

Continuum of Care Workgroup



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1. Introduction

The Health and Human Services Commission (HHSC) intersects with both public and private Texas mental health care providers in a variety of ways. In an effort to enhance cross-agency coordination of mental health services, a Continuum of Care Workgroup was formed to bring together representatives from all areas of HHSC that influence mental health care to increase communication effectiveness, ensure internal collaboration, and mitigate redundant efforts.

Adults with serious mental illness (SMI) experience a diagnosable mental, behavioral, or emotional disorder which causes serious functional impairment that substantially interferes with or limits one or more major life activities.¹ In 2019, 5.2 percent of United States adults – approximately 1,456,000 Texans – had an SMI.² For children ages 17 years and younger, serious emotional disturbance (SED) is a diagnosable mental, behavioral, or emotional disorder within the past year which resulted in functional impairment that substantially interfered with or limited the child’s role or functioning in family, school, or community activities.³ Each year, about one-half million children and adolescents in Texas experience an SED.

Together, mental health conditions and substance use conditions are referred to as behavioral health. In Texas, the Statewide Behavioral Health Strategic Plan⁴ guides a unified approach to the delivery of behavioral health services, with the goal that all Texans have access to care at the right time and place. Collectively, these services make up a continuum of care. Additionally, the Statewide Behavioral Health Strategic Plan recognizes that the behavioral health continuum of care must meet the needs of those dually diagnosed with an intellectual or developmental disability (IDD). The Continuum of Care Workgroup, while primarily focused on mental health, recognizes that the continuum of care must be equally available to persons who also have a substance use condition or an IDD diagnosis.

¹ Substance Abuse and Mental Health Services Administration definition

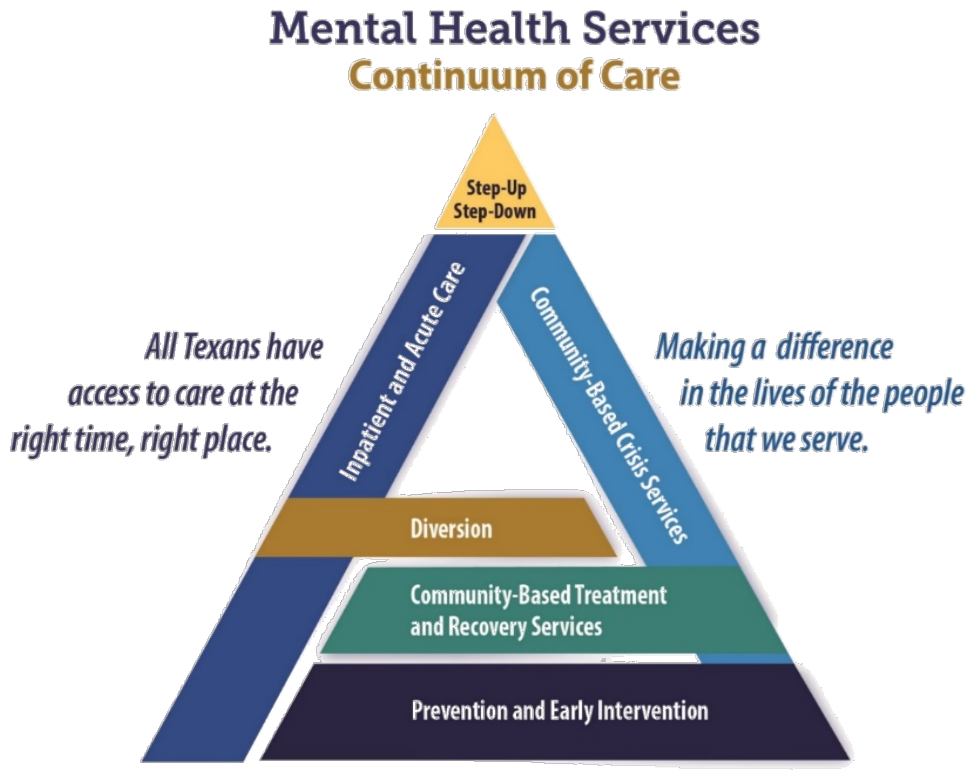
² National Institute of Mental Health. [https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=In%202019%2C%20there%20were%20an%20estimated%2013.1%20million%20adults%20aged,%25\)%20than%20males%20\(3.9%25\).](https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=In%202019%2C%20there%20were%20an%20estimated%2013.1%20million%20adults%20aged,%25)%20than%20males%20(3.9%25).)

³ Substance Abuse and Mental Health Services Administration definition

⁴ Texas Health and Human Services Commission.

<https://www.hhs.texas.gov/reports/2019/02/statewide-behavioral-health-strategic-plan-update-idd-strategic-plan-foundation>

Figure 1. Continuum of Care Graphic



As demonstrated by Figure 1, most people should receive services at the foundation of the continuum of care, depicted graphically as a pyramid based on prevention and early intervention. People needing more intensive services can receive them in community-based treatment and recovery services, such as peer support, psychosocial rehabilitation, or medication management.

The highest level of supports, provided to people experiencing crisis or those needing an inpatient level of care, include inpatient and acute care and community-based crisis services. Because inpatient and acute care services are more restrictive options, the continuum also includes diversion services that help people remain in their communities. At the top of the pyramid, step-up and step-down services help people transition to the community from a more intense episode of care or offer an option for people who may need a brief “step-up” in care to prevent an unnecessary institutionalization. The continuum boundaries are porous and should adapt to the needs of people wherever and whenever they need care.

2. HHSC Continuum of Care Workgroup

In Fall 2018, HHSC recognized a need to address the interaction between the HHSC-managed parts of the mental health continuum – the state psychiatric hospitals operated by the HHSC Health and Specialty Care System (HSCS) and the Local Mental Health Authorities and Local Behavioral Health Authorities (LMHA/LBHAs) contracted with HHSC through the Intellectual and Developmental Disability and Behavioral Health Services (IDD-BHS) Department. The consolidation of HHSC with other state agencies in 2017 changed the state agency landscape for the public mental health system. Post-consolidation, HHSC needed to ensure that all parts of the agency which intersect with the public mental health system were collaborating effectively. As a result, IDD-BHS and HSCS established a coordinated workgroup to focus agency efforts on strategies to improve the transition in and out of the state hospitals.

Membership

Many HHSC areas touch behavioral health services and participate in discussions and on ad hoc assignments. Formal members of the workgroup include staff from:

- **HSCS:** Operates the state psychiatric hospital system and the state supported living centers. As part of the workgroup, staff provide insight into common obstacles to discharge, solutions for improved transition, and operational changes that can improve treatment. Workgroup representatives include staff from the Deputy Executive Commissioner's office and the State Hospital Central Administration Policy and Projects, System Operations, and Quality Management teams.
- **IDD-BHS:** Provides community mental health and substance use services by contracting with LMHAs and LBHAs. IDD-BHS staff provide insight into gaps and challenges in community-based mental health care, solutions that can improve transitions out of acute care, and proposals designed to decrease the need for crisis or acute care. Workgroup representatives include staff from the Offices of Mental Health Coordination, System Integration, Behavioral Health Services, IDD Services, and the Deputy Executive Commissioner's office.
- **Medicaid and Children's Health Insurance Program (CHIP) Services:** Provides strategic direction and oversight of policy and quality for Texas Medicaid and CHIP. Staff advise the workgroup on Medicaid policies and provide

technical assistance for a variety of projects and strategies discussed by the group. Medicaid eligibility significantly impacts the services available to Texans; therefore, the workgroup attempts to maximize this funding source in all efforts.

- **Regulatory Services:** Licenses and monitors multiple settings in which behavioral health services are delivered. Staff provide information and updates about regulatory rules and practices that impact mental health care in regulated settings. For the continuum of behavioral health care to fully address the needs of those HHSC serves, regulated settings must adequately address the needs of people at various points on the continuum.

Objectives

The objectives of the work group were to:

1. Ensure the most effective and efficient communication and coordination between psychiatric hospitals, particularly state hospitals, and LMHAs/LBHAs to facilitate the provision of seamless care.
2. Identify gaps and barriers to continuity of care and more specifically to successful discharge from state hospitals.
3. Identify short-term and long-term goals to address identified gaps and challenges in the public mental health system as a whole, recognizing that strengthening other parts of the mental health system may decrease the need for acute care services such as psychiatric hospitalization.

3. Mental Health Services Continuum of Care

In the Texas public mental health system, community-based, diversion, and crisis services are provided by local mental health or behavioral health authorities (LMHA/LBHAs). Inpatient care may be provided by a state hospital, a community mental health hospital, or an LMHA/LBHA contract with a private psychiatric hospital.

Crisis Services

Crisis services exist on their own continuum, from hotlines operated by the LMHA/LBHAs to facility settings for people experiencing a mental health crisis who cannot be supported safely or effectively outside of a staffed facility.

Each LMHA/LBHA offers a crisis hotline and a mobile crisis outreach team. Some LMHA/LBHAs supplement those services with mental health deputies. Facility-based programs also exist. Facility-based crisis programs vary:

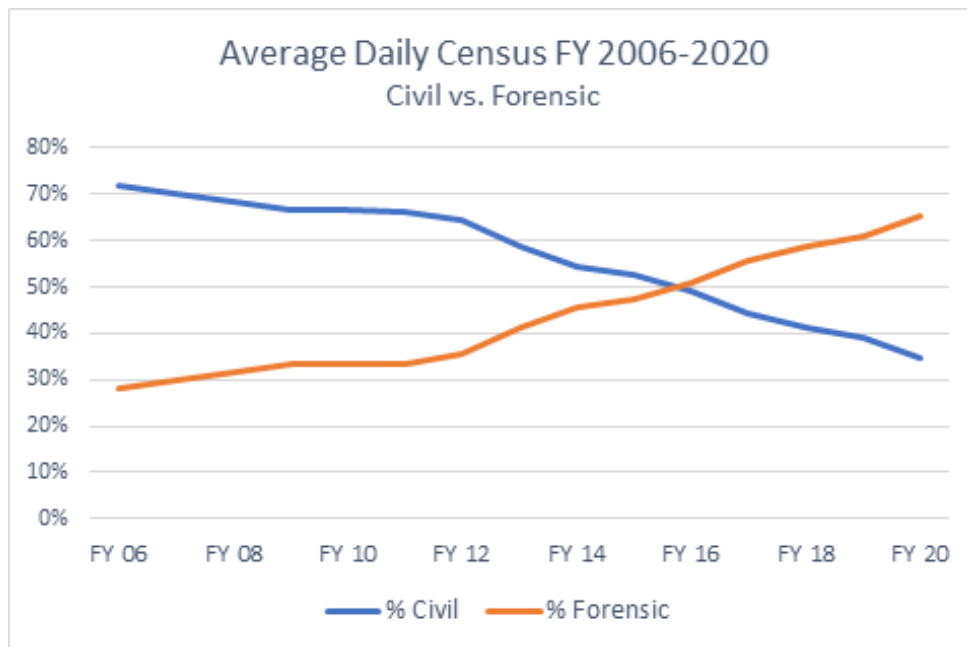
- Crisis respite: for people who have a low risk of harming themselves or others;
- Crisis residential: for people with a moderate risk of harm to self or others; and
- Crisis stabilization units: for people with needs that are only slightly less intensive than the needs best served in a psychiatric hospital.

These options allow crisis care to happen in the community close to where people will return when they recover from their crisis.

Inpatient Services

As part of the continuum of care for Texans with mental illness, HHSC operates a network of state-funded inpatient psychiatric hospitals, which includes nine state psychiatric hospitals and a youth residential treatment center.

Figure 2. Average Daily Census FYs 2006-2020, Civil vs. Forensic



As the census of state psychiatric hospitals has trended more toward forensic populations over the past several biennia (Figure 2), the Texas Legislature has funded more than 600 private inpatient psychiatric beds to address community needs. This private network complements the state hospital system.

Due to the increasing forensic population, complex needs of patients receiving services, and lacking community supports for many people ready for discharge, the average length of stay for a state hospital patient on a civil commitment is 80 days. People on forensic commitments stay for nearly 200 days. Longer lengths of stay impact both the hospitals which now serve fewer people annually because beds are not turning over as frequently as well as the community which cannot access the hospitals due to lack of available beds.

Ongoing Recovery Services

LMHA/LBHAs offer a variety of community-based programs focused on supporting a person's mental health recovery and wellness. People may participate in counseling, psychiatric services, peer support, and other services such as psychosocial rehabilitation or skills training.

Specialized programs are also available, such as those for veterans or those for people experiencing their first episode of psychosis. LMHA/LBHAs can also help individuals participating in mental health services to access housing and employment.

Investment in Mental Health

The Texas Legislature has emphasized the importance of mental health by increasing investment in an array of services that offer treatment when and where it is needed to support ongoing recovery.

Since 2017, the Texas Legislature has committed more than \$14 billion to improve the availability and quality of behavioral health services in Texas. This includes purchasing nearly 465 psychiatric beds operated by private providers across the state, allocating \$775 million for expansion and replacement projects to improve the state psychiatric hospital system, and awarding \$249.5 million⁵ in HHSC behavioral health matching grants for use by local partners to address their unique needs.

In an effort to coordinate this financial investment, the state organized the Statewide Behavioral Health Coordinating Council in 2015. Other advisory committees and workgroups also further Texas' ability to make a difference in the lives of people who experience mental illness. Among these are the Behavioral Health Advisory Council, the Joint Committee on Access and Forensic Services, the Judicial Commission on Mental Health, the House Select Committee on Mental Health, the Texas Mental Health Care Consortium, and steering committees for the replacement of the Austin and San Antonio state hospitals.

⁵ This amount represents the HHSC award and does not represent the actual amount spent outside grant dollars.

Although Texas has significantly invested in the continuum of care for people with behavioral health conditions over the last several biennia, there are still areas that need strengthening to optimize the system.

Achievements

The Continuum of Care Workgroup tracks mental health-related goals and initiatives requiring effective coordination between the workgroup members. To date, the workgroup has completed 15 of these goals and initiatives. One of the most successful collaborations was the development of a furlough program for state hospital patients discharging into the community under the Home and Community-based Services-Adult Mental Health program. The workgroup was also successful in piloting two step-down facilities for state hospital patients with complex needs and in launching coordinated efforts that resulted in the discharge of several state hospital patients with co-occurring IDD. In addition, the conversations in this workgroup regarding people with co-occurring IDD led to the development of a parallel workgroup specifically focused on that population and maximizing coordination between state facility-based care and community care.

While many groups exist to improve the mental health continuum of care, HHSC is leveraging its internal resources and programs to improve communication and coordination within the public mental health system.

List of Acronyms

Acronym	Full Name
CHIP	Children’s Health Insurance Program
HHSC	Health and Human Services Commission
HSCS	Health and Specialty Care System
IDD	Intellectual and Developmental Disability
IDD-BHS	Intellectual and Developmental Disability and Behavioral Health Services
LMHA	Local Mental Health Authority
LBHA	Local Behavioral Health Authority
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SUD	Substance Use Disorder