Continuum of Care Workgroup

Goal
All Texans have access to care at the right time, right place.

Background
For years, staff from the Mental Health/Substance Abuse Division at the Department of State Health Services worked closely on ensuring people had access to the right behavioral health care at the right time and place. Prior to that, the legacy state agency, the Department of MH/MR was charged with ensuring this access.

Behavioral health services and programs, along with intellectual and developmental disability services and programs from the legacy Department of Aging and Disability Services are now part of the Health and Human Services Commission. The consolidation of these services and programs presents the state with an opportunity to leverage the resources of the entire behavioral health continuum of care system to improve access and outcomes for clients.
Since November 2018, leadership from Intellectual and Developmental Disability and Behavioral Health Services, the Health and Specialty Care System, Medicaid, Regulatory, and Aging Services Coordination have been meeting regularly as part of the HHSC Continuum of Care Workgroup. Each HHSC area represented on the workgroup is responsible for addressing the issues and identifying solutions for identified action items for improving the continuum of care.

The objectives of the work group include:

1. Ensuring the most effective and efficient communication and coordination between state hospitals and local mental health authorities, to provide seamless care;
2. Identifying gaps and barriers to continuity of care, and more specifically to successful discharge from state hospitals; and
3. Identifying short-term and long-term goals to address the identified gaps and barriers.

Progress to Date

- As of August 1, 2019, all nine state hospital patients with an intellectual or developmental disability who had been hospitalized for over one year have transitioned to a less restrictive settings in the community.
- The workgroup has begun revising TAC Title 25, Chapter 448, Standards of Care applicable to substance use disorder treatment providers. Chapter 448 is frequently cited as a barrier to integrated Co-occurring Psychiatric Substance Use Disorder Treatment.
- Research has been completed regarding how other states utilize effective transition processes, such as a step-up/step-down facility.
- The workgroup is working to ensure the CANS/ANSA is used effectively across the continuum to ensure a seamless level of care. The workgroup also surveyed LMHA/LBHAs about their experience with the CANS/ANSA and the information they found most helpful when serving state hospital patients post-discharge.
- In fiscal year 2020, each LMHA/LBHA will have a dedicated Continuity of Care Worker whose sole purpose will be to ensure an effective transition from inpatient or residential care to the community, as outlined in their fiscal year 2020 performance contract.
- HSCS hospitals created collaborative clinical review teams to evaluate complex patients who have been inpatient for 365 plus days and who no longer meet medical necessity for an inpatient level of care.

Ongoing Projects

- State hospital staff and HCBS-AMH staff are preparing to implement a furlough pilot project for individuals preparing to discharge from a state hospital.
- Workgroups are identifying options to improve the LMHA contract and state hospital policies/procedures to be clearer regarding discharge roles and responsibilities.
- The workgroup continues to look at ways to improve communication between the LMHAs and state hospitals at the time of an individual’s discharge.
Continuum of Care

Mike and Sonja
## SH Capacity

<table>
<thead>
<tr>
<th>State Hospital</th>
<th>Current Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>247</td>
</tr>
<tr>
<td>Big Spring</td>
<td>140</td>
</tr>
<tr>
<td>El Paso</td>
<td>66</td>
</tr>
<tr>
<td>Kerrville</td>
<td>216</td>
</tr>
<tr>
<td>North Texas -Vernon</td>
<td>267</td>
</tr>
<tr>
<td>North Texas -WF</td>
<td>261</td>
</tr>
<tr>
<td>Rio Grande</td>
<td>50</td>
</tr>
<tr>
<td>Rusk</td>
<td>276</td>
</tr>
<tr>
<td>San Antonio</td>
<td>246</td>
</tr>
<tr>
<td>Terrell</td>
<td>283</td>
</tr>
<tr>
<td>Waco Center for Youth</td>
<td>71</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2,123</strong></td>
</tr>
</tbody>
</table>
Increasing NGRI and IST: 2006 to 2019

- Civil/Vol
- Incompetent to Stand Trial
- Not Guilty by Reason of Insanity
- Specialty
Lengths of Stay

Longer LOS for forensic patients reduces turnover.
Forensic Waiting List Trends

- Forensic, non-MSU
- Maximum Security
- Overall Forensic

Trends from F-06 to F-18 TD.
839 of 2156 state hospital beds (39%) are occupied by long-term patients.
# Bed Utilization: Other Pop.

<table>
<thead>
<tr>
<th>Population</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 65+</td>
<td>101</td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>178</td>
</tr>
<tr>
<td>Misdemeanors</td>
<td>94</td>
</tr>
</tbody>
</table>
Pre-Admission Process

Pre-admission timeline can delay treatment.

Average Time Between Arrest and Admission
Total: 296 Days

- Arrest to Commitment: 267 days
- Commitment to SH Notification: 30 days
- SH Notification to Admission: 51 days

*Non-MSU admissions
Continuity of Care

Initial objectives:

• Ensure the most effective and efficient communication and coordination between state hospitals and local mental health authorities, to provide seamless care.
• Identify gaps and barriers to continuity of care, and more specifically to successful discharge from state hospitals.
• Identify short-term and long-term goals to address the identified gaps and barriers.
Opportunities

1. Capacity expansion
2. Improve communication, define roles*
3. Continuity of Care workers*
4. 365+ reviews*
5. Other populations
6. Pre-admission services*
7. SSLC psych and behavioral health capacity
8. Review pediatric bed needs
9. Transition review teams*
10. Furlough Pilot – HCBS*
11. Step up/Step Down*
12. Forensic Policies*
13. SB 562/HB 601 implementation

*Included as a deliverable in Blueprint for a Health Texas.
Questions?

Thank you