Mental Health Care Services and Expenditures

East Texas Council of Governments

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MENTAL HEALTH CARE SERVICES AND EXPENDITURES

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Submitted by

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I. EXECUTIVE SUMMARY

BACKGROUND

At the direction of the county judges in the 14 counties that comprise the East Texas Council of Governments (ETCOG), ETCOG commissioned a study of the costs associated with addressing the needs of residents of the region who have mental health and substance abuse disorders.

In order to collect expenditure data from each of the 14 counties, a survey was developed with input from county judges and other elected officials. The survey was distributed on October 4, 2013, and survey responses were analyzed for inclusion in this report. In addition, data were collected on state funding for local mental health authorities (LMHAs) by the Texas Department of State Health Services (DSHS).

PURPOSE

This report details the regional costs and issues related to addressing the needs of residents with mental illness and substance use disorders and serves as a detailed background and planning document that will support the future development of a regional strategic plan for mental health. The information in this report may be used by ETCOG and the elected officials in the region to develop a plan to:

- Strengthen resource management practices related to the target population and system responses to that population;
- Identify system and community capacity for implementing best practices;
- Assist local elected and appointed officials and community leaders in making meaningful decisions involving the management of care and the efficient management of related costs of care for the target population within the ETCOG region; and
- Assist local elected and appointed officials and community leaders in making meaningful decisions involving inmate care and custody.

EXPENDITURES

COUNTIES. The 14 counties in the ETCOG region are collectively spending $2.3 million of county resources annually on addressing the needs of county residents with mental health and substance use disorders. All of the counties in the ETCOG region are incurring mental health expenditures, ranging from $5,807 to over $1 million.

Counties incur expenses in their indigent health care programs (47 percent of total county expenditures), their court and legal systems (34 percent), and their public safety organizations (19 percent) to meet the needs of residents who are in crisis. Specific expenditures include the following:

- Local matching funds to the four LMHAs serving counties in the ETCOG region
- Some direct services through contract with the LMHAs and other service providers
- Processing of Emergency Detention Warrants (EDWs) and Orders of Protective Custody (OPCs)
- Providing public defenders
- Transporting residents from hospital emergency rooms and jails to psychiatric inpatient services
- Providing psychotropic medications and other services in county jails

These costs are most likely underreported—some counties do not track some of the expenses that are incurred, such as court costs and transportation provided by the sheriff's departments.

LMHAs. The four LMHAs serving the ETCOG region are spending a total of $14.4 million on outpatient ($10.7 million), inpatient ($1.4 million), and psychiatric emergency services ($2.4 million) in these 14 counties.

1115 Medicaid Transformation Waiver. The 1115 Medicaid Transformation Waiver is bringing new funds and innovative behavioral health projects to the ETCOG region—$45 million over the next four years. These programs are designed to reduce the number of individuals who go without care.

Common Issues and Concerns

Counties. In the 2013 survey, counties were asked to indicate the challenges they face addressing the needs of residents with mental health disorders. Survey respondents noted a wide range of needed behavioral health services, concerns about and barriers to the provision of these services, as well as suggestions for developing regional solutions for these issues.

- Needed services include: more available bed space, better follow-up and long-term care, a system to track and reduce repeat committals, transportation resources, a full-time psychiatrist on-site, and stabilization units for short stays.
- Among the concerns in providing behavioral health services are: limited financial resources and a lack of financial support from the state.
- A range of mental health barriers were cited by respondents, including: funding and financial barriers, increasing demand and lack of availability (including the lack of available beds), particularly in rural areas; and the lack of personnel and the wait or travel time that law enforcement face.
- Key suggestions for developing a regional solution to the issues identified by respondents include: creating a centralized evaluation center for medical and mental evaluation, establishing a regional coalition that would share financial responsibilities and state and federal assistance, increased inter-agency cooperation, creating a single point of contact for the region, increased inter-agency communication, more interaction between providers and county judges, and remote screening technology.

LMHAs. In the 2013 survey, LMHAs were asked to indicate the challenges they face addressing the needs of residents with mental health disorders. Survey respondents noted a wide range of needed behavioral health services, concerns about and barriers to the provision of these services, as well as suggestions for developing regional solutions for these issues.

- Needed services include: housing options, additional substance abuse services, outpatient psychiatric services, a public transportation system, case management, counseling, psychiatrists, and crisis stabilization beds.
- Among the concerns in providing behavioral health services are: length of time it takes for a patient to see a physician or psychiatric nurse professional after admitted (can be as long as 12 weeks currently), the lack of referral clinics, and the need for rerouting clients from emergency rooms and jails to short-term crisis care.
- All four LMHAs report that funding is the greatest barrier to providing services.
- Suggestions for developing a regional solution to the issues identified by respondents include: the development of an extensive transportation network to make services more accessible. LMHAs also noted that the Medicaid waiver projects will address and improve crisis respite, counseling, and jail diversion.

Summary

State-funding for the four LMHAs serving the ETCOG region is not sufficient to meet the needs in the region and the impact of the 1115 Medicaid Waiver incentive payments is not yet known. In addition, services that are needed to provide stability and on-going support to residents, such as housing, are very limited. As a result,

counties must bear the impact of the unmet need, expending resources to supplement the direct services provided by the LMHAs and to manage the number of untreated individuals who go through their legal systems and sheriff's departments. Counties are burdened by the crises that emerge when community services are not available or are not accessible.

Next Steps

A number of regional options for ETCOG to consider are included in the final chapter in this report. These options range from expanding regional coordination and partnerships on this issue to pooling resources to fund innovative treatment options for residents of the region. ETCOG should also monitor the implementation of the 1115 Medicaid waiver projects in the region to determine if and where additional resources are needed. Engaging in a strategic planning process will allow ETCOG and the member counties to determine the best use of their time, influence, and funds.

II. METHODOLOGY

SOURCE OF DATA

This report compares the mental health services and spending among the 14 counties in the East Texas Council of Governments (ETCOG) region. Information for the following counties is included in the report:

Anderson	Panola
Camp	Rains
Cherokee	Rusk
Gregg	Smith
Harrison	Upshur
Henderson	Van Zandt
Marion	Wood

Data for this report were compiled from:

- Information provided by each county
- Information provided by the four local mental health authorities (LMHAs) serving the ETCOG region
- Information from the Texas Department of State Health Services (DSHS)
- Region 1 information about the 1115 Medicaid Transformation Waiver program

Each county and LMHA responded to a survey distributed on October 4, 2013, and then provided follow-up information as requested to clarify the information that was provided. All of the counties and LMHAs participated in providing detailed data for this report. Every effort was made to ensure that the cost data received from each entity is accurate, meaningful, and comparable across the region. Notations are provided throughout the report indicating where information is missing or unclear.

Counties and LMHAs were requested to report spending for the 12-month period ending September 30, 2012. The reason for this time period was to capture expenditures prior to the implementation of the 1115 Medicaid Waiver projects.

III. The Need for Mental Health Services in East Texas

According to the needs assessment conducted for the Regional Healthcare Partnership (RHP) Plan for Region 1 (more information about this plan is included later in this report), the key mental health and behavioral health challenges for the 28-county region, which encompasses all of the 14 counties in the East Texas Council of Governments (ETCOG) region, include:

- Over 85 percent of counties in Northeast Texas have a shortage of mental health providers
- The patient-to-provider ratio in some areas of Northeast Texas is close to 25,000 to 1, which is seven times the state average
- Most of the 14 counties have approximately one-fifth to one-quarter of their population uninsured
- On average, a majority of the counties are considered rural (in population); no city in the region has a population that exceeds 100,000
- The median household income is approximately $40,000 and with approximately 8 percent unemployment
- On average, over one-quarter of children in the 14 counties live in poverty
- Northeast Texas is expected to grow in the future, potentially exacerbating the strains on the mental health care infrastructure
- The only public psychiatric hospital in the region is Rusk State Hospital, which was at capacity for over half of FY 2012 and patients had to be diverted to other state hospitals outside the region
- Approximately 85,000 people in East Texas suffer from a serious mental illness
- Approximately 113,000 individuals require treatment for substance abuse and do not receive it
- The suicide rate in East Texas is 65 percent higher than the statewide average
- There is a significant shortage of mental health professionals in each of the counties in the ETCOG region

The Region 1 RHP report states that the demands on the mental and behavioral health infrastructure in Northeast Texas are too heavy a burden for the current infrastructure. Mental health centers need more providers and improved technology, including HIPAA compliant video conferencing technology and electronic health records, to meet the demands in their communities.

IV. County Mental Health Expenditures

County Mental Health-related Expenses

According to a survey distributed in October 2013, most of the 14 counties in the East Texas Council of Governments (ETCOG) region are not providing direct mental health services (outpatient, inpatient, and psychiatric emergency services). Rather, these services are provided primarily through the four local mental health authorities (LMHAs) serving the ETCOG region.

However, the 14 counties are incurring expenses in their indigent health care programs, their court and legal systems, and their public safety organizations to meet the needs of residents who are in crisis. Table 4.1 shows total FY 2012 expenditures reported by the 14 counties in the ETCOG region to address the needs of residents with mental health disorders in their counties. The tables on the following pages provide details about the expenses reported.

Table 4.1: FY 2012 Total Mental Health Expenses by County

County	Total Expenses
Anderson	$110,730
Camp	$79,372
Cherokee	$159,596
Gregg	$1,051,565
Harrison	$193,936
Henderson	$156,203
Marion	$12,473
Panola	$29,500
Rains	$5,807
Rusk	$87,412
Smith	$149,013
Upshur	$35,410
Van Zandt	$93,488
Wood	$136,943
Total	**$2,301,450**

County Mental Health Expenses Detailed Tables

Direct Services

All 14 counties are providing or contributing to direct mental health services to residents. Most of the outpatient services provided in the 14 counties are funded by four LMHAs, which are discussed in more detail in the following chapter. All 14 counties provide a local match to the LMHA serving their county and three counties are contracting with their LMHA for additional services. Two counties report purchasing mental health services from private providers.

Table 4.2 shows the FY 2012 direct mental health services expenses reported by the counties.

Table 4.2: FY 2012 County Mental Health Direct Services Expenses

County	Direct Services	Cost
Anderson	Local match to mental health authority	$25,000
Camp	Local match to mental health authority	$2,000
Cherokee	Outpatient mental health services - $11,899 Local match to mental health authority - $25,000	$36,899
Gregg	Local match to metal health authority for inpatient services - $480,000 Local match to mental health authority for psychiatric emergency services - $99,996 Contract with private providers of behavioral health services - $15,000	$594,996
Harrison	Psychiatric emergency services - $1,371.45 Psychotropic medication - $45,380 Local match to mental health authority for inpatient services - $35,000 Local match to mental health authority for psychiatric emergency services - $3,000	$84,751
Henderson	Local match to mental health authority - $34,500 Contracts with private providers for mental health services - $71,875	$106,375
Marion	Inpatient mental health services - $4,111 (8 beds at $513 each) Local match to mental health authority - $7,500	$11,611
Panola	Outpatient mental health services - $1,500 Local match to mental health authority -$28,000	$29,500
Rains	Local match to mental health authority	$5,807
Rusk	Local match to mental health authority	$18,000
Smith	Local match to mental health authority	$85,000
Upshur	Local match to mental health authority	$15,000
Van Zandt	Local match to mental health authority	$18,400
Wood	Local match to mental health authority	$38,760
Total		**$1,072,099**

COURT EXPENSES

Court expenses include processing Emergency Detention Warrants (EDWs), Orders of Protective Custody (OPCs), fees for providing indigent attorneys to residents with mental health disorders, and costs for the County Attorney and District Attorney to prosecute cases involving residents with mental health disorders. Table 4.3 shows the FY 2012 court-related mental health expenses reported by the counties.

Table 4.3: FY 2012 County Mental Health Court Expenses

County	Court Expenses	Cost
Anderson	Order of Protective Custody (OPC) - $25,312.50 (145 at $174.50 each) Indigent attorney fees -$25,950 (80 cases at $325 each)	$51,263
Camp	Order of Protective Custody (OPC) - $35,529 (117 at $304 each) Indigent attorney fees -$4,400 (88 cases at $50 each)	$39,929
Cherokee	Order of Protective Custody (OPC) - $2,922 (6 at $487 each) Indigent attorney fees -$86,199	$89,121
Gregg	Emergency Detention Warrant (EDW) - $56,698 (679 at $83.50 each) Order of Protective Custody (OPC) - $107,040 (240 at $446 each) Indigent attorney fees - $45,200 (226 cases at $200 each) CSCD: Substance Abuse Education - $36,059 (558 attendees at $33.88 each) 188th District Court Drug Grant - $149,973 Out of County Commitments - $25,103	$420,075
Harrison	Emergency Detention Warrant (EDW) - $2,736 (38 at $72 each) Order of Protective Custody (OPC) - $12,177 (27 at $451 each) Indigent attorney fees - $7,950	$22,863
Henderson	Order of Protective Custody - 139 reported; no cost listed	$0
Marion	No costs reported	$0
Panola	Emergency Detention Warrants (EDW) - 21 cases; no cost listed Order of Protective Custody (OPC - 12 cases; no cost listed District Attorney misdemeanor cases for defendants with behavioral health issues - 12 cases; no cost listed District Attorney felony cases for defendants with behavioral health issues - 6 cases; no cost listed	$0
Rains	No costs reported	$0
Rusk	No costs reported	$0
Smith	Emergency Detention Warrants (EDW) - $465 (3 cases at $155 each) Order of Protective Custody (OPC) - $36,188 (96 cases at $332 each) Indigent attorney fees - $27,360 (contracted yearly amount for indigent attorney)	$64,013
Upshur	Order of Protective Custody (OPC) - $8,000 (13 cases at $615 each) District Attorney felony cases for defendants with behavioral health issues - $2,000 (2 cases) Indigent attorney fees - $2,400 (2 cases)	$12,400
Van Zandt	Emergency Detention Warrants - (EDW) - $695 (29 cases at $49.95 each hour) Order of Protective Custody (OPC) - $14,322 ($10,997 out of county, $3,356 in county) Indigent attorney fees - $5,404	$20,421
Wood	Order of protective Custody (OPC) - $69,567 (137 cases at $508 each, includes attorney fees and mileage)	$69,567
Total		**$789,652**

Public Safety Expenses

Public safety expenses include the costs of employing mental health officers in the Sheriffs' offices, the wait time for deputies in the emergency room with individuals with mental health disorders, and transporting individuals with mental health disorders to and from inpatient facilities for assessments and treatment. In addition, some counties have included the costs of providing psychotropic medications to individuals with behavioral health issues in the county jails. Table 4.4 shows the FY 2012 public safety mental health expenses reported by the counties.

Table 4.4: FY 2012 County Mental Health Public Safety Expenses

County	Law Enforcement	Cost
Anderson	Mental Health Officers - $31,000 (1 officer) Sheriff/Constable transports from ER to a placement - $3,468 (98 trips at $35.39 per trip)	$34,468
Camp	Sheriff/Constable wait time in ER - $18,570 Sheriff/Constable transports from ER to a placement - $18,873 (117 trips at $161 per trip)	$37,443
Cherokee	Mental health officers - $33,576	$33,576
Gregg	Mental health officers - $22,959 ($126,333 total cost for 2 officers of which $103,374 is covered by contract with the LMHA) Psychotropic medication for inmates - $12,035 Sheriff/constable wait time in ER - $1,500	$36,494
Harrison	Mental health officer - $36,800 Sheriff/Constable wait time in ER - $3,222 (179 cases at $18 per hour) Sheriff/constable transports from ER to a placement - $43,750 (175 trips at $250 per trip) Inmates taking psychotropic medication - $2,550 (17 inmates at $150 each)	$86,322
Henderson	Mental health officer - $33,092 Psychotropic medication for inmates - $6,963 Sheriff/constable transports from ER to a placement - $9,773.77 (178 trips at $54.91 per trip)	$49,828
Marion	Mental health officer - 1 officer, no salary provided Sheriff/constable wait time in ER - $79 (8.5 hours, 23 people) Sheriff/constable transports from ER to a placement - $708 (76.5 hours, 23 people) Inmates taking psychotropic medications - $75.55 (2 inmates)	$862
Panola	Sheriff/constable wait time in ER - 3hr, 21 people, no cost listed Sheriff/constable transports from ER to a placement - 21 trips, no cost listed	$0
Rains	No costs reported	$0
Rusk	Mental health officer - $47,412 Psychotropic medication for inmates - @22,000 (118 inmates) Sheriff/constable transports from ER to a placement - 159 trips, no cost listed	$69,412
Smith	Reported 250 peace officers' warrants for all law enforcement personnel in the county from June 2013 to May 2014; no cost listed	$0
Upshur	Psychotropic medications for inmates - $5,010 (10 inmates) Sheriff/constable wait time in ER - $1,000 (13 cases, $77 each) Sheriff/constable transports from ER to a placement - $2,000 (13 trips, $177 per trip)	$8,010
Van Zandt	Psychotropic medication for inmates - $43,772 (48 inmates at $911 each) Sheriff/constable wait time in ER - $5,975 (249 hours at $24 each hour) Sheriff/constable transports from ER to a placement - $4,920 (83 trips at $59 per trip)	$54,667
Wood	Sheriff/constable wait time in ER - $20,723 (125 cases at $165 each) Sheriff/constable transport from ER to a placement - $7,893 (137 trips at $58 per trip)	$28,616
Total		**$439,698**

Individuals Served by Counties

Counties were asked in the survey to indicate the people they serve and the eligibility for services. While several counties report that they do not maintain information on the demographics of their behavioral health services recipients, others reported that behavioral health services are utilized by people of diverse ages, races, and economic backgrounds. Other counties report that behavioral health services are utilized by poor, uninsured white residents between the ages of 40 and 60.

Several counties contract with the LMHAs to determine indigent status and eligibility for services. For the LMHAs, eligibility is governed by state law.

Significant Issues Facing Counties

Counties were asked in the survey to indicate the challenges they face addressing the needs of residents with behavioral health disorders. Each open-ended question is shown below along with the themes that emerged from the survey responses.

What Behavioral Health Services Are Needed in the Counties That You Serve? Please Be Specific.

- More available bed space
- Better follow-up and long-term care that, among other factors, includes assurance that clients are complying with their medicine and after-release instructions
- Reducing the number of repeat committals
- A system to track repeat committals to reduce the numbers
- More convenient locations such as in-patient beds and a screening venue in the county so that people do not have to drive long distances to obtain the services
- Transportation resources and relieving law enforcement officials who transport patients; purchasing video conferencing equipment to reduce transportation costs
- Resources for the elderly and retired who are struggling to take care of mentally ill children
- Stabilization units for short stays
- Addressing the mentally ill residents who are not an immediate threat and therefore do not always receive the attention they require
- Prescription and counseling programs for low-income individuals
- Crisis services, respite, and financial resources
- A full-time psychiatrist on-site

What Are the Difficulties or Barriers Faced in Providing or Accessing the Services You Note Above?

- Funding and financial barriers in accessing resources to meet the needs
- A lack of available beds
- The increasing demand for behavioral health services and the lack of availability in more rural areas
- A lack of personnel and the amount of wait or travel time that law enforcement face
- Residents will not drive 15 minutes to be screened for behavioral health issues

What Issues and Concerns Does Your Organization Have Related to the Provision of Behavioral Health Services?

- Lack of available beds
- Lack of support from the state with resources and long-term care
- Better training to deal with the provision of behavioral health services
- Lack of solutions to face the growing problems related to behavioral health services
- The limits on the individuals they are allowed to serve due to the narrow diagnoses that meet state requirements
- The limited financial resources that counties have
- Quality of care that patients are receiving
- Many individuals, particularly the uninsured, are not receiving the services they need
- Amount of time that law enforcement officials spend on being linked with behavioral health as officers must transport referrals for evaluation and treatment

Do You Have Suggestions for Developing a Regional Solution to the Issues You Have Identified?

- Create a centralized evaluation center for medical and mental evaluation that could aid in the efficiency of screening, placement, and wait time for law enforcement
- A regional coalition that would share financial responsibilities, receive state and federal assistance, and would determine participation by the number of behavioral health commitments
- Increased inter-agency cooperation
- Regional training to assess services
- Remote screening technology
- Creating a single point of contact for the region
- More interaction between providers and county judges
- A secure database to track patients and to assess the patterns of behavioral drug abuse and other factors on the amount of repeat commitments

V. State-Funded Services

The state of Texas provides funding for both outpatient mental health services, through a network of 37 community-based local mental health authorities (LMHAs) across the state, and inpatient services at 10 state-owned psychiatric hospitals.

LMHA Overview

Priority Population

HB 2292, passed by the Texas legislature in 2003, limited eligibility for state-funded services. Since the implementation of HB 2292, LMHAs are required to act only as a provider of last resort. They must also provide disease management practices for children with serious emotional disturbances and jail diversion strategies for adolescents and adults in the priority population, defined as adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or on-going and long-term support and treatment.

Children and adolescents in the priority population defined by the state of Texas must be ages 3 through 17 with a diagnosable serious emotional disturbance and must exhibit serious emotional, behavioral, or mental disorders in order to be eligible for state-funded care. This includes children and adolescents who have a serious functional impairment, are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms, or are enrolled in a school district special education program because of a serious emotional disturbance.

The Texas Department of State Health Services (DSHS) provides funding to LMHAs for the provision of services to the priority population.

Structure

Under section 533.035(a) of the Texas Health and Safety Code, the DSHS commissioner must assign an LMHA to one or more local service areas. DSHS may give the LMHA authority for planning, policy development, and coordination with other agencies. The LMHA may also have authority and responsibility for resource allocation and resource development, and they must deliver mental health services in the most appropriate and available setting according to the needs of individuals in the service area.

LMHAs receive quarterly funding from DSHS as well as a local match that may come from a county, a city, or a county hospital district. Some LMHAs receive additional funding from private donors and grants. LMHAs are governed by a board of trustees that each serve a two-year term.

ETCOG Region

The LMHAs serving the 14 ETCOG counties are shown in Table 5.1. Two of the LMHAs also serve counties outside of the ETCOG region.

Table 5.1: Local Service Area

LMHA	ETCOG Counties Served
ACCESS	Anderson and Cherokee counties
Lakes Regional MHMR Center	Camp County (also serves counties outside of ETCOG)
Community Healthcore	Gregg, Harrison, Marion, Panola, Rusk, and Upshur counties (also serves counties outside of ETCOG)
Andrews Center	Henderson, Rains, Smith, Van Zandt, and Wood counties

Source: Department of State Health Services (DSHS).

TOTAL EXPENDITURES

LMHAs were asked in a survey distributed in October 2013 to report spending for the 12-month period ending September 30, 2012. The reason for this time period was to capture expenditures prior to the implementation of the 1115 Medicaid Waiver projects (discussed in Chapter 6). Table 5.2 shows the total spending and number of individuals served by each LMHA for the 14 ETCOG counties.

Table 5.2: FY 2012 LMHA Spending and Number Served by County for all Mental Health Services

LMHA	County Served	Total Expenditures	Total Number Served
ACCESS	Anderson	$1,285,574	1,699
	Cherokee	$3,282,514	1,484
Andrews Center	Henderson	$1,060,933	2,545
	Rains	$111,291	46
	Smith	$2,413,412	5,723
	Van Zandt	$600,063	1,829
	Wood	$413,536	1,007
Community Healthcore	Gregg	$2,494,877	3,084
	Harrison	$558,377	643
	Marion	$128,138	142
	Panola	$392,182	432
	Rusk	$505,371	579
	Upshur	$574,705	663
Lakes Regional	Camp	$614,491	183
Total		$14,435,465	20,059

Note: The total number served by each LMHA includes adults and children receiving inpatient mental health, outpatient mental health, and psychiatric emergency services.

LMHA Local Match

The state requires a minimum local match for each LMHA for mental health services. The minimum local match that each LMHA must obtain is between seven and nine percent of the state appropriation; for FY 2014, that totals over $1.6 million. Table 5.3 shows the FY 2012 local match amount paid to the LMHAs by each ETCOG county; the 14 ETCOG counties are paying approximately half of the state-required local match for the four LMHAs serving the region.

Table 5.3: FY 2012 LMHA Local Match by LMHA and County

LMHA	County Served	Local Match
ACCESS	Anderson	$25,000
	Cherokee	$25,000
Andrews Center	Henderson	$34,500
	Rains	$5,807
	Smith	$85,000
	Van Zandt	$18,400
	Wood	$38,760
Community Healthcore	Gregg	$480,000
	Harrison	$35,000
	Marion	$7,500
	Panola	$28,000
	Rusk	$18,000
	Upshur	$15,000
Lakes Regional	Camp	$2,000
Total		$817,967

OUTPATIENT EXPENDITURES

Adult outpatient services provided by LMHAs may include assertive community treatment (ACT), supported employment, supported housing, co-occurring psychiatric and substance use disorders (COPSD), and homelessness programs for individuals suffering from mental illnesses who have no housing or shelter.

A wide range of services is available for children, all focusing on providing quality family-focused, community-based mental health services and supports to the child and family.

Table 5.4 shows LMHA spending for outpatient mental health services for children and adults in the 14 ETCOG counties.

Table 5.4: FY 2012 LMHA Spending by County Outpatient Mental Health Services

LMHA	County Served	Outpatient Expenditures	Outpatient Number Served
ACCESS	Anderson	$1,161,149	1,601
	Cherokee	$3,237,444	1,430
Andrews Center	Henderson	$859,182	2,132
	Rains	$104,700	31
	Smith	$2,001,922	4,905
	Van Zandt	$512,462	1,643
	Wood	$340,332	853
Community Healthcore	Gregg	$924,394	1,689
	Harrison	$253,188	273
	Marion	$54,718	59
	Panola	$241,132	260
	Rusk	$313,471	338
	Upshur	$356,133	384
Lakes Regional	Camp	$343,836	164
Total		$10,704,063	15,762

PSYCHIATRIC EMERGENCY SERVICES

According to the 2011 Annual American Hospital Association (AHA) survey, psychiatric emergency services provide immediate, unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering from acute emotional or mental distress. These services are available 24 hours a day.

Table 5.5 shows LMHA spending on psychiatric emergency services in the 14 ETCOG counties.

Table 5.5: FY 2012 LMHA Spending by County Psychiatric Emergency Services

LMHA	County Served	Psych Emergency Expenditures	Psych Emergency Number Served
ACCESS	Anderson	$0	0
	Cherokee	$0	0
Andrews Center	Henderson	$171,376	380
	Rains	$6,591	15
	Smith	$336,160	747
	Van Zandt	$79,096	176
	Wood	$65,914	147
Community Healthcore	Gregg	$924,394	1,317
	Harrison	$255,489	364
	Marion	$56,853	81
	Panola	$117,918	168
	Rusk	$167,051	238
	Upshur	$193,723	276
Lakes Regional	Camp	$0	0
Total		$2,374,566	3,909

INPATIENT SERVICES

The state of Texas provides inpatient mental health services at 10 state hospitals. Each LMHA receives an equity allocation for inpatient services at one of the 10 state hospitals. DSHS allocates to each LMHA a prepaid account to pay for the treatment of uninsured patients in a state hospital. This account can only be used in the state hospital system. If the LMHA does not use the full amount of funding in its account it cannot carry this over to the next contract year. Charges to the prepaid account include an admission surcharge and the number of days of care at the DSHS established price for the patient's level of care. These allocations are used for patients who require services that are offered at the state hospitals, but do not have third-party coverage to pay for the care they receive. Rusk State Hospital is the only state hospital located in the ETCOG region.

The LMHA will approve or refer patients to the state hospital only if they are exhibiting symptoms or characteristics that are related to DSHS-established admissions criteria or if appropriate services are not available locally. Admissions criteria specified by DSHS include suicidal or homicidal plans or ideations, self-mutilating behavior, psychotic symptoms, manic depressed mood with impaired judgment, or dementia.

Table 5.6 shows FY 2012 LMHA equity allocations at state hospitals.

Table 5.6: FY 2012 State Hospital Equity Allocations	
LMHA	Total State Hospital Equity Allocations
ACCESS	$1,099,259
Andrews Center	$4,142,887
Community Healthcore	$4,616,822
Lakes Regional MHMR	$1,637,985

Inpatient Expenditures

Table 5.7 shows the inpatient expenditures reported by the four LMHAs serving the 14 ETCOG counties for the period ending September 30, 2012.

Table 5.7: FY 2012 LMHA Spending by County Inpatient Mental Health Services			
LMHA	**County Served**	**Inpatient Expenditures**	**Inpatient Number Served**
ACCESS	Anderson	$124,425	98
	Cherokee	$45,070	54
Andrews Center	Henderson	$30,375	33
	Rains	$0	0
	Smith	$75,330	71
	Van Zandt	$8,505	10
	Wood	$7,290	7
Community Healthcore	Gregg	$646,089	78
	Harrison	$49,699	6
	Marion	$16,566	2
	Panola	$33,133	4
	Rusk	$24,850	3
	Upshur	$24,850	3
Lakes Regional	Camp	$270,655	19
Total		$1,356,836	388

Individuals Served by LMHAs

LMHAs were asked in the survey to indicate the demographics of the people they serve. Detailed information by county was not reported, but for the LMHAs that provided information, most clients are Anglo, male, and adults between the ages of 18 and 65.

Significant Concerns Identified by the LMHAs

The four LMHAs serving the ETCOG region were asked in the survey to indicate the challenges they face addressing the needs of residents with mental health disorders. Three of the four LMHAs provided responses to these questions. Each open-ended question is shown below along with the themes that emerged from their responses.

What Behavioral Health Services Are Needed in the Counties That You Serve?

- Additional outpatient psychiatric services to reduce the time between admission and the first psychiatric appointment and to allow for emergency psychiatric care without the use of inpatient admission
- Housing options for persons with mental illness that have little or no income
- Substance abuse services
- Crisis stabilization beds
- Public transportation system
- Psychiatrists
- Rehab
- Case management
- Counseling

What Are the Difficulties or Barriers Faced in Providing or Accessing the Services You Note Above?

- All LMHAs report that funding is the greatest barrier to providing services
- Medicaid funding is not sufficient to support indigent clients and it would require a combination of Medicaid and state funding to provide any additional services
- A lack of mental health practitioners is a barrier to providing services
- The size/location of rural counties makes providing and accessing services more difficult

What Issues and Concerns Does Your Organization Have Related to the Provision of Behavioral Health Services in the Counties you Serve?

- The length of time it currently takes for a person with a major mental illness to see a physician or psychiatric nurse practitioner after they have been admitted can be as long as 12 weeks, which can result in crisis services and possible inpatient treatment being required
- A lack of referral clinics and the need for rerouting clients from emergency rooms and jails to short-term crisis care

Do You Have Suggestions for Developing a Regional Solution to the Issues You Have Identified?

- The distance between communities in East Texas makes it difficult for people to access regional level services; an extensive transportation network is needed to make services more accessible
- One LMHA is confident that their 1115 Medicaid waiver projects (discussed in the following chapter) will address and improve crisis respite, counseling, and jail diversion

VI. 1115 Medicaid Waiver Projects

In December 2011, the state of Texas received federal approval for an 1115 Medicaid waiver that provides supplemental funding, managed care savings, and negotiated funding that will go into two statewide pools over a five-year period. Funding from the pools will be distributed to hospitals and other providers to support the following objectives: (1) an uncompensated care (UC) pool to reimburse for uncompensated care costs; and (2) a Delivery System Reform Incentive Payment (DSRIP) pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.

Regional Plan

Under the 1115 Medicaid Transformation waiver, eligibility for Uncompensated Care or DSRIP payments requires participation in a regional healthcare partnership. Within a partnership, participants include governmental entities providing public funds known as intergovernmental transfers (IGT), Medicaid providers, and other stakeholders. Participants in each partnership developed a regional plan identifying partners, community needs, the proposed projects, and funding distribution. Each partnership has one anchoring entity, which acts as a primary point of contact for the Texas Health and Human Services Commission (HHSC) in the region and is responsible for seeking regional stakeholder engagement and coordinating the development of the regional plan.

All 14 of the counties in the East Texas Council of Governments (ETCOG) fall into Region 1 and the University of Texas Health Science Center in Tyler (UTHSCT) serves as the anchoring entity. The Region 1 plan includes 16 behavioral health DSRIP projects that are expected to bring in a total of $45 million in incentive payments during a five-year period to providers serving the ETCOG region.

Table 6.1 shows the behavioral health DSRIP projects by county. Following Table 6.1 are descriptions of each project, including the incentive payment. The number associated with each project is a unique project identifier.

Table 6.1: RHP DSRIP Projects By County	
County	**DSRIP Projects**
Anderson	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Crisis Stabilization Unit (UTHSCT- Medical Service Research and Development Plan (MSDRP)– University Physician Associates (127278302.1.13)) 3. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals in the target population (127278302.2.23) 4. Expand the number of community based settings where behavioral health services may be delivered in underserved areas (752486120.1.2) 5. Recruit, train, and support consumers of mental health services to provide peer support series (752486120.2.1) 6. Improve access to specialty care (752486120.1.1)
Camp	1. Physical wellness/Health Mentor program for a targeted behavioral health population (121988304.2.2) 2. Integrated Primary Care/Behavioral Health Mobile Clinic (121988304.2.1)
Cherokee	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Crisis Stabilization Unit (UTHSCT-MSDRP– University Physician Associates (127278302.1.13) 3. Expand the number of community based settings where behavioral health services may be delivered in underserved areas (752486120.1.2) 4. Recruit, train, and support consumers of mental health services to provide peer support series(752486120.2.1) 5. Improve access to specialty care (752486120.1.1)
Gregg	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Development of a behavioral health crisis stabilization services as alternatives to hospitalization (137921608.1.4) 3. Enhance/Expand Medical Homes for Good Shepherd Medical Center (GSMC) Internal Medicine Residency Clinics (127278302.2.14) 4. Design, implement, and evaluate projects that provide integrated primary and behavioral health care services (137921608.2.1)
Harrison	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Enhance/Expand Medical Homes for GSMC Internal Medicine Residency Clinics (127278302.2.14)
Henderson	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Crisis Stabilization Unit (UTHSCT-MSDRP– University Physician Associates (127278302.1.13) 3. Crisis Intervention (138365512.1.1) 4. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy located in Henderson County, Texas (751281410.2.4)
Marion	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10)
Panola	1. None
Rains	1. Crisis Intervention (138365512.1.1) 2. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy located in Henderson County, Texas (751281410.2.4)
Rusk	2. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10)
Smith	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10) 2. Improve access to specialty health care (137921608.1.3) 3. Enhance/expand Medical Homes for UPA Primary Care Clinics (127278302.2.1) 4. Integrate Primary and Behavioral Health Care Services (127278302.2.18) 5. Crisis Intervention (138365512.1.1) 6. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy located in Henderson County, Texas (751281410.2.4)
Upshur	1. Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10)
Van Zandt	1. Crisis Intervention (138365512.1.1) 2. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy located in Henderson County, Texas (751281410.2.4)
Wood	1. Crisis Intervention (138365512.1.1) 2. Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy located in Henderson County, Texas (751281410.2.4)

RHP 1 Behavioral Health DSRIP Project Descriptions

Implement Technology Assisted Services to Support, Coordinate, or Deliver Behavioral Health (127278302.1.10)

Incentive payment: $4,657,980

Counties: Anderson, Cherokee, Gregg, Harrison, Henderson, Marion, Upshur, Rusk, and Smith

Description: Collaboration between University Physician Associates, Good Shepherd Medical Center, and Palestine Regional Medical Center to increase access to integrated primary and behavioral health care services along with specialty consultation by psychiatry.

Design, implement, and evaluate research-supported and evidence-based interventions tailored towards individuals needing outpatient therapy in Henderson County, Texas (751281410.2.4)

Incentive payment: $40,608

Counties: Henderson, Rains, Smith, Van Zandt, and Wood

Description: This project will increase outpatient therapy services in Henderson County, providing an estimated 3,000 additional outpatient therapy appointments over the span of the program. This will be accomplished by hiring a new outpatient therapist who will be stationed full time at the clinic in Henderson County.

Crisis Intervention (138365512.1.1)

Incentive payment: $3,475,052

Counties: Henderson, Rains, Smith, Van Zandt, and Wood

Description: Development of behavioral health crisis stabilization center as an alternative to hospitalization.

Crisis Stabilization Unit (UTHSCT- Medical Service Research and Development Plan (MSDRP)– University Physician Associates (127278302.1.13)

Incentive payment: $2,876,901

Counties: Anderson, Cherokee, and Henderson

Description: Palestine Regional Medical Center will partner with University Physician Associates to establish a crisis stabilization unit for behavioral health.

Enhance/Expand Medical Homes for Good Shepherd Medical Center (GSMC) Internal Medicine Residency Clinics (127278302.2.14)

Incentive payment: $7,522,339

Counties: Gregg and Harrison

Description: Collaboration between University Physician Associates and Good Shepherd Medical Center to implement PCMH; expand primary care capacity; implement community health worker (CHW) chronic disease self-management, behavioral health, and tele-health facilitation.

Expand the number of community based settings where behavioral health services may be delivered in underserved areas (752486120.1.2)

Incentive payment: $297,982

Counties: Anderson and Cherokee

DESCRIPTION: ACCESS will establish outpatient substance abuse treatment sites in Anderson and Cherokee counties to meet the needs of a growing population, especially the poor and uninsured. The sites will be in their current facilities and will be licensed for supportive outpatient services.

RECRUIT, TRAIN, AND SUPPORT CONSUMERS OF MENTAL HEALTH SERVICES TO PROVIDE PEER SUPPORT SERIES (752486120.2.1)

INCENTIVE PAYMENT: $31,121

COUNTIES: Anderson and Cherokee

DESCRIPTION: ACCESS will train and employ Peer Specialists to provide peer support to other mental health consumers in Anderson County. Specialists will also engage peers to prevent or manage chronic health conditions. This site will be in the current Anderson County facility.

IMPROVE ACCESS TO SPECIALTY CARE (752486120.1.1)

INCENTIVE PAYMENT: $116,702

COUNTIES: Anderson and Cherokee

DESCRIPTION: The project will support specialty care access to behavioral health providers in underserved areas by recruiting a full-time psychiatrist or other mental health provider for adult, outpatient services.

DEVELOPMENT OF BEHAVIORAL HEALTH CRISIS STABILIZATION SERVICES AS ALTERNATIVES TO HOSPITALIZATION (137921608.1.4)

INCENTIVE PAYMENT: $3,045,406

COUNTIES: Gregg

DESCRIPTION: Evidence based crisis intervention/stabilization and detox center for behavioral health with early intervention and intensive wrap around services in the Southern portion of Region 1.

IMPROVE ACCESS TO SPECIALTY HEALTH CARE (137921608.1.3)

INCENTIVE PAYMENT: $2,079,217

COUNTIES: Smith

DESCRIPTION: Community Healthcore will operate an ambulatory detoxification clinic in a non-residential setting co-located with the University of Texas Health Science Center–Tyler primary care clinic. The program will provide a safe withdrawal from the drug(s) of dependence and enable the individual to become drug free through a medical model program.

ENHANCE/EXPAND MEDICAL HOMES FOR UPA PRIMARY CARE CLINICS (127278302.2.1)

INCENTIVE PAYMENT: $7,347,539

COUNTIES: Smith

DESCRIPTION: Implement Primary Care Medical Home; expand primary care capacity; implement CHW chronic disease self-management, behavioral health, and tele-health facilitation.

INTEGRATE PRIMARY AND BEHAVIORAL HEALTH CARE SERVICES (127278302.2.18)

INCENTIVE PAYMENT: $10,552,740

COUNTIES: Smith

DESCRIPTION: Through collaboration between University Physician Associates and Good Shepherd Medical Center, behavioral health professionals and CHWs will be added to primary care teams to foster integration of behavioral health services for patients in the primary care setting.

DESIGN, IMPLEMENT, AND EVALUATE RESEARCH-SUPPORTED AND EVIDENCE-BASED INTERVENTIONS TAILORED TOWARDS INDIVIDUALS IN THE TARGET POPULATION (127278302.2.23)

INCENTIVE PAYMENT: $1,438,451

COUNTIES: Anderson

DESCRIPTION: With Palestine Regional Medical Center, develop an intensive outpatient behavioral health therapy program to continue care for adult behavioral health patients after completing the existing inpatient programs or for patients leaving the crisis stabilization unit that do not meet inpatient criteria and patients requiring behavioral health therapy in order to avoid crisis situations.

DESIGN, IMPLEMENT, AND EVALUATE PROJECTS THAT PROVIDE INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE SERVICES (137921608.2.1)

INCENTIVE PAYMENT: $171,625

COUNTIES: Gregg

DESCRIPTION: Community Healthcore will collaborate with Good Shepherd Medical Center and the local FQHC in the Longview area to integrate primary and behavioral healthcare services to result in an integrated approach to health care that is "More Than Co-Location."

PHYSICAL WELLNESS/HEALTH MENTOR PROGRAM FOR A TARGETED BEHAVIORAL HEALTH POPULATION (121988304.2.2)

INCENTIVE PAYMENT: $641,144

COUNTIES: Camp

DESCRIPTION: Provide an intervention for a targeted behavioral health population to prevent unnecessary use of services in a specific setting: (Lakes Regional IN-SHAPE Program).

INTEGRATED PRIMARY CARE/BEHAVIORAL HEALTH MOBILE CLINIC (121988304.2.1)

INCENTIVE PAYMENT: $688,603

COUNTIES: CAMP

DESCRIPTION: Design, implement, and evaluate projects that provide integrated primary and behavioral health care services: (Lakes Regional Care Integration Project).

VII. ETCOG MENTAL HEALTH PROVIDERS

The tables below show information from the Department of State Health Services (DSHS) and the Texas Medical Board about licensed mental health practitioners in each of the ETCOG counties.

Table 7.1: ETCOG Licensed Mental Health Practitioners

County	Psychiatrists	Child Psychiatrists	Psychologists	Provisionally Licensed Psychologists	Counselors	Marriage and Family Therapists	Social Workers
Anderson	2	0	1	0	24	1	23
Camp	0	0	0	0	5	0	4
Cherokee	19	0	6	0	40	3	47
Gregg	13	2	7	1	94	9	106
Harrison	0	0	4	0	25	2	22
Henderson	1	1	4	0	28	8	37
Marion	0	0	0	0	2	0	4
Panola	0	0	0	0	4	0	8
Rains	0	0	2	0	2	0	1
Rusk	0	0	1	0	14	1	13
Smith	19	1	30	1	166	21	171
Upshur	0	0	2	0	10	1	7
Van Zandt	1	0	1	0	17	3	22
Wood	0	0	3	0	17	4	15

All 14 counties in the ETCOG region are designated by the federal Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSAs) for mental health. The provider ratios for many of the 14 counties is above or several times the national average for population to provider ratios. Providers are centered in the more populated areas, including Smith and Gregg counties.

Table 7.2: ETCOG Licensed Mental Health Practitioners and County Population

County	Total Mental Health Practitioners	County Population
Anderson	51	58,787
Camp	9	12,467
Cherokee	115	51,455
Gregg	232	123,855
Harrison	53	66,875
Henderson	79	79,456
Marion	6	10,615
Panola	12	24,123
Rains	5	11,122
Rusk	29	53,997
Smith	409	215,085
Upshur	20	40,048
Van Zandt	44	52,905
Wood	39	42,182

VIII. Next Steps: Options for Future Consideration

Now that the East Texas Council of Governments (ETCOG) has more information about the costs of addressing untreated mental illness in the region, the counties can begin to consider options for reducing those costs or joining efforts to fund regional programs and services to treat behavioral health disorders. While a more comprehensive strategic planning process is recommended to identify the full range of options and to develop consensus around an approach and whether to fund an intervention, several options are explored below, ranging from relatively inexpensive partnerships and preventive programs to more expensive treatment options that could be regionally funded.

1. Create Partnerships to Address the Behavioral Health Needs in East Texas

Create a Collaborative Mental Health Network in the ETCOG Region Modeled on the Rural East Texas Health Network

ETCOG could consider collaborating with regional partners to create a mental health network in the ETCOG region modeled after the Rural East Texas Health Network (RETHN), which is dedicated to supporting behavioral health care services in a 12-county region in Deep East Texas. RETHN played an important role in the creation of the crisis stabilization unit at the Burke Center (discussed in more detail below) and continues to be important to its ongoing operation.[1] Funded through a U.S. Health Resources and Services Administration grant, RETHN has established itself as the main entity within the region where collaborative efforts are organized and focused to resolve mental health service needs.[2] The 72 members of RETHN include hospital administrations and emergency departments, law enforcement, judicial magistrates, local mental health authority (LMHA) staff, local governments, jail staff, mental health consumers and advocates, school staff, and community leaders. RETHN meetings take place in counties throughout the service region at various times throughout the year.[3]

Participate in the UTHSCT Learning Collaboratives

As part of the 1115 Medicaid Waiver program, the University of Texas Health Science Center at Tyler (UTHSCT) is conducting Learning Collaboratives to address a number of topics related to regional behavioral health issues. The Learning Collaboratives focus on one issue at a time over a period of several months; the current issue is the integration of behavioral health and primary care. While current participants in Learning Collaboratives are primarily health care providers, future topics may be relevant to ETCOG and the county governments in the region.

Work with Faith Communities

ETCOG could also consider partnering with faith communities to increase awareness of and responses to mental health issues, reduce stigma surrounding mental illness, and help identify and encourage members of faith communities to seek help for mental health needs. Funding is available to support such initiatives. For example, the Hogg Foundation for Mental Health announced a Request for Proposals in May of 2014 from faith-based organizations in Texas for projects designed to improve awareness and perceptions of mental health, recovery,

[1] "Mental Health Emergency Center." Burke Center, 2005. Web. http://burke-center.org/mh_independentliving.asp. Accessed May 30, 2014.
[2] *Burke Center: Local Service Area Plan, FY 2011-2012.* Burke Center, July 27, 2010. PDF file. Web. http://www.burkecenter.org/DonnaMooreStuff/Burke%20center%20LSAP.pdf. Accessed May 30, 2014.
[3] *Burke Center: Local Service Area Plan, FY 2011-2012.* Burke Center, July 27, 2010. PDF file. Web. http://www.burke-center.org/DonnaMooreStuff/Burke%20center%20LSAP.pdf. Accessed May 30, 2014; and "Directory." *Rural East Texas Health Network*. Web. http://www.rethn.org/divisions.asp. Accessed June 4, 2014.

and wellness in African-American communities. The foundation plans to award up to $72,000 for three years to up to 10 faith-based organizations.[4]

2. Prevention and Early Detection

ETCOG may want to consider investing in prevention and early detection efforts. Such efforts have a high return on investment as they are relatively inexpensive to implement and achieve the aims of educating the public about behavioral health issues, reducing stigmas, and achieving early identification of people in need of services.

Promote or Fund Mental Health First Aid

ETCOG could increase community knowledge of and response to mental illness and addiction by promoting the innovative and evidence-based Mental Health First Aid program. Mental Health First Aid is an adult public education program designed to improve the knowledge and attitudes of non-behavioral health practitioners about mental health and related issues.[5] The program has been proven effective in growing participants' knowledge of mental illness and addictions and their ability to identify professional and self-help resources for individuals with mental illness or addiction.[6]

The eight-hour Mental Health First Aid training is offered by the Texas Council of Community Centers at various sites across Texas. The organizations offering the training in the ETCOG region are the four local mental health authorities serving the region: ACCESS, Lakes Regional, Community Healthcore, and Andrews Center.[7] Trainees have included personnel from the following types of organizations: law enforcement, churches, public schools, colleges and universities, city bus services, libraries, hospitals, business, community service agencies, first responders, CPS, military and property management.[8] While the training expense varies, it is fairly low-cost - national averages are about $50-$75 per person.[9] A 40-hour Mental Health First Aid Instructor training program is also available at select sites in Texas.[10]

Develop and Fund Public Service Campaigns

ETCOG could also consider launching behavioral health public service campaigns in the region (via billboards and TV and radio spots) that would contain messages about recognizing symptoms and where to get care. This could potentially be a collaborative effort with partners such as the local mental health authorities operating in the ETCOG region. The availability of the Mental Health First Aid training resource could also be highlighted in the campaign to increase the number of individuals in the region who are trained to identify and respond to mental illness and addiction.

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[4] "Hogg Foundation Announces RFP for Mental Health Awareness Projects in African-American Faith-Based Communities." *Philanthropy News Digest*, May 22, 2014. Web. http://www.philanthropynewsdigest.org/rfps/rfp4744-hogg-foundation-announces-rfp-for-mental-health-awareness-projects-in-african-american-faith-based-communities. Accessed May 30, 2014.

[5] "Mental Health First Aid." *NREPP: SAMHSA's National Registry of Evidence-based Programs and Practices,* May 19, 2014. *U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*, January 28, 2014. Web. http://nrepp.samhsa.gov/ViewIntervention.aspx?id=321. Accessed May 30, 2014.

[6] "Evidence Base." *Mental Health First Aid. National Council for Behavioral Health*, 2013. Web. http://www.mentalhealthfirstaid.org/cs/about/community-impact/. Accessed May 30, 2014.

[7] "Service Areas By County." *Texas Council of Community Centers*, 2006. Web. http://www.txcouncil.com/service_areas_by_county.aspx. Accessed May 30, 2014.

[8] "Update: Mental Health First Aid." *Texas Council of Community Centers*, 2006. Web. http://www.txcouncil.com/updatementalhealthfirstaid.aspx. Accessed May 30, 2014.

[9] "Training." *Mental Health First Aid. National Council for Behavioral Health*, 2013. Web. https://www.dropbox.com/s/142o542wamiaaci/Quick%20Start%20guide%20FINAL.pdf. Accessed May 30, 2014.

[10] "Update: Mental Health First Aid." *Texas Council of Community Centers*, 2006. Web. http://www.txcouncil.com/updatementalhealthfirstaid.aspx. Accessed May 30, 2014.

Enhance the Referral Network

Another option would be to support the regional expansion of 2-1-1 Texas as a resource (both online and telephonically) to help individuals with mental health or substance abuse needs locate service providers. Based on a few brief searches of 2-1-1 Texas online,[11] this resource might not provide adequate information for behavioral health services. For example, a keyword search on the site for "mental health counseling" and "Gregg County" did not result in any available services or organizations, not even Community Healthcore, the LMHA serving the county. Another search on the site using the drop-down menu option for "Mental Illness and Emotional Disabilities" in Gregg County resulted in approximately 10 resources, but not all were in Gregg County and the search result still did not list Community Healthcore. Finally, selecting from the drop-down option for "Inpatient Drug Detoxification" in Rusk County resulted in only one resource – located in Austin; again, the LMHA serving Rusk County, Community Healthcore, was not listed. United Way of Smith County, located in Tyler, handles all of the 2-1-1 Texas calls for the ETCOG region.[12] ETCOG could work with United Way of Tyler/Smith County to enhance the resources included in the database and promote the referral service throughout the region.

3. Identify High-Utilizing Patients and Purchase Intensive Services for This Population

Developing programs to address and manage the chronic health needs of individuals with frequent and inappropriate use of services such as the emergency room or EMS, is another strategy that ETCOG could use to help address the behavioral health care needs in the ETCOG region. The first step is to identify these individuals and the second step is to purchase services for them.

Identify the High-Utilizers

The top 10 to 25 individuals who meet the criteria for being high-utilizers can be identified through jail records, court records, emergency room records, information from the local mental health authorities, or a combination of these sources. Accessing data to identify high-utilizing populations may be difficult due to the number of entities involved and privacy concerns. Data-sharing agreements may need to be developed to allow for the release of this data from jails, hospitals, and other organizations.

Purchase Interventions for the High-Utilizers

The next step would be to purchase intensive intervention services for these individuals. Tailored interventions, such as intensive case management, could be purchased from providers already providing mental health services, such as the LMHAs. Intensive services could be purchased by bundling funding from a variety of sources.

Best Practices in the Development of High-Utilizer Programs

The Center for Health Care Strategies, a nonprofit health policy resource center, recently reviewed a wide variety of high-utilizer programs and found that high-utilizer programs can make substantial reductions in hospital admissions, hospital days, emergency department visits, and total cost of care. The review noted that such programs can take many different forms, from medical interventions with registered nurses (RNs) leading the care management team to programs that emphasize case management and navigation rather than medical care, with social workers as leaders. Most programs incorporate elements of both of these types of interventions. Overall, the review found that the types of interventions employed in a high-utilizer program should reflect the

[11] "Search for Services." *2-1-1 Texas, Texas Health and Human Services Commission.* Web. https://www.211texas.org/211/search.do?selectedMenuId=searchMenuId. Accessed June 3, 2014.
[12] "Area Information Center Details." *2-1-1 Texas, Texas Health and Human Services Commission.* Web. https://www.211texas.org/211/aic/details.do?aic=ET. Accessed June 3, 2014.

characteristics and needs of the particular high-utilizing population in the community. The review identified a number of key factors associated with programs targeted to high-utilizers: [13]

1. For homeless or precariously housed people, providing permanent housing with case management – with no medical personnel – appears to be the most powerful way to reduce costly health care utilization.
2. Programs can either be one of these two models or a hybrid of the two: (a) a primary care model where patients with a good relationship with their PCP are treated in that setting; and (b) those without a primary care home or wishing to leave their PCP enter an ambulatory intensive care unit (aICU), where patients receive all their care from a separate high-risk clinic or high-risk team within a clinic.
3. There is no standard composition of care management teams; the team depends on the characteristics of the patients being served.
4. Most programs perform a careful initial assessment, develop a care plan, and incorporate regular follow-up by the care management team. The intensity of follow-up is generally reduced if patients improve.
5. Programs tend to have a coaching rather than a rescuing philosophy.
6. Many programs have a home visit component.
7. Some programs allow patients to access the care management team 24/7; others do not. Programming patients' phones to speed dial a 24/7 access number rather than 911 may be an effective way to reduce unnecessary ambulance and ED use.
8. Coaching patients to understand their medications and to become more medication adherent is an essential feature of all programs.
9. Caseloads vary with team size, team composition, and patient complexity. A single RN care manager can usually care for 40-50 patients; a RN/social worker team can care for 100 patients, and a team that includes health coaches or navigators working under the mentorship of RNs and/or social workers may be able to double caseloads.

4. PROMOTE AND/OR FUND BEHAVIORAL HEALTH INNOVATIONS IN RURAL AREAS

Another approach for ETCOG is to promote or fund innovations in the delivery of mental health care in rural areas. Examples of effective programs in rural areas are described below.

TELE-PSYCHIATRY

Three tele-psychiatry programs are described below. One is an established program in rural East Texas and two are new programs, one in the ETCOG region and one in participating school districts in Lubbock and surrounding West Texas counties.

BURKE CENTER. The crisis stabilization unit at the Burke Center (discussed below in the section on crisis stabilization units) provides all consultations via video-conferencing. ETCOG should explore ways to utilize this technology in order to reduce the costs to the counties of transporting individuals long distances for observation, assessment, and treatment.

PALESTINE REGIONAL MEDICAL CENTER. As part of the 1115 Medicaid waiver program, University Physician Associates at UTHSCT is partnering with Palestine Regional Medical Center on a project to establish a crisis stabilization unit for behavioral health. A tele-psychiatry services program will work in conjunction with the crisis

[13] Bodenheimer, Thomas, MD. *Strategies to Reduce Costs and Improve Care for High-Utilizing Medicaid Patients: Reflections on Pioneering Programs*. *Center for Health Care Strategies* Policy Brief, October 2013. PDF file. Web. http://www.chcs.org/publications3960/publications_show.htm?doc_id=1261574#.U3-eMZAU-Uk. Accessed May 30, 2014.

stabilization unit to improve delivery of behavioral health services to area patients. The tele-psychiatry program provides the capability, for example, to conduct commitment hearings via video conferencing. UTHSCT is currently looking for sites to participate in the program, including court rooms, jails, and emergency rooms. This presents an opportunity for counties in the ETCOG region to participate in these services at low or no cost.

TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER. Another innovative tele-psychiatry project that ETCOG could consider adapting to the region is the Texas Tech University Health Science Center (TTUHSC) Telemedicine Wellness Intervention, Triage, and Referral Project (TWITR). The project, a collaborative effort between the F. Marie Hall Institute for Rural and Community Health at TTUHSC and six public school districts in Lubbock and surrounding counties, is funded by a two-year grant from the Texas Office of the Governor's Criminal Justice Division. The primary focus of the project is promoting school safety through assessment and referral services for students with mental health disorders. The project also emphasizes mental health training for educators on recognizing mental health symptoms, classroom intervention, and the project referral process. Once referred by educators to the TWITR program, TWITR staff, including psychiatry residents at TTUHSC, screen and triage the students via telemedicine. These students may then be referred to a number of local mental health resources or receive tele-psychiatry services, depending on the availability of local resources and the severity of the students' condition. Juveniles requiring more intense treatment will be treated by a TTUHSC child/adolescent psychiatrist through tele-psychiatry equipment that is made available at participating schools. The program targets juveniles 12-18 years old that school professionals have determined are at-risk of failure to graduate due to behavioral issues.[14]

STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE

There are some innovative initiatives to increase access to behavioral health services, particularly in rural areas, that ETCOG could adapt to its region. For example, a U.S. Department of Health and Human Services, Health Resources and Services Administration, report on promising practices in rural behavioral health programs highlights the Alaskan Rural Human Services Program. This program, through the University of Alaska, Fairbanks, is a 32-credit, "grow your own" training program designed to train resident Behavioral Health Specialists in rural Alaska Native villages. The program teaches natural helpers in villages to provide basic, culturally-competent behavioral health services to community members in areas that would not otherwise have a behavioral health provider, and articulates toward an Associate and Bachelor of Arts degree.[15]

PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION

ETCOG could also promote or fund increased integration of behavioral and primary health care in the region, particularly through the Federal Qualified Health Centers (FQHCs) operating in the ETCOG region. FQHCs provide services to low-income and uninsured individuals and are required to provide integrated services, but are currently facing federal funding challenges. In addition to the FQHCs, Andrews Center (the LMHA serving Henderson, Rains, Smith, Van Zandt, and Wood counties) now has a primary care physician located on-site to address the medical needs of LMHA clients.

Listed on the next page are the three FQHCs operating in the ETCOG region with the details that are available about how they are working with other entities to integrate behavioral health with primary care services.

[14] Burnett, Christopher. "CJD mental health telemedicine initiative." Message to David A. Cleveland. June 23, 2014. Emailed documents.

[15] *Rural Behavioral Health Programs and Promising Practices.* U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, June 2011. PDF file. Web. http://www.hrsa.gov/ruralhealth/pdf/ruralbehavioralmanual05312011.pdf. Accessed May 30, 2014.

EAST TEXAS BORDER HEALTH CLINIC. The clinic provides primary healthcare and urgent care. Mental health counseling is offered through Community Healthcore. Substance abuse services are available through a service agreement with the East Texas Alcohol and Drug Abuse Center. The clinic provides case management to assist in accessing other community resources. East Texas Border Health Clinic has locations in Jefferson and Marshall, serving Harrison and Marion counties.[16]

WELLNESS POINTE. In addition to medical and dental services, Wellness Pointe provides a number of behavioral health services, including mental health and substance abuse counseling services and substance abuse outpatient treatment for both adults and adolescents. One behavioral health clinician is listed on their website, a licensed professional counselor, while two substance abuse clinicians are listed, both licensed chemical dependency counselors. With locations in Longview, Kilgore, and Gilmer, they serve Gregg, Harrison, Upshur, and surrounding counties.[17]

MT. ENTERPRISE COMMUNITY HEALTH CLINIC. The Mt. Enterprise Community Health Clinic provides medical, dental, and behavioral health services (substance abuse) in Mt. Enterprise and Henderson (Rusk County).[18]

MOBILE OUTREACH

Three of the four LMHAs serving the ETCOG region have mobile outreach units. In addition, one of the 1115 Medicaid waiver program Delivery System Reform Incentive Payment (DSRIP) projects (discussed in Chapter 6) is focused on an integrated primary care and behavioral health mobile clinic. In this project, Lakes Regional LMHA (serving Camp County) is creating a mobile medical clinic (MMC) service providing integrated care and medical records for individuals receiving services for Serious Mental Illness (SMI). The project will provide a medical home for basic primary care services and health screening to the SMI clinic population not connected to other community primary care providers.[19]

CRISIS STABILIZATION UNITS

Crisis stabilization units provide short-term stabilization and treatment services on a voluntary or involuntary basis for individuals experiencing psychiatric crises. Some patients may require additional inpatient services after leaving a crisis stabilization unit, while others may not. This is an expensive option. The Burke Center in Lufkin offers a model for developing a program in the ETCOG region; however, ETCOG should monitor the implementation of three crisis stabilization units funded through the 1115 Medicaid waiver program and beginning implementation this year in the region.

THE BURKE CENTER MENTAL HEALTH EMERGENCY CENTER. The Burke Center includes a Mental Health Emergency Center (MHEC), which is a highly effective, award-winning model for addressing chronic mental health issues early and reducing the use of emergency rooms for psychiatric crises. The Burke Center MHEC provides assessment and/or brief treatment to persons 18 years of age or older who are experiencing a mental health crisis. Located in Lufkin, the Burke Center serves Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties. The MHEC consists of two programs: an extended observation unit and a crisis residential unit.

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[16] "Our Services." *East Texas Border Health Clinic*, 2008. Web. http://www.etborderhealth.org/service.html. Accessed May 30, 2014.
[17] "Programs." *Wellness Pointe,* 2014. Web. http://www.wellnesspointe.org/programs/. Accessed May 30, 2014.
[18] "Mt. Enterprise Community Health Clinic." *Texas Association of Community Health Centers*, 2010. Web. http://www.tachc.org/center/mt-enterprise-community-health-clinic. Accessed May 30, 2014.
[19] "Texas Healthcare Transformation and Quality Improvement Program: Regional Healthcare Partnership (RHP) Plan, March 11, 2013, RHP 1 / The Northeast Texas Regional Healthcare Partnership." Texas Health and Human Services Commission. PDF file. Web. http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP1Plan.pdf. Accessed May 30, 2014.

The extended observation unit provides short-term stabilization of behavioral health symptoms that may or may not require a continued stay in an acute care facility. An extended observation unit provides access to emergency care at all times and has the ability to assist individuals with the most severe psychiatric symptoms.

Crisis residential services provide 24-hour, short-term, community-based residential crisis treatment to persons who may pose some risk of harm to self or others, who may have fairly severe functional impairment, and are demonstrating psychiatric crises that cannot be stabilized in a less intensive setting. The recommended length of stay ranges from 1 to 14 days.[20]

The Burke Center MHEC opened in 2008, and their officials note that it is the first freestanding, comprehensive rural emergency program where psychiatric emergencies are handled entirely via telemedicine, and registered nurses provide telephone triage to expedite admissions for patients to see a psychiatrist within 30 minutes. Officials also say the rapid response allows for quick de-escalation of psychiatric symptoms through medications and interventions provided by physicians and onsite staff.[21]

As reported in the Burke Center Local Service Area Plan for FY 2011-2012 (the most recent available data for the Center), the Burke Center, which houses MHEC, provided mental health services in FY 2009 to 4,091 individuals and substance abuse services to 660 individuals. Funding for the MHEC is provided by a combination of state, local and private resources.[22] Fiscal Year 2010 resource allocations for mental health totaled over $10 million and substance use disorders totaled just under $1 million.[23]

In addition to the MHEC, the Burke Center operates other programs, such as two independent living facilities for individuals with mental illness, funded primarily through the U.S. Department of Housing and Urban Development, and outpatient substance treatment services funded by the Texas Department of State Health Services.[24]

MONITOR THE IMPLEMENTATION OF NEW CRISIS STABILIZATION PROGRAMS IN THE ETCOG REGION. As discussed in depth in Chapter 6 (1115 Medicaid Waiver Projects), Texas received federal approval in 2011 for an 1115 Medicaid waiver that provides funding over a five-year period for a DSRIP funding pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.[25]

Sixteen behavioral health DSRIP projects are expected to bring in a total of $45 million in incentive payments during a five-year period to programs serving the ETCOG region. Three DSRIP projects in the ETCOG region are focusing on crisis intervention and the creation of crisis stabilization centers or units. ETCOG may not need to consider investing in the creation of crisis stabilization units if the following new programs prove successful. Unfortunately, data are not yet available on the outcomes of these programs and may not be available until October 2014.

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[20] "Mental Health Emergency Center." *Burke Center*, 2005. Web. http://burke-center.org/mh_independentliving.asp. Accessed May 30, 2014.
[21] Stewart, Steve W. "Burke Center's Mental Health Emergency Center receives National Award for Excellence." *KLAS.com* April 19, 2013. Web. http://www.kjas.com/news/health_news/article_a358fffc-a910-11e2-8589-001a4bcf6878.html. Accessed May 30, 2014.
[22] "Mental Health Emergency Center." *Burke Center*, 2005. Web. http://burke-center.org/mh_independentliving.asp. Accessed May 30, 2014.
[23] *Burke Center: Local Service Area Plan, FY 2011-2012.* Burke Center, July 27, 2010. PDF file. Web. http://www.burke-center.org/DonnaMooreStuff/Burke%20center%20LSAP.pdf. Accessed May 30, 2014.
[24] "Mental Health Emergency Center." *Burke Center*, 2005. Web. http://burke-center.org/mh_independentliving.asp Accessed May 30, 2014; and *Burke Center: Local Service Area Plan, FY 2011-2012.* Burke Center, July 27, 2010. PDF file. Web. http://www.burke-center.org/DonnaMooreStuff/Burke%20center%20LSAP.pdf Accessed May 30, 2014.
[25] "Texas Healthcare Transformation and Quality Improvement Program: Regional Healthcare Partnership (RHP) Plan, March 11, 2013, RHP 1 / The Northeast Texas Regional Healthcare Partnership." Texas Health and Human Services Commission. PDF file. Web. http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP1Plan.pdf. Accessed May 30, 2014.

- Crisis Intervention Services Provided by Andrews Center Behavioral Healthcare System: This DSRIP project focuses on the development of a behavioral health crisis stabilization center as an alternative to hospitalization. The Andrews Center Behavioral Healthcare System will implement a crisis intervention program consisting of a location where individuals in crisis are brought for a period of 4 to 23 hours in order to allow for stabilization and planning for optimal placement. The target population consists of patients experiencing a behavioral health crisis who have limited access to behavioral health services and would otherwise seek care in an emergency room. The program serves the following counties in the ETCOG region: Henderson, Rains, Smith, Van Zandt, and Wood. The Andrews Center anticipates seeing approximately 1,400 potential crisis patients per year with about 200 of those being appropriate candidates for the crisis stabilization alternatives. Providing crisis stabilization services to 260 patients per year will produce an estimated annual combined savings of $1,730,331 for hospital emergency departments, inpatient psychiatric facilities, jails, and deputies.

- Crisis Stabilization Services Provided by Community Healthcore: This DSRIP project focuses on the creation of an evidence-based behavioral health crisis intervention/stabilization and detox center with early intervention and intensive wrap around services. Community Healthcore will operate a Regional Crisis Response Center (RCRC) providing short-term alternatives to inpatient psychiatric hospitalization. Included are 6 beds for stabilization (locked) and 12 beds for intensive residential services (unlocked). The RCRC, located in the Longview Good Shepherd Medical Center (GSMC), will reduce the unnecessary use of the emergency department at GSMC, as well as at other local hospitals. The target population is adults with a serious mental illness living in Gregg County. The RCRC will be equipped to identify psychiatric or substance abuse disorders, assess immediate and long-term treatment needs, alleviate symptoms and provide appropriate acute treatment, and will accept patients 24 hours per day, 7 days per week on a voluntary and involuntary basis. They anticipate serving approximately 311 patients a year. Estimated cost savings for this program are not available.

- Crisis Stabilization Unit Provided by a Partnership Between Palestine Regional Medical Center and University Physician Associates: This DSRIP project, a partnership between Palestine Regional Medical Center, a 156 bed hospital, and University Physician Associates at the University of Texas Health Science Center at Tyler, will establish a behavioral health crisis stabilization unit. The unit will provide short-term (24 to 72 hour) treatment for behavioral health patients requiring observation and stabilization from acute symptoms of mental illness. The unit will have 10 beds available to patients to reduce acute symptoms of mental illness in a secure treatment environment. The program is designed to serve voluntary adult patients who can be stabilized within a 24 to 72 hour length of stay and who can then be linked to community supports. A telemedicine program will work in conjunction with the crisis stabilization services and intensive outpatient services to improve delivery of behavioral health services to area patients. The project goal is to reduce emergency room visits for behavioral health patients. Target counties in the ETCOG region are Anderson, Cherokee, and Henderson. The project is expected to reduce ER visits for behavioral health by 240 patient visits annually. In terms of estimated cost savings, Palestine Regional Medical Center statistics show that the days 170 behavioral health patients spent in ICU in 2011 cost a total of $700,000 annually and an additional $450,000 in ER visits and waiting times. If crisis stabilization services had been available, significant costs savings would have resulted.[26]

[26] "Texas Healthcare Transformation and Quality Improvement Program: Regional Healthcare Partnership (RHP) Plan, March 11, 2013, RHP 1 / The Northeast Texas Regional Healthcare Partnership." Texas Health and Human Services Commission. PDF file. Web. http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP1Plan.pdf. Accessed May 30, 2014.