

PCGHealth & Human Services™

State of Texas Behavioral Health System Analysis

Public Stakeholder Meeting

December 14, 2011

Austin, TX

Agenda

- **Introduction to PCG (5 minutes)**
- **Review of Project Goals and Tasks (5 minutes)**
- **Goals for the Stakeholder Sessions (5 minutes)**
- **Ground Rules for Forum (5 minutes)**
- **Focused Topic Discussion (150 minutes)**
 - **Access to and Quality of Care (30 minutes)**
 - **Integration and Coordination of Care (45 minutes)**
 - **Service Delivery Models (45 minutes)**
 - **Priorities for Funding (30 minutes)**
- **Open Discussion (15 minutes)**
- **Additional Feedback**

Introduction to PCG

- Public Consulting Group, (PCG) was founded in 1986 as a privately held consulting firm serving state and local health and human services programs. Today, with nearly 950 professionals in 35 offices around the U.S. Canada, and Poland, we offer a wide range of management consulting and technology solutions to help public sector clients achieve their performance goals and better serve populations in need.
- PCG has 5 practice areas:
 - ***PCG Education***
 - ***PCG Health (Lead for this Project)***
 - ***PCG Human Services***
 - ***PCG Technology Consulting***
 - ***Public Partnerships, LLC (PPL)***



Introduction to PCG

- **PCG Project Team**
 - Marc Staublely
 - Matt Sorrentino
 - Joe Weber
 - Mark Patton
 - Dr. Les Hendrickson
 - Leslie Tremberth
 - Susan Adler
 - John Shaughnessy
 - David Rogers
 - Dr. Richard Dougherty, DMA Health Strategies
 - Wendy Holt, DMA Health Strategies
 - Leslie Schwalbe, DMA Health Strategies

- **Joey Longley, Civic Initiatives, DSHS Project Liaison**

Introduction to PCG

- PCG has experience conducting statewide system assessments in Texas, West Virginia, Oregon, Alaska, and Ohio.
 - Texas, Department of Aging and Disability Services - Analyzed the current delivery system and develop recommendations to improve service delivery in Texas.
 - Texas, Department of Assistive and Rehabilitative Services – Analyzed the current Early Childhood Intervention service delivery and funding systems and develop recommendations to achieve better outcomes and optimize federal funding sources.
 - West Virginia, Bureau of Behavioral Health and Health Facilities – Completed a comprehensive analysis of the behavioral health system in the state and provided recommendations for redesigning the behavioral health system.
 - Oregon, Department of Health Services - Conducted an assessment of the adult community mental health care component of the state’s mental health care delivery system and provided recommendations for improving the state and community mental health care delivery system in the state.
 - Alaska, Division of Senior and Disability Services - Analyzed the current long term care service system and provided the state with a transition plan to assist the state in improving the long term care system.
 - Ohio, Department of Mental Health and the Department of Alcohol and Drug Addiction Services – Reviewed the state’s behavioral health system and present recommendations to improve efficiencies in the purchasing of behavioral health services.

Introduction to PCG

- PCG also has extensive experience working with state mental health system, including:
 - Cost reporting and rate setting activities for state operated mental health facilities in Massachusetts, Missouri, Louisiana, Florida, Illinois, Alaska, and Arizona.
 - Completing an assessment for the Utah State Legislature on the feasibility of privatizing the Utah State Hospital and Utah State Developmental Center.
 - Conducting a review of the Texas Department of State Health Services institutional system.
- DMA Health Strategies has recent experience in comprehensive state mental health system reviews in Wake County, NC; Detroit/Wayne County, MI; New York; Washington State; and Montana.
 - DMA also does extensive work with SAMHSA on national policy, strategic program reviews and health reform.

Review of Project Goals and Tasks

- **Phase I:** Complete a comprehensive programmatic and financial assessment of the current behavioral health system

- **Phase II:** Provide Recommendations for intermediate and long term system redesign
 - Develop recommendations focused on improved access, service utilization, patient outcomes, and system efficiencies as required by DSHS Rider 71, General Appropriations Act, 82nd Legislature, 2011.
 - Provide short-term recommendations focused on system efficiencies.
 - Provide long-term recommendations focused on the steps required to redesign the behavioral health system by January 2014, with consideration to health care reform, in the event that the Affordable Care Act is not repealed.

Review of Project Goals and Tasks

- **Phase I:** Complete a comprehensive programmatic and financial assessment of the current behavioral health system
 - Task 1.0 - Conduct Data Collection, Information Review, and Facilitate Stakeholder Interview
 - Task Objective: Collect all relevant data and information to be used in conducting the comprehensive system analysis.
 - Task 2.0 - Analysis of Behavioral Health Service System
 - Task Objective: Complete a comprehensive programmatic review of DSHS' current service delivery mechanisms for outpatient and inpatient behavioral healthcare in the state.
 - Task 3.0 – Analysis of DSHS' Resources and Reimbursement Models
 - Task Objective: Complete a comprehensive financial review of DSHS revenue sources and identify other HHSC agencies' revenue sources currently used to purchase behavioral health care services.
 - Task 4.0 - Analysis of Peer State Best Practices or Models
 - Task Objective: Complete a review of other states for best practices or models and develop options for DSHS to implement these models successfully in Texas.
 - Task 5.0 - Development of Preliminary and Final Report on System Redesign Analysis
 - Task Objective: Prepare a comprehensive report on the current Texas behavioral health system.

Review of Project Goals and Tasks

- **Phase II:** Provide Recommendations for intermediate and long term system redesign
 - Task 6.0 - Development of Specific Recommendations for Achieving System Redesign
 - Task Objective: Create a specific set of recommendations for preparing DSHS to position itself as a more prudent purchaser of behavioral health services.
 - Task 7.0 - Development of Action-Oriented Program Financial Analysis
 - Task Objective: Develop program specific fiscal impact statements for implementing system changes to redesign behavioral health purchasing by DSHS in the state.
 - Task 8.0 - Creation of a Roadmap from Current System to Desired State: Final Report on System Redesign Recommendations
 - Task Objective: Develop a specific action plan for implementing system changes to redesign behavioral health services across all programs and agencies of HHSC.

- **Project Completion:** Rider 71 report required to be submitted to the Texas Legislature by September 2012.

Goals for the Stakeholder Sessions

- **Goal:** These sessions are designed to obtain the valuable input of stakeholders to help PCG understand the strengths and challenges of the current behavioral system. In addition, participants are encouraged to offer recommendations to potentially reform the behavioral health service delivery system in order to achieve program improvements.

- Five additional stakeholder sessions will be held over the next month at the following locations and dates
 - El Paso – January 4
 - Harlingen – January 5
 - Lubbock – January 11
 - Dallas – January 13
 - Houston – TBD

* Updates for specific times and addresses for each location will be posted at www.dshs.state.tx.us.

- After Phase I of the Project, PCG & DMA Health Strategies will begin to develop recommendations to reform the behavioral health system.
 - Once recommendations are drafted, PCG will hold another round of stakeholder sessions to allow for interested parties to comment on the suggested changes to achieve reform.
 - These sessions will be announced and held during Spring of 2012, more details to come at a later date.

Ground Rules for Forum

- In an effort to allow for the greatest participation by all interested parties in attendance at today's forum, PCG asks that the following ground rules be adhered to:
 - During the Focused Topic Discussion, please approach the microphone to share feedback on a particular topic. This will allow for an orderly discussion and for all comments to be clearly heard and documented.
 - Please be succinct with your comments in order to allow for maximum participation during the allotted time frames.. We request that comments be kept to a maximum of 3 minutes per topic raised per individual.
 - Please only comment when at the microphone to ensure comments are properly recorded. We want to ensure all feedback received through today's forum is documented for consideration as we complete our analysis.
 - Participants may also use the note cards provided at the registration table to share additional feedback if an individual prefer to provide anonymous feedback. However, please include with your feedback your role in the behavioral health system, i.e. provider, consumer, advocate.
- PCG will attempt to accurately capture your comments throughout the stakeholder sessions.

Focused Topic Discussion

- PCG has identified 4 specific topics for today's forum. These topics include but are not limited to the following:
 - Access to and Quality of Care (30 minutes);
 - Integration and Coordination of Care (45 minutes);
 - Service Delivery Models (45 minutes);
 - Priorities for Funding (30 minutes); and
- Participants are encouraged to share their comments on each of the 4 topics, focusing on strengths and challenges of the current system and how to improve the system.

Focused Topic Discussion

- **Access to and Quality of Care (30 minutes)**
 - **Access:** What are the greatest challenges in accessing services? Also, are there specific services you cannot access? What types of services are most needed? If you were able to add one service to coverage, what service would it be?
 - **Quality:** As you think about the Texas Behavioral Health system, what are the most significant challenges with the quality of existing care? How can the care be improved upon?

Focused Topic Discussion

- **Integration and Coordination of Care (45 Minutes)**

Across the country and here in Texas, virtually everyone seeks better coordinated care. This includes coordination between physical, mental health and substance abuse. What are the biggest barriers to coordination of care within the current service delivery system? What coordination occurs today within behavioral health system and other services within the Health and Human Services Enterprise? What strategies should be considered by Texas to achieve enhanced coordination of care?

Focused Topic Discussion

- **Service Delivery Models (45 minutes)**

Behavioral health services are provided through various service delivery models across the State of Texas: including through Local Mental Health Authorities, Substance Abuse Providers, and NorthSTAR, In addition, Medicaid benefits are managed both through a traditional Medicaid Fee for Service model and numerous Medicaid managed care programs, such as STAR, and STAR+PLUS.

Given these various service delivery models, are there inequities across the various service delivery systems? Are there differences in the availability or quality of services across these delivery models? Are there components of one model that should be standard across all models?

Focused Topic Discussion

- **Funding Priorities (30 minutes)**

The weak economy clearly limits the state's ability to make major new investments in services. However, thinking about the whole system, if you were able to find new or redirect existing funding, what would be your priorities for investment in order to improve access to and quality of services?

Open Discussion

Additional Feedback

- Participants may also provide any additional feedback anonymously by emailing PCG at txbhstudy@pcgus.com.
 - We encourage individuals to send us additional thoughts or comments that were not communicated today in the stakeholder session.