TEXAS STATE of MIND

THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

Senate Committee on Health & Human Services: Preventing Forensic Admissions Through Diversion and Treatment

Andy Keller, PhD | June 16, 2016

About MMHPI

- History
  - The Meadows Mental Health Policy Institute traces its origins to the vision of The Meadows Foundation and its philanthropic leadership throughout the state of Texas on mental health and other vital public issues.
- Mission
  - To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.
- Vision
  - For Texas to be the national leader in treating people with mental health needs.
- Key Principles
  - Accessible & effective behavioral health care
  - Accountability to taxpayers
  - Delivery through local systems & collaboration
  - Data driven quality outcomes
  - Necessary robust workforce

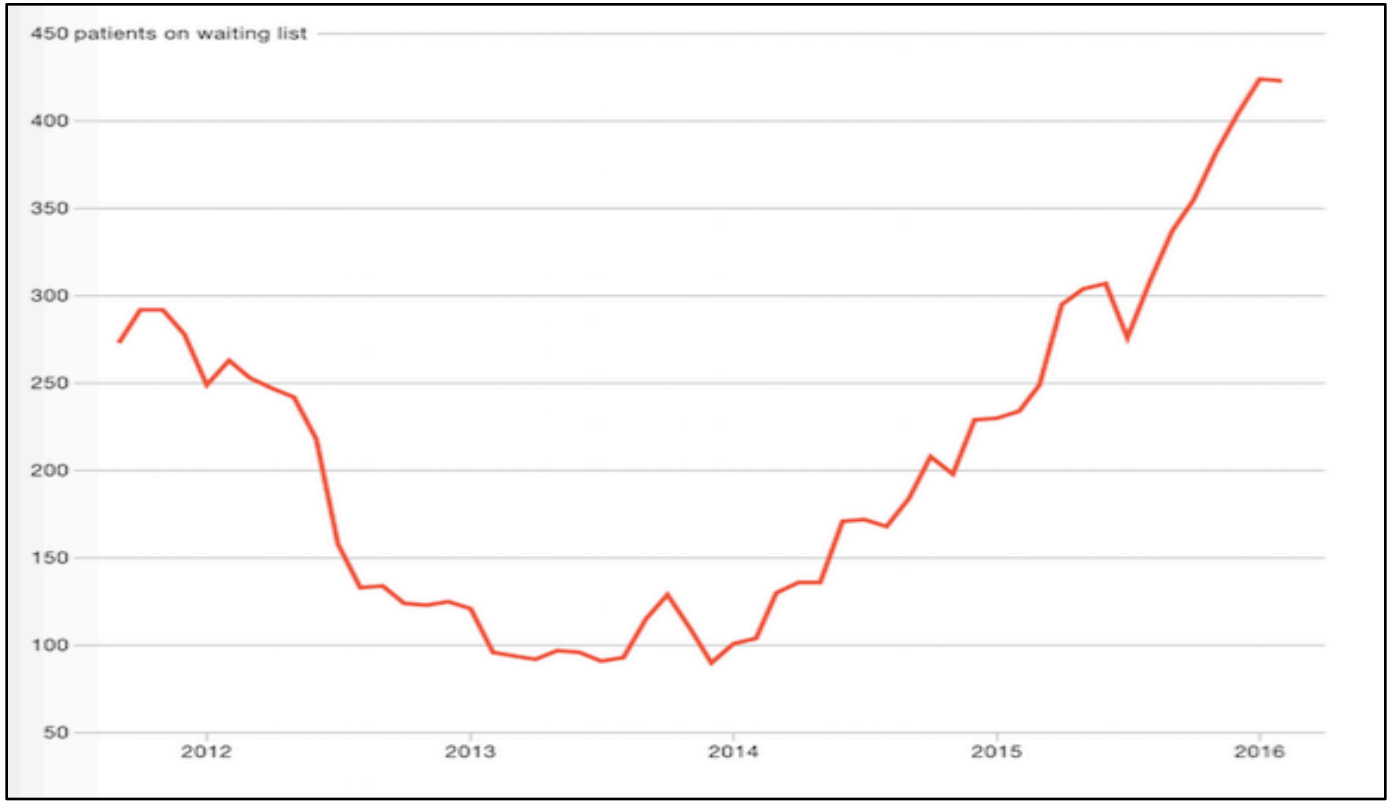
Average Length of Stay Trends

- **Increasing:** from 58 days in 2012 to 74 days in 2015.
- **Not long-term:** nearly everyone goes back to the community.

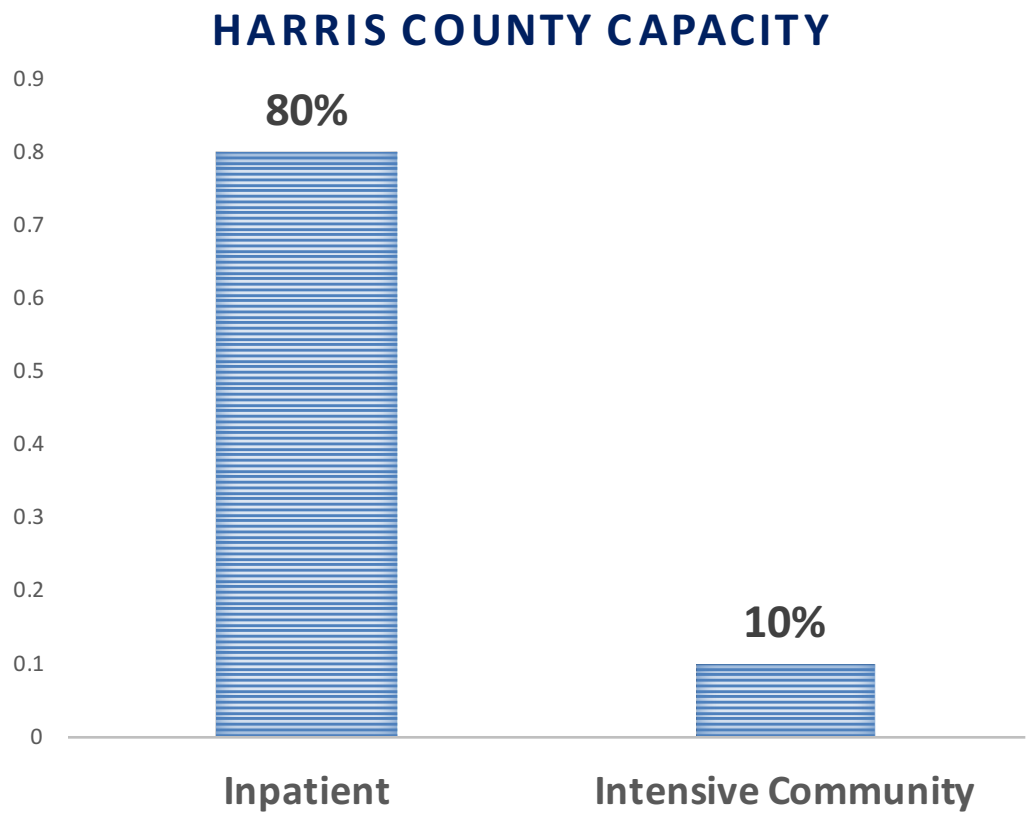
State Hospital	Average Stay (Days)
Austin State Hospital	49.3
Big Spring State Hospital	138.0
El Paso Psychiatric Center	27.5
Kerrville State Hospital	838.5
North Texas State Hospital (Vernon & Wichita Falls)	116.3
Rio Grande State Center	25.5
Rusk State Hospital	137.3
San Antonio State Hospital	58.5
Terrell State Hospital	41.8
Waco Center for Youth	161.8

Forensic Commitment Waiting List

- **Increasing:** more than quadrupled since 2013.
- **Aren't we spending more now on treatment?** Yes, but focus was on waitlists and overall numbers, not intensive care.



MMHPI Assessment: Harris County



- **80%** of the needed inpatient (bed) capacity.
- **Less than 10%** of the needed capacity for ongoing intensive care.

How Do We Address the Issue?

Focus on Two Areas:

1) **Front-end diversion** – prevent people from entering our jails and state hospitals through assertive diversion and intensive, community treatment.
2) **Ongoing intensive care for people exiting our state hospitals and inpatient beds** – need a step-down continuum of assertive, intensive, and ongoing community-based services (years, not months).

How Many People Need Help?

Population (2013)	Texas
Total Population	**26,400,000**
All Mental Illness	7,000,000
Mild	3,000,000
Moderate	2,500,000
Severe	1,500,000
Serious Mental Illness (SMI - Adults)	1,000,000
Adults with SMI below 200% FPL	500,000
Super-Utilizers of Hospitals, ERs, Jails	40,000
Super-Utilizers below 200% FPL	**22,000**
Severe Emotional Disturbance (SED - Children)	500,000
Children with SED below 200% FPL	300,000
Annual Incidence	
First Episode Psychosis (FEP)	**3,900**
Common Diagnoses	
Schizophrenia	97,000
All Mood Disorders	2,500,000
Major Depression	1,400,000
Bipolar Disorder	270,000
All Anxiety Disorders	4,800,000
Post Traumatic Stress Disorder	680,000
Alcohol and Drug Dependence	45,000
Antisocial Personality Disorder	120,000

Figures rounded for simplicity

Breakouts Across Major Regions

Population (2013)	Texas	Harris County	Dallas County	Tarrant County	Bexar County	Travis County	El Paso County	Tropical TX BH (RGV)	Burke Ctr (East TX)	TX Panhandle
Total Population	**26,400,000**	**4,300,000**	**2,500,000**	**1,900,000**	**1,800,000**	**1,100,000**	**830,000**	**1,250,000**	**385,000**	**400,000**
All Mental Illness	7,000,000	1,100,000	650,000	500,000	475,000	290,000	215,000	325,000	100,000	105,000
Mild	3,000,000	460,000	265,000	210,000	195,000	120,000	90,000	130,000	40,000	45,000
Moderate	2,500,000	400,000	240,000	185,000	175,000	110,000	80,000	120,000	35,000	37,000
Severe	1,500,000	240,000	145,000	105,000	105,000	60,000	45,000	80,000	25,000	23,000
Serious Mental Illness (SMI - Adults)	1,000,000	150,000	90,000	65,000	67,000	40,000	28,000	43,000	18,000	15,500
Adults with SMI below 200% FPL	500,000	85,000	55,000	35,000	35,000	22,000	15,000	33,000	9,800	8,200
Super-Utilizers of Hospitals, ERs, Jails	40,000	6,200	3,800	2,700	2,600	1,600	1,100	1,900	600	625
Super-Utilizers below 200% FPL	**22,000**	**3,700**	**2,300**	**1,600**	**1,500**	**950**	**650**	**1,100**	**350**	**365**
Severe Emotional Disturbance (SED - Children)	500,000	90,000	55,000	40,000	38,000	20,000	17,000	37,000	7,000	8,500
Children with SED below 200% FPL	300,000	55,000	36,000	22,000	21,500	11,000	9,000	28,000	4,500	4,750
Annual Incidence										
First Episode Psychosis (FEP)	**3,900**	**700**	**400**	**300**	**280**	**175**	**125**	**185**	**55**	**60**
Common Diagnoses										
Schizophrenia	97,000	16,000	9,000	5,800	4,000	3,400	2,000	4,200	1,450	1,500
All Mood Disorders	2,500,000	400,000	230,000	182,000	172,000	105,000	79,000	119,000	36,500	38,000
Major Depression	1,400,000	200,000	130,000	100,000	96,000	58,000	44,000	60,000	20,500	21,000
Bipolar Disorder	270,000	40,000	25,000	19,000	19,000	11,000	8,500	11,500	3,900	4,000
All Anxiety Disorders	4,800,000	780,000	445,000	346,000	328,000	200,000	150,000	225,000	70,000	72,500
Post Traumatic Stress Disorder	680,000	110,000	62,000	49,000	47,000	28,000	21,000	29,000	10,000	10,500
Alcohol and Drug Dependence	45,000	73,000	42,500	32,500	30,500	19,000	14,000	6,500	21,500	7,000
Antisocial Personality Disorder	120,000	20,000	11,000	8,400	8,000	5,000	4,000	5,500	1,700	1,750

Note: Figures subject to additional review before being finalized

Figures rounded for simplicity

Public System: How Many Served Today?

- **Overall:** most people with severe needs in poverty get served.
- **Intensive Needs:** less than **1 in 7 super-utilizers** and even fewer with major forensic involvement are served.

	Texas	Harris County	Dallas County	Tarrant County	Bexar County	Travis County	El Paso County	Tropical TX BH (RGV)	Burke Ctr (East TX)	TX Panhandle
Total Population (2013)	**26,400,000**	**4,300,000**	**2,500,000**	**1,900,000**	**1,800,000**	**1,100,000**	**830,000**	**1,250,000**	**385,000**	**400,000**
Total Need in Public Mental Health System										
Adults with SMI below 200% FPL (2013)	500,000	85,000	55,000	35,000	34,871	22,000	15,000	33,000	9,800	8,200
Number Served in Public Mental Health System										
Adults with SMI Served by LMHAs (2014)	135,000	15,000	36,700	9,500	7,600	6,500	5,100	7,400	2,850	2,200
Adults with SMI Served by Medicaid (2012)	175,000	28,000	9,300	11,000	17,500	5,800	4,200	13,000	3,300	2,500
Total Adults with SMI Served by Public MH System	310,000	43,000	46,000	20,500	25,100	12,300	9,300	20,400	6,150	4,700
Estimated Adults with SMI Not Served	190,000	42,000	9,000	14,500	9,770	9,700	5,700	12,600	3,650	3,500
Costs of Unmet Needs (2013)										
Cost of Serving Adults with MI in Jail	$450,000,000	$49,000,000	$47,500,000	$30,000,000	$18,000,000	$19,500,000	$14,500,000	$22,300,000	$10,000,000	$8,500,000
Local Juvenile Justice Costs for Youth with SED	$230,000,000	$19,000,000	$18,500,000	$15,500,000	$17,500,000	$9,300,000	$5,600,000	$16,500,000	$3,900,000	$4,500,000

Note: Figures reflect a range of estimation approaches

Figures rounded for simplicity

Crisis and Forensic Super-Utilizers

- **Super-utilizers** – Texas spends **$1.4 billion** in ER costs + over **$650 million** in local justice system costs **each year** due to inadequately treated mental illness and substance use disorders.
- **How many?** In Texas, there are **22,000** people in poverty who suffer from mental illness and repeatedly use jails, ERs, crisis services, EMS, and hospitals. Another **14,000** are more deeply involved in the criminal justice system.
- Services that work exist, but Texas currently only has the capacity to serve **1 in 7** (**3,400 super-utilizers**) and less than **1 in 10** of those with deeper criminal justice system use.

Success Addressing Complex Needs

Key Components:

- ✓ State-Local Cost Sharing
- ✓ Required Collaboration – LMHA, county, justice system, etc.
- ✓ Best-Practices for Targeted Populations
- ✓ Outcome-Driven

83(R) SB 58 – **Healthy Communities Homeless Collaboratives**

83(R) SB 1185 – **Harris County Jail Diversion Pilot**

84(R) SB 55 – **Texas Veterans + Family Alliance**

Harris County Jail Diversion Pilot

83(R) SB 1185 – the Right Framework:

- ✓ State-Local Cost Sharing
- ✓ Local Services Coordination
- ✓ Targeted Population
- ✓ Community-Based Services
- ✓ Supported Housing

What Types of Services are Needed?

Address the "Gap" Between Inpatient and Outpatient Services:

Crisis and Step-Down Continuum: "super-utilizers" need years (not months) to stabilize and be ready for routine treatment. Without a proper continuum of services, people cycle back to **inpatient bed**s, jails, and emergency rooms. Key components:

- **Continuum of Beds**
- **Sufficient Ongoing Intensive Treatment**
- **Continuum of Crisis Supports to Divert**

What Types of Services are Needed?

Intensive, Community-Based Services:

Primary Gap: a lack of intensive, assertive community treatment that includes **assertive outreach** to keep people in care.

Why Don't Super-Utilizers Get Services?

Barriers to Assertive Outreach:

- Assertive Community Treatment (ACT) – 1990s standards for our most intensive treatment teams.
- Forensic Assertive Community Treatment (FACT) – no standards or systematic development efforts.
- DSHS non-statutory contract requirements add hurdles – consent prior to outreach and average of 10 hours of active treatment.

Result: vast majority of "super-utilizers" are currently not served.

Texas ACT vs TMACT

Assertive Community Treatment (ACT)

Barriers to Outreach:

- Assertive Community Treatment (ACT) - 1990s standards for our most intensive treatment teams.
- Forensic Assertive Community Treatment (FACT) – no standards.
- DSHS non-statutory contract requirements add hurdles (no outreach option; requires written consent prior to outreach).
- Current performance requirements for ACT team.

Result: 9 out of 10 high-need individuals in poverty are currently not served.

Tool for Measurement of ACT (TMACT)

- Assertive outreach (rather than waiting for people to agree they need treatment).
- Flexible model to serve up to 20% more people at a time through outreach mode.
- More focus on recovery, shorter lengths of stay.
- More active treatment in key areas (substance use, housing, employment).
- Greater use of peer specialists.
- Use of illness management services.
- Person-centered planning.

Local Waivers

A one-size-fits-all solution at the state level will not work for every community.

LBB/DSHS performance requirements focus more on number served than outcomes. Incentive is to provide a *few services to many people*, not intensive services to high-need (super-utilizers).

- **Recommendation:** allow local governments that agree to work together to waive non-statutory requirements for general revenue dollars if they commit to improve outcomes prioritized by the state (e.g., eliminating forensic waitlists, people in jails)

Dallas Example: Caruth Smart Justice Project

Countywide Planning Project

Developed a five-year plan to reduce (and eventually eliminate) the use of the Dallas County Jail for treating people who primarily have mental health needs through three points of system transformation:

- **Front-end diversion** to prevent people with mental illness from entering (or re-entering) the justice system;
- **Improved practice** within the justice system; and
- **Enhanced medical services** in the community to keep people at highest risk of entry/re-entry in care rather than in jail.

Outpatient Competency Restoration (OCR)

- **Success rates** comparable to inpatient competency restoration.
- Texas OCR programs have been *relatively successful*.
- **Costs less** ($229) than inpatient CR ($421) per day.

Requirements:

- Must be the **right fit** (risk factors, prior hospitalizations).
- Must **keep people moving** through OCR programs.
- Judges and other legal personnel must have proper **information and education**, plus **good relationships** with OCR personnel.
- Appropriate **housing options** and **substance abuse programs** are barriers to expanding OCR programs.

Prevention: First Episode Psychosis

Get Ahead of the Curve:

- Each year, about **3,900** Texas adolescents and young adults first experience a psychosis. These are individuals that, without intervention, are very likely to become super-utilizers.
- A new treatment model (RAISE) shows significant improvement for individuals if treatment is provided early enough.
- DSHS is expanding programs for people **in poverty** statewide, but an estimated **two-thirds have insurance** at the outset, which does not yet cover the costs of treatment.

Recommendations

- Target super-utilizers and partner with communities to expand capacity (use SB 1185 model).
- Focus on a step-down continuum of care based on assertive and intensive community-based services.
- Update ACT standards to a current, best-practices model (e.g., TMACT), provide more support for the development of FACT teams and standards for teams, eliminate outreach barriers.
- Unlock local innovation for communities ready to do more.
- Get ahead of the curve by targeting first episode psychosis.

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The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org

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