House Committee on Human Services
Interim Charge 1

Department of Aging and Disability Services
Commissioner Jon Weizenbaum

Department of State Health Services
Assistant Commissioner Lauren Lacefield Lewis

June 4, 2014
DADS Agency Responsibilities

• The Department of Aging and Disability Services serves aging Texans and individuals with disabilities. DADS recognizes that clients receiving services through DADS may also have mental health needs, including access to crisis resources.

• Challenging behavior and the symptoms of mental illness can prevent individuals with intellectual and developmental disabilities (IDD) from living independently in the community.
Existing Resources (DADS)

• Services and supports for individuals with IDD with mental illness and behavioral support needs
  - Local intellectual and developmental disability (IDD) authority (LA) services
  - State supported living centers
  - Community ICFs/IID
  - Community IDD waiver services, including behavioral supports

• Crisis-focused services and supports:
  - Safety net services provided by the LAs
    - MHMRA of Harris County Community Behavior Supports Team
  - Home and Community-based Services (HCS) Medicaid waiver diversion slots
  - Austin Travis County Integral Care pilot for transition from Austin SSLC
  - LA IDD focused 1115 Waiver Delivery System Reform Incentive Payment (DSRIP) projects
## Behavioral Health Needs

### Percentage of Individuals with Dual Diagnosis by IDD Waiver

<table>
<thead>
<tr>
<th>IDD Waiver</th>
<th>Fiscal Year 2013</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total Served</td>
<td>Number with Dual Diagnosis</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>HCS</td>
<td>21,044</td>
<td>8,201</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>TxHmL</td>
<td>5,623</td>
<td>1,522</td>
<td>27.1</td>
<td></td>
</tr>
<tr>
<td>CLASS</td>
<td>4,811</td>
<td>1,081</td>
<td>22.5</td>
<td></td>
</tr>
<tr>
<td>DBMD</td>
<td>157</td>
<td>16</td>
<td>10.2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>31,635</td>
<td>10,820</td>
<td>34.2</td>
<td></td>
</tr>
</tbody>
</table>

### SSLC Residents with Mental Health Needs

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>End of Year Enrollment</th>
<th>Number with MH Needs</th>
<th>Percentage with MH Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2013</td>
<td>3,547</td>
<td>2,208</td>
<td>62.0%</td>
</tr>
</tbody>
</table>
Planned Activities (DADS)

• Money Follows the Person Demonstration proposal
  ➢ Behavioral and medical technical assistance teams
  ➢ Enhanced community transition supports

• Possible 2016-17 Legislative Appropriations Request
  ➢ Enhanced LA service coordination
  ➢ Behavioral and medical technical assistance teams
  ➢ Crisis intervention teams and crisis respite
  ➢ Statewide training based on best practice models
  ➢ Expanded behavioral specialized services for individuals with IDD in nursing facilities

• Rate Add-on Pilot for Individuals with High Medical Needs Transitioning from a SSLC to an ICF/IID

• Senate Bill 7 IDD Assessment Tool
Priority Population:

- Persons with a diagnosis of mental illness and significant functional impairment are eligible for DSHS-funded services.
- Persons in a behavioral health crisis are considered part of the priority population.

25 TAC Chapter 412, Subchapter G

- LMHAs/NorthSTAR are required to provide screening and assessment services to persons in a behavioral health crisis.

*All catchment areas have a hotline and a Mobile Crisis Outreach Team*
## DSHS Agency Responsibilities: Funding for Behavioral Health Services

<table>
<thead>
<tr>
<th>Strategy</th>
<th>FY12-13 Adjusted GAA</th>
<th>FY14-15 GAA</th>
<th>Percent Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Adult Services</td>
<td>$556,240,488</td>
<td>$664,999,081</td>
<td>19.6%</td>
</tr>
<tr>
<td>Mental Health Child Services</td>
<td>$126,182,344</td>
<td>$200,976,804</td>
<td>59.3%</td>
</tr>
<tr>
<td>Mental Health Crisis Services</td>
<td>$168,553,850</td>
<td>$221,182,624</td>
<td>31.2%</td>
</tr>
<tr>
<td>NorthSTAR Behavioral Health</td>
<td>$206,238,496</td>
<td>$226,593,318</td>
<td>9.9%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>$289,333,463</td>
<td>$315,625,153</td>
<td>9.1%</td>
</tr>
<tr>
<td>Community Hospitals</td>
<td>$139,006,192</td>
<td>$153,140,973</td>
<td>10.2%</td>
</tr>
<tr>
<td>Mental Health State Hospitals</td>
<td>$791,225,670</td>
<td>$836,991,501</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,276,780,503</strong></td>
<td><strong>$2,619,509,454</strong></td>
<td><strong>15.1%</strong></td>
</tr>
</tbody>
</table>

Note: Above does not include the $20M added from HB1025 nor the $10M added for bonds for hospital repairs.
DSHS Agency Responsibilities: Capacity/Access

- DSHS was appropriated an additional $48.2 million (Rider 92) to address the community mental health waiting list
  - In February 2013, 5,321 adults were on the waiting list. By February 2014, that number had dropped to 779
  - In February 2013, 194 children were on the waiting list. By February 2014, that number had dropped to 11

- DSHS was appropriated an additional $43 million (Rider 85) to expand or improve community mental health services to address the needs of those who are underserved due to resource limitations and the anticipated “surge” in demand due to increased public awareness and population growth
DSHS was appropriated an additional $25 million for crisis services in fiscal year 2014

- Goal: treat individuals in the least restrictive/less costly setting, reduce use of local emergency rooms, divert individuals from the criminal justice system, and minimize impact on law enforcement
  - 16 new crisis facilities were added and 3 crisis sites were enhanced
  - Funds were awarded on a competitive basis
  - A 25% local community match was required
DSHS Agency Responsibilities:
Crisis Services

[*] State Hospital Resources
[▲] Community / Local Hospital Resources

**DSHS Funded Crisis Projects**
- Existing Crisis Projects
- Existing/Enhanced Projects
- New Crisis Projects

**DSRIP Funded Crisis Projects**
- Andrews Center Behavioral Healthcare System (MCO, CR)
- Austin Travis County Integral Care (MCO, CRESID)
- Betty Hardback Center (MCO)
- Brooks County Health Resource Center (EOU, PESID)
- Border Region Behavioral Health Centers (MCO, WI, EOU, CR, PESID)
- Casa Grande Regional Community Services (MCO, CR, CRESID)
- Central Counties Services (CR)
- Community HealthCare (EOU, CRESID)
- Denton County MHMR Center (WI, CRESID)
- Emergency Health Network (EOU, MCO, WI, EOU, CRESID, OR, PESID)
- Gulf Bend Center (WI, EOU, PESID)
- Gulf Coast Center (PESID)
- Helen Farabee Centers (CR)
- Hill Country Mental Health & Developmental Disabilities Centers (MCO, CR)
- Lakes Regional MHMR Center (CRESID, CR)
- MHMR Authority of Brooks Valley (MCO, WI)
- MHMR Authority of Harris County (MCO, WI, CRESID)
- MHMR Services for the Concho Valley (MCO, WI, CR)
- MHMR of Nueces County (MCO)
- MHMR of Tarrant County (MCO, WI, CRESID, CR, PESID)
- Meracare Services (MCO, WI, CR)
- Pecos Valley Centers for Behavioral & Developmental Healthcare
- Spindletop Center (PESID)
- StarOne Specialty Health System (WI, EOU, CRESID, OR, PESID)
- Tarrant Center (EOU, CRESID)
- Texas Panhandle Centers (CR)
- The Center for Healthcare Services (HOT, MCO, WI, EOU, CR)
- Tri-County Services (EOU)
- Tropical Texas Behavioral Health (MCO)
- West Texas Centers (MCO, CR)
- No Crisis Related 1115 Projects

Source: Adult Mental Health Program Services
Map Source: Center for Health Statistics, GIS
April 2014
DSHS Agency Responsibilities: Assessment and Coordination

DSHS Uniform Assessment includes

- Diagnosis (including IDD)
- CANS and ANSA - assesses all major life domains, including cognitive/developmental abilities and deficits

If an individual with co-occurring diagnoses meets the DSHS priority population, they are eligible for services

If an individual does not meet the DSHS priority population definition or resources are not available, an appropriate referral is made
DSHS Clients Served: MH/IDD Dual Diagnosis

FY13

• State Hospitals: 605 persons served ($22 million)
• Community Crisis Services: 323 adults served and 170 children
• Community Ongoing Care*: 223 adults and 162 children

FY14 (to date)

• State Hospitals: 421 persons served
• Community Crisis Services: 233 adults and 146 children
• Community Ongoing Care*: 626 adults and 457 children

* Persons with MH/IDD enrolled in a full level of care
Vision for IDD/MH Crisis Response

Single Hotline

• Hotline deploys crisis screening and assessment staff that link individuals to:
  - Crisis intervention services
  - Crisis facilities, substance abuse treatment or psychiatric hospitals, as appropriate
  - High need persons with IDD/MH have access to behavioral and medical technical assistance teams and crisis respite
Challenges to Cross-Agency Coordination

• Challenge: Separate local IDD authority and local mental health authority contracts
  ➢ Solution: DADS and DSHS will work to identify any language in either contract that serves as a barrier to appropriate access to treatment for persons with IDD/MH

• Challenge: Individuals with IDD/MH may have specialized treatment needs
  ➢ Solution: DADS and DSHS will collaborate to make additional training available to IDD Authority and LMHA staff regarding appropriate assessment and services for this population
Opportunities

SB 58 (83R):
• Integration of physical health and behavioral health benefit

1115 Medicaid waiver/DSRP Projects:
• Special projects targeting this population
• Additional crisis projects based on regional and local needs