



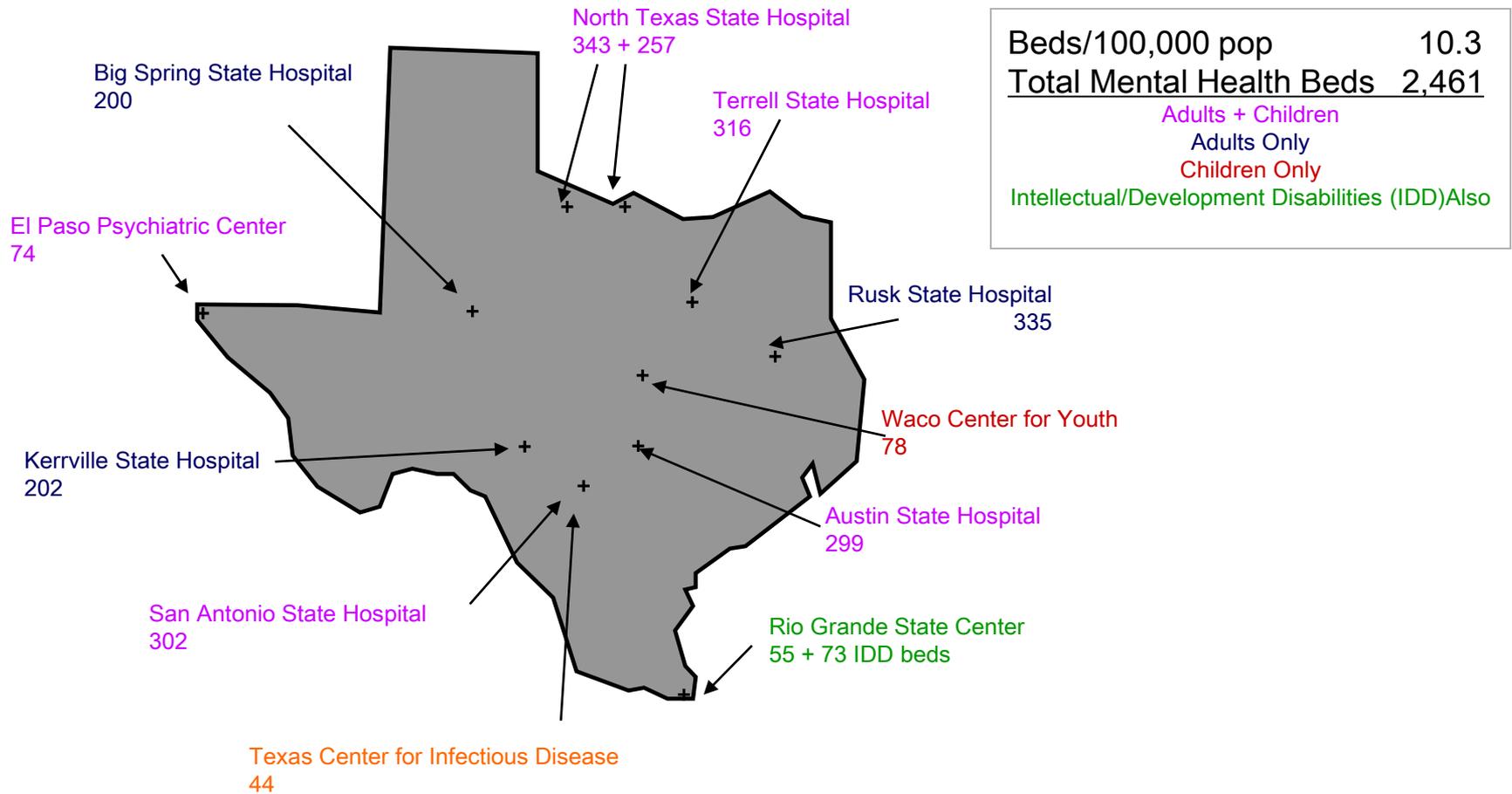
NorthSTAR

- Publicly-funded insurance program in a 7 county area of North Texas that provides mental health and substance abuse services in an integrated service delivery system.
- Combines services/dollars provided by former HHS legacy agencies TDMHMR, TCADA, TCOOMMI, traditional Medicaid, and local dollars.
- Public-private partnership.
- Eligible individuals include most Medicaid recipients in service area, and medically indigent ($\leq 200\%$ federal poverty level) who reside in service area and meet clinical criteria.

Inpatient Beds Funded by DSHS

	General Psychiatric (Civil)	Forensic (Non- Maximum Security)	Maximum Security
State Hospitals	1509	626	366
Community Hospitals	252	120	0
Private Hospitals	90	0	0
Totals	1851	746	366
Total Beds Statewide (All Types):			2963

11 Texas State Hospitals



How do People Enter the System?

Civil Commitments

■ Criteria

Presence of Symptoms of Mental Illness which result in Patient's:

- Danger to themselves
- Danger to others

■ Who Gets Involved

- Magistrates/Peace Officers
- Adult Relatives and Guardians
- Admissions Physician
- Treatment Team

■ Types

- Emergency Detention (24 hour)
- Orders of Protective Custody (30 day maximum)
- Court Ordered MH Services (90 day Temp/ 12 month Extended)

Forensic Commitments

■ Criteria

- Charged with a crime or determined Not Guilty by Reason of Insanity
- Mental Illness or Instability

■ Who Gets Involved

- Courts/Judges/Juries
- Admissions Physician
- Treatment Team

■ Types

- Awaiting Adjudication
 - Competency Restoration
- Post-Adjudicated
 - Not Guilty by Reason of Insanity (NGRI)

When do People Exit the System?

Civil Commitments

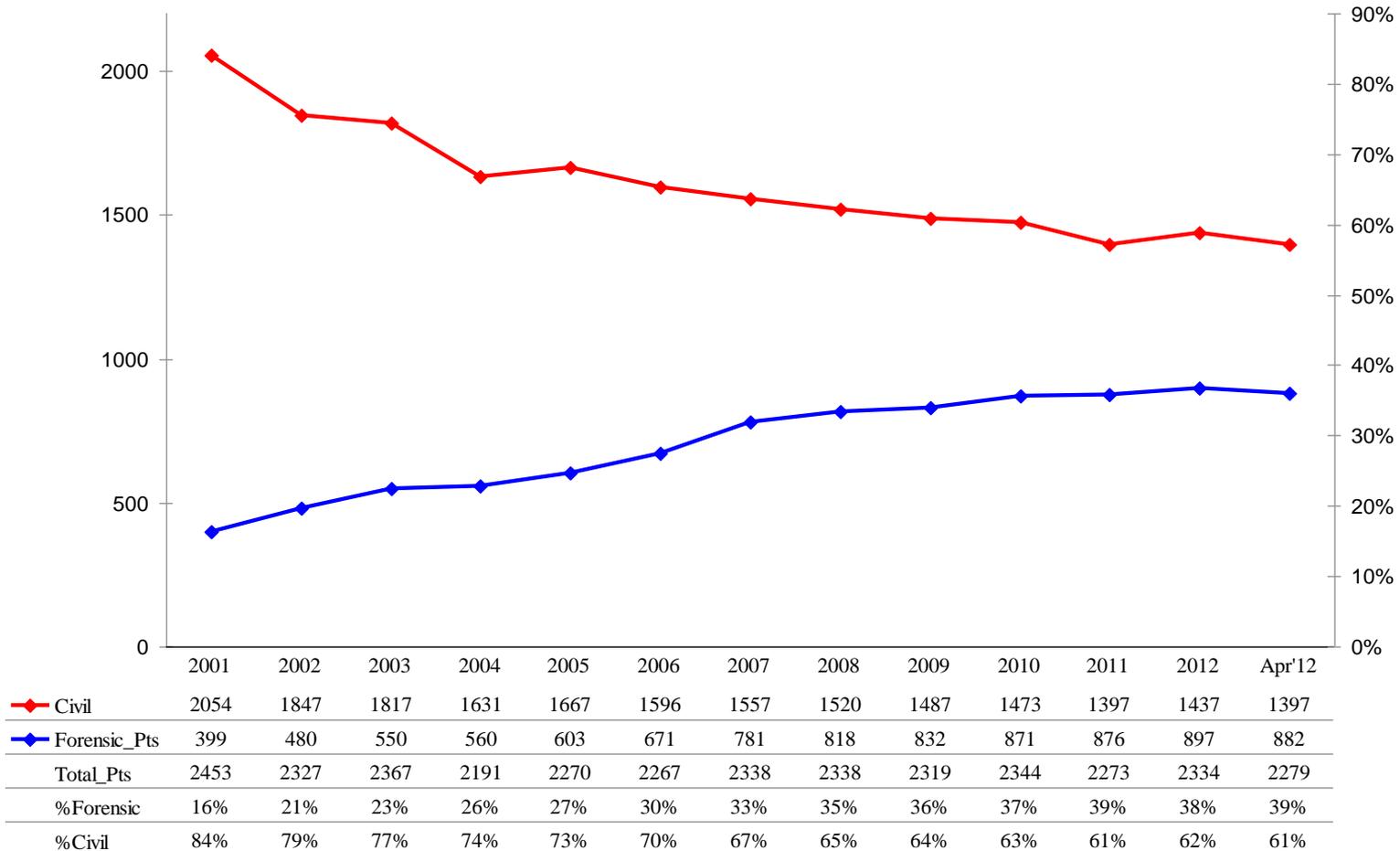
- Treatment team determines the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting
- An appropriate community placement exists

Forensic Commitments

- Treatment team recommends when the person is competent to stand trial, or (for NGRI) the person is no longer an imminent risk to self or others and can safely be treated in a less restrictive setting
- Courts/Judges must approve discharges or changes in commitment status.
- State Hospitals and Local Mental Health Authorities have little control over the actual discharge of patients.

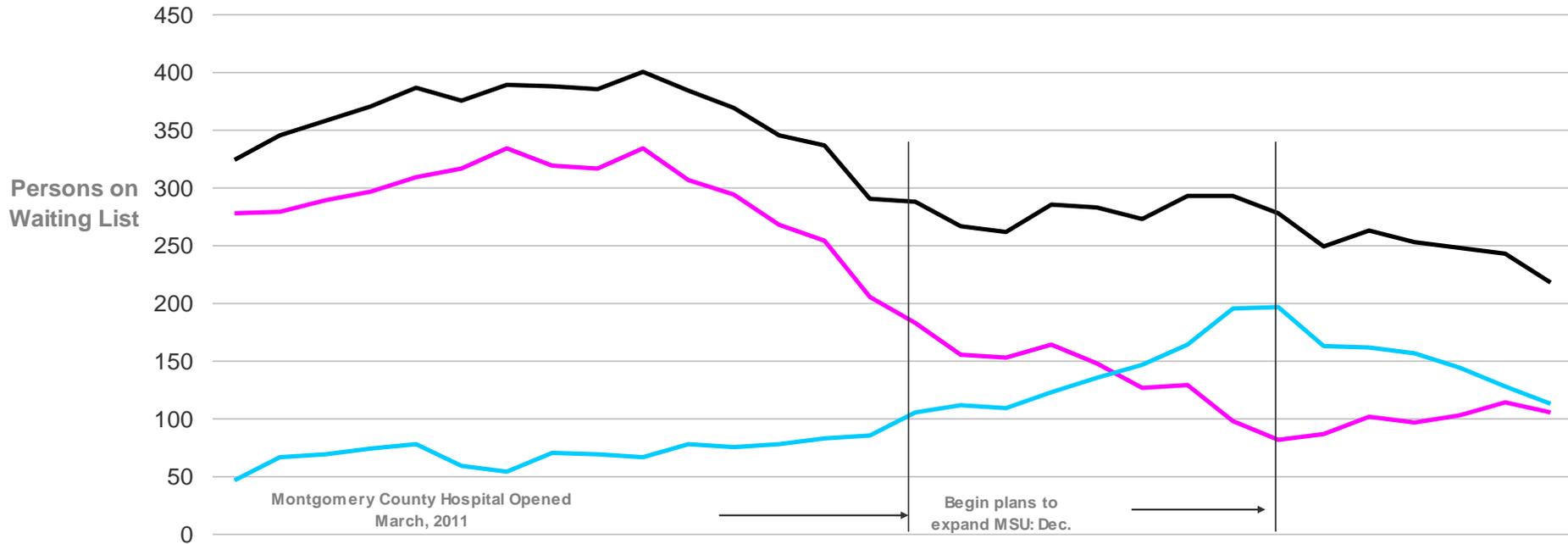
Civil vs. Forensic Snapshot

Civil vs Forensic Census Snapshots on January 21 of Each Specified Year Unless Otherwise Indicated:
FY 2001 to Present





Forensic Waiting List for State Mental Hospitals: December 2009 - June 2012



	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Clearinghouse Waiting List	278	279	289	296	309	316	334	319	317	334	306	293	268	253	205	183	155	152	164	148	126	128	97	82	86	101	97	103	114	105
MSU Waiting List	46	66	68	74	77	58	54	70	69	67	77	76	78	83	85	105	111	109	122	135	147	164	195	196	163	162	156	144	128	113
Total	324	345	358	370	386	375	389	388	385	400	383	369	345	336	290	288	266	261	286	283	273	292	292	278	249	263	253	247	242	218

Montgomery County MH Treatment Center

- Montgomery County applied for, and received, a DSHS contract to manage a facility under the terms of Rider 97 (81st session)
- Facility opened on March 1, 2011
- 100 beds
 - Serves non-maximum security forensic patients with goal to restore to competency
- 82nd Legislature appropriated \$30 million in GR to continue facility operations



Psychiatric Residential Rehabilitation Beds (Step-Down Treatment)

- There is a growing number of patients in state hospitals who require extended or residential treatment.
 - Most are incompetent to stand trial or not guilty by reason of insanity.
- Big Spring State Hospital, Rusk State Hospital, and San Antonio State Hospital each converted 40 psychiatric hospital beds to psychiatric residential rehabilitation beds as of March 11, 2011.
- \$3 million annual savings by providing rehabilitative residential level of care instead of hospital level of care in these 120 beds.
 - Cost savings are due primarily to reduced staffing costs.
- Over this past year, these programs served 142 patients and discharged 36 patients.

Forensic Bed Lawsuit: State Hospital Capacity Options

Background

- Disability Rights Texas filed a lawsuit against DSHS in February 2007.
 - Referred to as the *forensic patient capacity lawsuit*.
 - Claimed that there was an excessive amount of time between a criminal defendant being found incompetent to stand trial and time of admission to state hospital.
- Judge ruled in plaintiffs' favor in January 2012.
- Judge ordered DSHS to make a bed available to a detainee who is incompetent to stand trial within 21 days of a notice to DSHS.
- State has appealed.



Forensic Bed Lawsuit: State Hospital Capacity Options

Maximum Security Beds	100
Transitional Forensic Beds	54
Civil (contracted) Beds	90
Net New Beds to State System	40
FTEs Needed	132
Biennial Cost FY12-13	\$36.3M



Forensic Bed Lawsuit: State Hospital Capacity Options

- DSHS has considered options for ensuring individuals committed to state mental health hospitals are admitted in a timelier manner as per the judge's order.
- The challenge for admitting patients more timely is maximum security capacity.
 - There are currently approximately 98 individuals waiting for admission to a maximum security bed.
 - Rusk State Hospital opened 60 beds June 15
 - North Texas State Hospital will open 40 beds July 16
- In addition to maximum security beds, transitional forensic beds must be added to allow for patients to transition out of maximum security.
- DSHS is also contracting for 90 civil beds in order to free up current state hospital resources for use with forensic patients.



New Outpatient Competency Restoration (OCR) Pilots

- Rider 78 of the 82nd Legislature directed DSHS to fund at least five new OCR pilots and to continue funding the current four.
- Awards were announced at the end of December and include 7 new OCR sites around the state.
- Funding for these programs increased by \$1.8 million annually.
- 662 clients served since inception in 2008

Program Outcomes

- The majority of clients (67%) who completed program had positive outcomes and were either
 - Restored to competency (49%) or
 - Improved enough to have their charges dropped (18%) and enrolled in mental health and other services in the community.
 - A minority (26%) were not restored or had an extended commitment (4%)

OCR: Average Costs

- All OCR clients would have been added to the Clearinghouse 46B Waitlist for Forensic Hospital beds, further impinging upon civil bed availability in hospital systems that are often already at full capacity.
- Approximately \$140 per day as compared \$407 per day in the state forensic hospitals or \$12,013 per treatment episode compared to an average of \$33,238 per forensic treatment episode in the state hospitals (based on average 86-day duration).

Sec 17. Special Provisions Cost Containment Initiatives

RESIDENTIAL UNITS

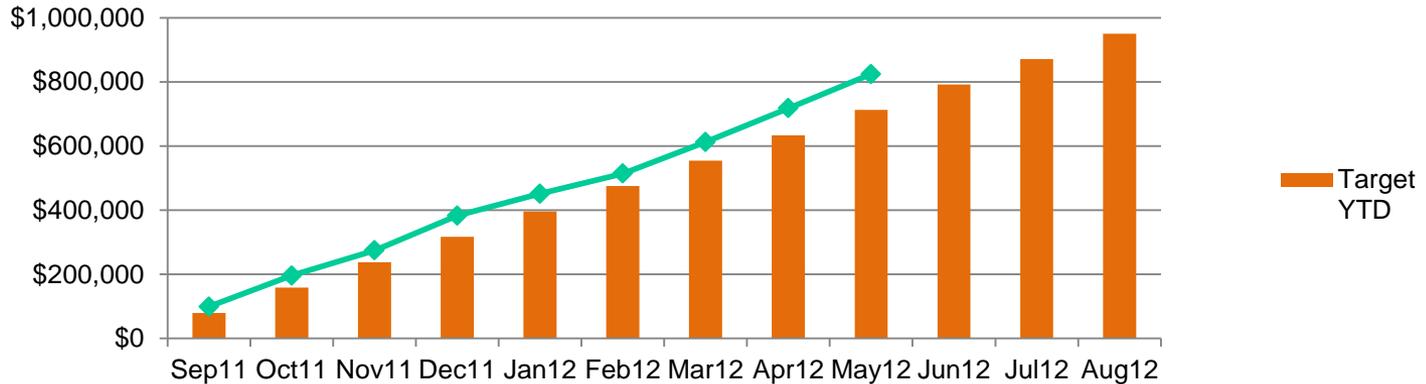


HOSPITAL BILLINGS TO NORTHSTAR (VALUE OPTIONS)

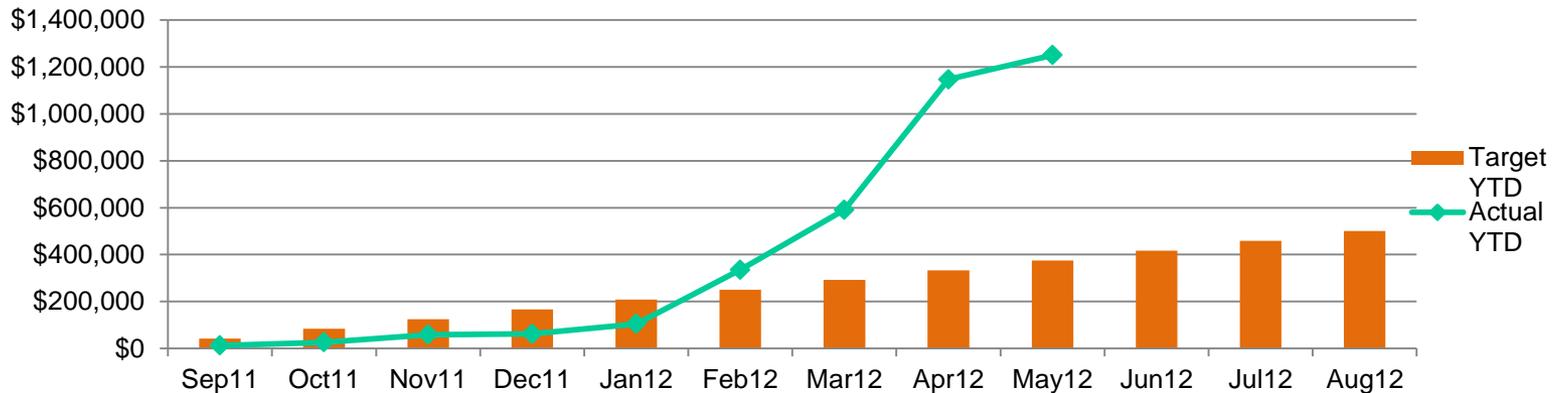


Sec 17. Special Provisions Cost Containment Initiatives

MEDICATIONS AT DISCHARGE



MEDICATION MANAGEMENT CHANGES



Rider 65

Directs DSHS, in consultation with Health and Human Services Commission, to conduct a comparative analysis of publicly funded behavioral health systems in Texas that serve the medically indigent and Medicaid clients. A report would be submitted on the findings to the Legislative Budget Board and the Governor by December 1, 2012.

- Requested for Report date to be extended to December 1, 2014.
- Implementation will provide enhanced assessment data that will allow a more robust measurement of MH client outcomes for adults and youth.
- Implementation Date: September 2013

Rider 63 Major Milestones

Activity	Date Completed/Target Date
Request for Proposals (RFP) Posted	April 16, 2012
Vendor Conference	May 11, 2012
Completion of Hospital Tours	May 17, 2012
Deadline for RFP Responses	July 26, 2012
Deadline for Proposal Withdrawal	July 26, 2012
Contract Completed	September 15, 2012