Deep in the Heart of Texas DMIE

Texas Department of State Health Services
Harris County Hospital District
University of Texas at Austin
Texas DMIE Team

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Texas: The Myth
Houston: The Reality
Health Economics

- Texas ranks near last place in per capita state funding for mental health services
- One in four Texans are uninsured
- Public systems of care are severely challenged to meet demand for services
• Largest city within Texas
• Fourth largest in the US
• 31.4% of residents **uninsured** (1.1 million)
• 500,000 **under**insured
• Harris county contributes significant local dollars to mental health and indigent care
• Houston public / private agencies provide **$2 billion** in health care each year to people lacking insurance
Texas DMIE

- A state/local partnership

DSHS
HCHD
UT Austin
Texas Team Roles

HCHD
Develop/operate DMIE Health System
Provide match for Medicaid-like services

DSHS
Oversight
Manage Project

UT Austin
Implement/operate DMIE data system
Conduct independent evaluation
• Mental Health / Substance Abuse Authority
• Department of Health and Human Services
• Health and Human Services Commission (HHSC) is also single state Medicaid agency
• Executive Commissioner of HHSC reports to Governor of Texas
HCHD

- Largest Texas hospital district
- Fourth largest in the US
- Extensive and complex delivery system (hospitals, 32 clinics, contracted providers)
- 500,000 per year served
- HCHD programs ensure access to care (Gold Card, CommunityOne) Members contribute financially based on income
• UT Austin School of Social Work, Addiction Resource Institute - ARI leads a number of evaluation, research, and training projects funded by NIDA, SAMHSA, and the Texas Department of State Health Services.
• UT ARI will be assisted by:
  — Texas A & M University Public Policy Research Institute – recruit, randomize, gather annual data
  — UTH School of Public Health – collect field data
Texas DMIE Project

• Service Area: Harris County
• Evaluates effects of access to health care coverage on working individuals with potentially disabling behavioral health (mental health or substance abuse) conditions
• $18.6 million federal, $7.5 million HCHD in-kind
Texas DMIE Design

- Randomized controlled trial
- 625 to 1,000 in intervention group
- Intervention and Control groups drawn from HCHD GoldCard / CommunityOne programs
- Intervention group receives enhanced medical, behavioral and dental services, case management and vocational services
Inclusion Criteria

• HCHD Goldcard or CommunityOne member
• Received HCHD services in the last 12 months
• Employed 40 hours a month or an average of 40 hours for the past three months, or an average of 40 hours for the past 6 months
• 21 – 60 years of age
• Not receiving or seeking assistance, such as SSI or SSDI
• Diagnoses:
  — schizophrenia, bi-polar disorder, major depression; or
  — behavioral health diagnoses co-occurring with a physical diagnosis which would reasonably be expected to increase the likelihood of eligibility for SSI or SSDI.
Candidate Pool

- Over 15,000 HCHD GoldCard or CommunityOne members have a BH condition and work part or full-time

- Over 7,000 members meet criteria for inclusion in the DMIE study, per HCHD administrative data
Intervention Services

- Chemical dependency treatment services including:
  - Outpatient Detox
  - Intensive Outpatient
  - Partial Hospitalization
  - Residential Treatment
- Prescriptions above the 3 per month Medicaid limit
- Expanded Durable Medical Equipment
- Preventative and restorative dental treatment
- Enhanced psychological and neuropsychological assessments
- Improved access to outpatient mental health services (expedited office or outpatient visits)
Case Management

• Individual planning addressing life and health issues
• Advocacy, direct services, motivational interviewing, coordination and intervention
• Assistance in connecting to other community resources
• Employment/Vocational supports including:
  — Vocational Assessment/Evaluation
  — Collaboration with an Employer
  — Vocational Support Groups
  — Collaboration with Family/Friends
  — Vocational Treatment Planning/Career Development
  — Vocational Counseling
Hypotheses

The intervention group will experience:

- Higher rates of employment
- Greater job satisfaction
- Greater control over their behavioral illness
- Fewer or weaker symptoms of behavioral illness
- Better physical health outcomes
- Less dependence on SSI, SSDI, public mental health system, Medicaid
Evaluation Measures

- HPQ: The World Health Organization’s Work Performance Questionnaire (HPQ) - baseline / annually
- ADL and IADL scales - baseline / annually
- SF12v2 - annually
- Basis-24 health status survey - at least annually
- HCHD administrative data (demographics)
- State unemployment data - annually
- HCHD customer healthcare cost and utilization data - at least annually
- Focus group and individual interview - at least annually
Challenges

• Negotiating state and local bureaucracies
• Designing a program which can work and be replicated in a state like Texas, which delegates indigent care to local systems
• Developing a data system that obtains, contains and tracks individual experience across services and networks
• Contracting for new and enhanced services outside and within existing HCHD networks
• Changing the culture of provider systems to focus on prevention and integration of individualized services across disciplines
Next Steps

• Final protocol submission: Late 2006
• Project Start Date: Early 2007