Texas Resilience and Recovery
Improving Care ← Impacting Outcomes

Lauren Lacefield Lewis
Adult Mental Health Services Unit Manager
MHSA Program Services
Why TRR, Big Picture, Service Details, Data and Systems

TODAYS SESSION
Persons with Serious and Persistent Mental Illnesses can be difficult to engage and very high utilizers of:

- Hospitals and Emergency Rooms
- Long-Term Care (Nursing Facilities)
- General Health Care
- Jails and Prisons

Treatment with Evidence Based Practices Works

Community-Based Mental Health Treatment is Cost Effective
Poor Outcomes Snowball

Substance Use and Criminal Justice Involvement

More Difficult to Find/Maintain Housing

Increased use of ERs, Nursing Facilities, and General Hospitals
### System Cost Savings analysis of Homeless LMHA Clients

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Percent of Homeless LMHA Clients Using this system</th>
<th>Percent of Non-Homeless Clients Using this system</th>
<th>Projected Costs Per Person Associated with Using this System</th>
<th>Total Annual Cost Savings per 600 persons Served</th>
<th>Total Annual Cost Savings per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Psychiatric Hospitalization</td>
<td>4.5%</td>
<td>3.0%</td>
<td>$12,080/year homeless; $10,120/year non-homeless</td>
<td>$144,000</td>
<td>$240</td>
</tr>
<tr>
<td>Community Psychiatric Hospitalization</td>
<td>5.9%</td>
<td>1.5%</td>
<td>$5,133/year homeless; $3,654/year non-homeless</td>
<td>$148,800</td>
<td>$248</td>
</tr>
<tr>
<td>Crisis</td>
<td>43.2%</td>
<td>24.8%</td>
<td>$2,844 homeless; $1,254 non-homeless</td>
<td>$565,800</td>
<td>$943</td>
</tr>
<tr>
<td>Criminal Justice System</td>
<td>7.5%</td>
<td>2.9%</td>
<td>$14,010</td>
<td>$386,400</td>
<td>$644</td>
</tr>
<tr>
<td>Shelter</td>
<td>NA</td>
<td>NA</td>
<td>41 day expected reduction/person @$32.27/day</td>
<td>$793,800</td>
<td>$1,323</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>NA</td>
<td>NA</td>
<td>1.75 day reduction @ $8003/day</td>
<td>$8,403,000</td>
<td>$14,005</td>
</tr>
<tr>
<td>Total Potential Annual Cost Savings</td>
<td></td>
<td></td>
<td></td>
<td>$10,441,800</td>
<td>$17,403</td>
</tr>
<tr>
<td>Annual Benefit Cost</td>
<td></td>
<td></td>
<td></td>
<td>-$6,235,200</td>
<td>-$10,392</td>
</tr>
<tr>
<td>Total Annual Cost Savings post-benefit</td>
<td></td>
<td></td>
<td></td>
<td>$4,206,600</td>
<td>$7,011</td>
</tr>
</tbody>
</table>
Assessment, Levels of Care, and Outcome Data

BIG PICTURE
System Basics

Uniform Assessment /CANS or ANSA
- Includes Diagnosis and Hospitalizations

Levels of Care
- Evidence Based Practices/Fidelity
- Intensity Matched to Need

Data
- Outcomes and System Adjustment
Mythbusting

TRR Recommends Levels of Care Only:

• Service hours may vary from UM Guidelines
• Service hours vary between individuals in same Level of Care
• Service hours and Level of Care may vary over time to meet individual needs

Streamlines Authorization Discussion

Levels of Care Developed to Manage Rehabilitation and Case Management
TRR Recommends Select EBPs

- Helps match right service with right people
  - Counseling vs. Rehabilitation, ACT
- Cost-effective way of using non-licensed staff to improve outcomes
- State-Supported Training Infrastructure
- Decreases Oversight Costs

Maximizing Your Investment
CANS: Child/Adolescent Assessment of Needs and Strengths
ANSA: Adult Needs and Strengths Assessment

Nationally-Used Multi-Purpose Assessment Tool
- Assessment and Treatment Planning
- Determining Level of Need
- Strengths, Trauma
- Outcome Measurement

Online Training and Certification Available
Super-Users Trained at each Traditional Provider
Profile of Needs-Adults
Crisis Services by LOC-R
Profile of Needs-Adults
Unemployed by LOC-R

Unemployed Non-Medicaid
Unemployed Medicaid

A4
A3
A2
A1

0.00% 5.00% 10.00% 15.00% 20.00% 25.00% 30.00% 35.00%
Profile of Needs-Adults
Housing Instability by LOC-R

Housing Instability

- Medicaid
- Non-Medicaid

A1: Medicaid Non-Medicaid
A2: Housing Instability
A3: Medicaid
A4: Non-Medicaid

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Profile of Needs-Adults
Substance Abuse by LOC-R
Profile of Needs-Adults
Hospitalization by LOC-R

- Hospitalization Non-Medicaid
- Hospitalization Medicaid
## Profile of Hours - Adults

The Adult Levels of Care (LOC)

<table>
<thead>
<tr>
<th>LOC</th>
<th>Standard Hours</th>
<th>High Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC-1M</td>
<td>0.5 hrs/6 mo</td>
<td>0.75 hrs/6 mo</td>
</tr>
<tr>
<td>LOC-1S</td>
<td>1.3 hrs/mo</td>
<td>2.25 hrs/mo</td>
</tr>
<tr>
<td>LOC-2</td>
<td>3.25 hrs/mo</td>
<td>5.5 hrs/mo</td>
</tr>
<tr>
<td>LOC-3</td>
<td>5.87 hrs/mo</td>
<td>20.35 hrs/mo</td>
</tr>
<tr>
<td>LOC-4</td>
<td>10 hrs/mo</td>
<td>26.65 hrs/mo</td>
</tr>
</tbody>
</table>
4 Main Adult Levels of Care

Level of Care 4: Psychosocial Rehabilitation
- 24/7 Assertive Community Treatment (ACT)- Targets persons with multiple hospitalizations

Level of Care 3: Psychosocial Rehabilitation
- Illness Management and Recovery (IMR) -Community Based Rehabilitation for persons with significant functioning deficits

Level of Care 2: CM and Skills Training
- Cognitive Behavioral Therapy (CBT)- Targets persons with MDD who need more than medication

Level of Care 1-S*: CM and Skills Training
- Access to Medication and Targeted Skills Training including IMR

*1-M people who only need access to medication
## Profile of Hours - Youth

<table>
<thead>
<tr>
<th>Children’s Levels of Care (LOC)</th>
<th>Standard Hours</th>
<th>High Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC-0: Crisis Services</td>
<td>N/A</td>
<td>3.75 hrs/ 7 days</td>
</tr>
<tr>
<td>LOC-1: Medication Management</td>
<td>.5 hrs/mo</td>
<td>6 hrs/mo</td>
</tr>
<tr>
<td>LOC-2: Targeted Services</td>
<td>3 hrs/mo</td>
<td>15 hrs/mo</td>
</tr>
<tr>
<td>LOC-3: Complex Services</td>
<td>5 hrs/mo</td>
<td>34 hrs/mo</td>
</tr>
<tr>
<td>LOC-4: Intensive Family Services</td>
<td>7.5 hrs/mo</td>
<td>48 hrs/mo</td>
</tr>
<tr>
<td>YC (Young Child)</td>
<td>3.5 hrs/mo</td>
<td>42 hrs/mo</td>
</tr>
</tbody>
</table>
4 Main Child/Youth Levels of Care

Level of Care YC – Young Child
- Intended for young child (ages 3-5) with identified behavioral and/or emotional treatment needs.

Level of Care 4- Intensive Family Services
- High Fidelity Wraparound - Targets youth with multi-system involvement

Level of Care 3- Complex Services
- Complex Needs- Targets youth with both behavioral and emotional needs

Level of Care 2- Targeted Services
- Moderate Needs- Targets youth with either behavioral or emotional needs

Level of Care 1- Medication Management
- Basic Needs – Targets medication management, occasional need for routine case management
Eases System Management

- Recommended Level of Care
- Expected Hours
- Fidelity to EBPs
- Outcomes
“Our vision is to provide the building blocks that Americans need to live healthy, successful lives.”

Vision Statement of the United States Department of Health and Human Services, parent agency of Centers for Medicare and Medicaid Services (CMS)
## Skills Training, Rehabilitation and Case Management*

### For Adults
- Crisis Intervention
- Medication Training and Support
- Skills Training
- Case Management
- Psychosocial Rehabilitative Services

### For Children
- Crisis Intervention
- Medication Training and Support
- Skills Training
- Case Management
- Intensive Case Management

* Day Programs are also a part of the crisis array
Crisis Intervention*

Purpose:
Reduce symptoms of severe mental illness or serious emotional disturbance and prevent admission to a more restrictive environment.

• Assessment of imminent dangerousness;
• Coordination of emergency care services;
• Skills training to reducing stressors and managing symptoms;
• Effective problem solving;
• Assisting the individual in identifying and managing their symptoms of severe mental illness or severe emotional disturbance;
• The provision of instruction, structure, and emotional support to the individual in adapting to and coping with immediate stressors.

*Adults and Children
Practical Considerations
Crisis Intervention Services

Staff and Locations:
• Qualified Mental Health Professional
• In office (crisis facility) or in community*

Assessment, Authorization and Treatment Planning
• Individuals in a Full Level of Care (FLOC) or new consumers
• New consumers complete a minimal Uniform Assessment
  • 2 day window for authorization
  • May be provided without a recovery plan

“Mobile crisis programs can decrease hospitalization rates for persons in crisis and can provide cost-effective psychiatric emergency services that are favorably perceived by consumers and police officers.”
Practical Considerations
Crisis Intervention

Must Plan for Coordination with:
• Hotline and Mobile Crisis Outreach Teams (MCOT)
• Assertive Community Treatment (ACT) Teams
• Local Law Enforcement, Hospitals and Emergency Rooms
Always in the context of recovery and resilience---understanding the nature of:

- an adult’s severe mental illness
- a child or adolescent’s severe emotional disturbance
- the role of medication in reducing symptoms

Managing symptoms and potential side-effects of medication including:

- overdose precautions
- learning self-administration of medication
Practical Considerations
Medication Training and Support

Staff and Locations
- Qualified Mental Health Professional bachelor’s level); peer provider (for adults)/ a certified family partner (for children) or licensed medical staff member
- In office or in the community

Assessment, Authorization and Treatment Planning
- Part of a recovery plan;
- Full Uniform Assessment and authorization required
- Individual or group;
Skills Training and Development addresses severe mental illness or severe emotional disability and symptom-related problems that interfere with and individual’s:

- functioning and living
- working
- learning environment
Skills Training and Development teaches adults and children* the following skills:

- managing daily responsibilities and independent living skills
- communication skills
- pro-social skills and problem-solving
- assertiveness and social skills
- stress reduction and anger management
- symptom management
- identifying leisure activities and community supports

* May include a Legally Authorized Representative or primary caregiver
Practical Considerations
Skills Training

Staff and Locations:
- Qualified Mental Health Professional, peer provider (for adults)/a family partner (children) or licensed medical staff member
- Primarily provided in office (adults) or community (children)
- Individual or groups

Assessment, Authorization and Treatment Planning
- Services must be provided with a recovery plan
- Full Uniform Assessment required

Is often provided and billed in addition to Case Management
Psychosocial Rehabilitation

Social, educational, vocational, behavioral, and cognitive interventions provided by members of an individual’s therapeutic team that build on strengths and focus on restoring an individual’s ability to develop and maintain stability in the community.

- social relationships;
- occupational or education achievement;
- independent living skills;
- coordination services;
- employment and housing-related services;
- medication-related services
- co-occurring psychiatric and substance abuse services
- crisis-related services
Practical Considerations
Psychosocial Rehabilitative Services

Staff and Location

• Qualified Mental Health Professional or peer provider
• Primarily in the person’s home/community*, minimally in office
• Individual or in groups

Assessment, Authorization and Treatment Planning (Adults Only)

• Full Uniform Assessment are required
• A recovery plan required

Providers must not bill Psychosocial Rehabilitation and Case Management.

*Services are delivered in the places and contexts where they are needed.
Case Management

Case Management assists the individual in identifying strengths, needs and community resources including:

- Referral, linkage, advocacy and monitoring

Identifies the goals and actions required to meet the individual's identified needs and goals (timeline, action steps)

- Reassesses the individual's needs at least annually or as changes occur
- Develops a timeline for re-evaluating needs

Face to Face Service
Frequently Provided on at least a Monthly Basis
Intensive Case Management (for children only) is primarily community-based and consists of the following:

- Targets Highest Need Multi-System Utilizers (5-6%)
- Identifying the child or adolescent's strengths, service needs, and assistance required to address the needs in the plan
- Incorporating wraparound process planning
- Gaining access to the needed services and service providers including:
  - monitoring progress toward the outcomes in the plan;
  - identifying emerging unmet service needs.
Advocates, Legislators, State Agencies, MCOs and Providers

DATA AND SYSTEMS
Meaningful Data Supports Providers

MBOW Data Warehouse helps providers manage their business and target resources to produce good outcomes

- Extensive Reports: housing, employment, criminal justice, hospitalization and re-hospitalization, service hours and improvement
- Drills Down to Client Level Data and is Customizable

Did you know about our Jail Booking data?

Don’t forget OBRA/PASRR
Meaningful Data is Important

Focus on “Meaty” Outcomes

- Federal and State Mandates

Stratification of Population

- Problem of washed out numbers, zero hours problem
- Facilitates analysis and continuity of care

Accountability and Requests for Increased Funding

- High Visibility Population (judicial and law enforcement)

Comparability

- System Comparisons and Transparent Data Sets
- Historical Data
The Mental Health Service Delivery System

Describable and Predictable
- Important to People
- Continuity of Care
- Interagency Efforts

Produces Measurable Outcomes
- Good Investment
- High Visibility Population

Adjustable – With a Predictable Impact

Increased Integration with Physical Health
- Data Pipeline
- Peers, Wellness and Recovery
Future Discussions

Braiding Medicaid Funds with DARS and TDHCA/HUD Programs

- Supported Employment
- Supported Housing

Crisis Service System

- Crisis Hotlines, MCOT, and Crisis Facilities
- Continuity of Care

A Closer Look at Data Systems

- MBOW Data Warehouse
- Integrating Physical Health Data
Texas Resilience and Recovery

A data-driven system for identifying, creating and promoting best practices for the effective and efficient delivery of behavioral healthcare.