



Texas Resilience and Recovery

Improving Care Impacting Outcomes

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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

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

Assessment , Levels of Care, and Outcome Data

BIG PICTURE

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

CANS/ANSA

CANS: Child/Adolescent Assessment of Needs and Strengths

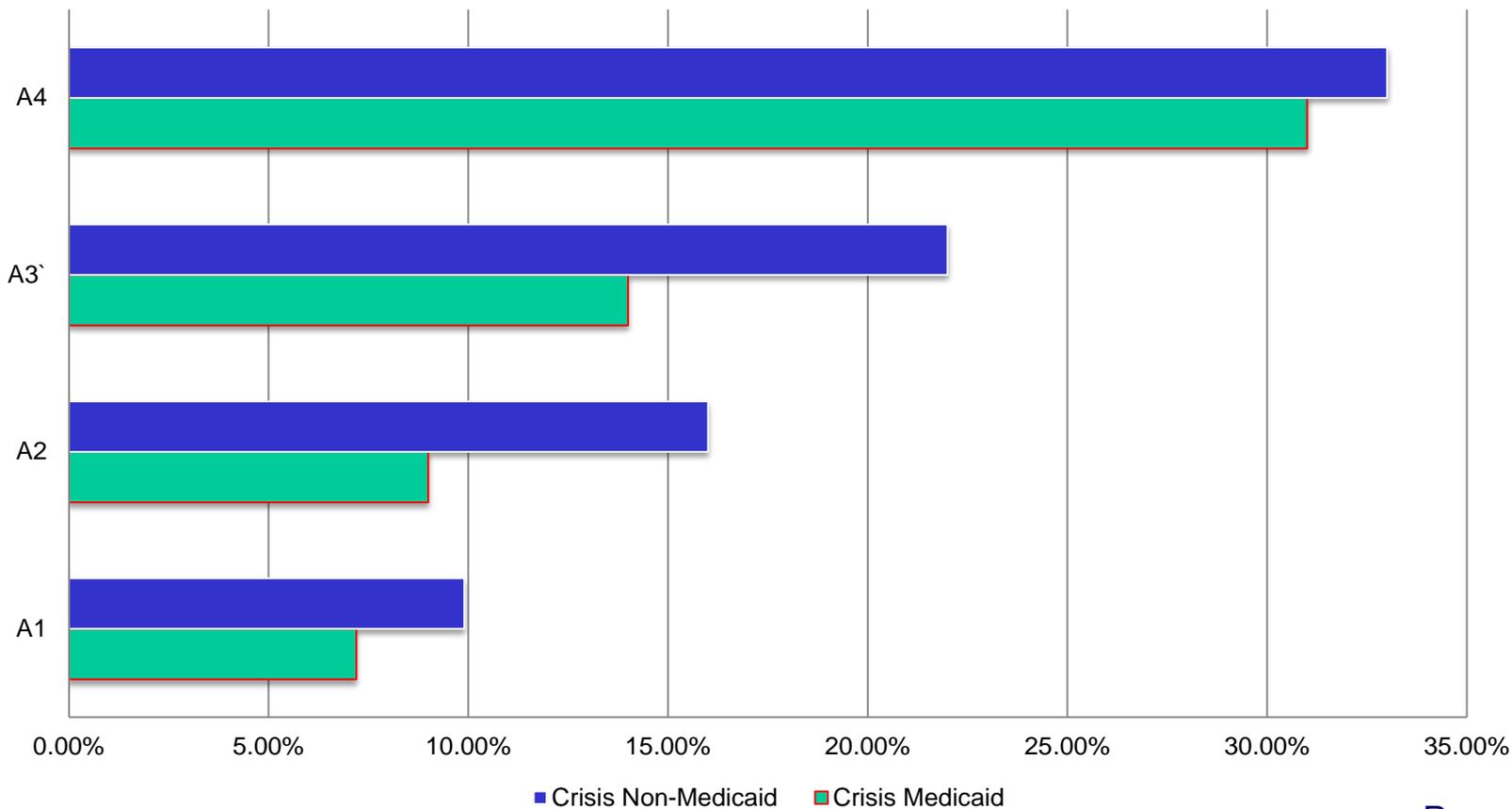
ANSA: Adult Needs and Strengths Assessment

Nationally-Used Multi-Purpose Assessment Tool

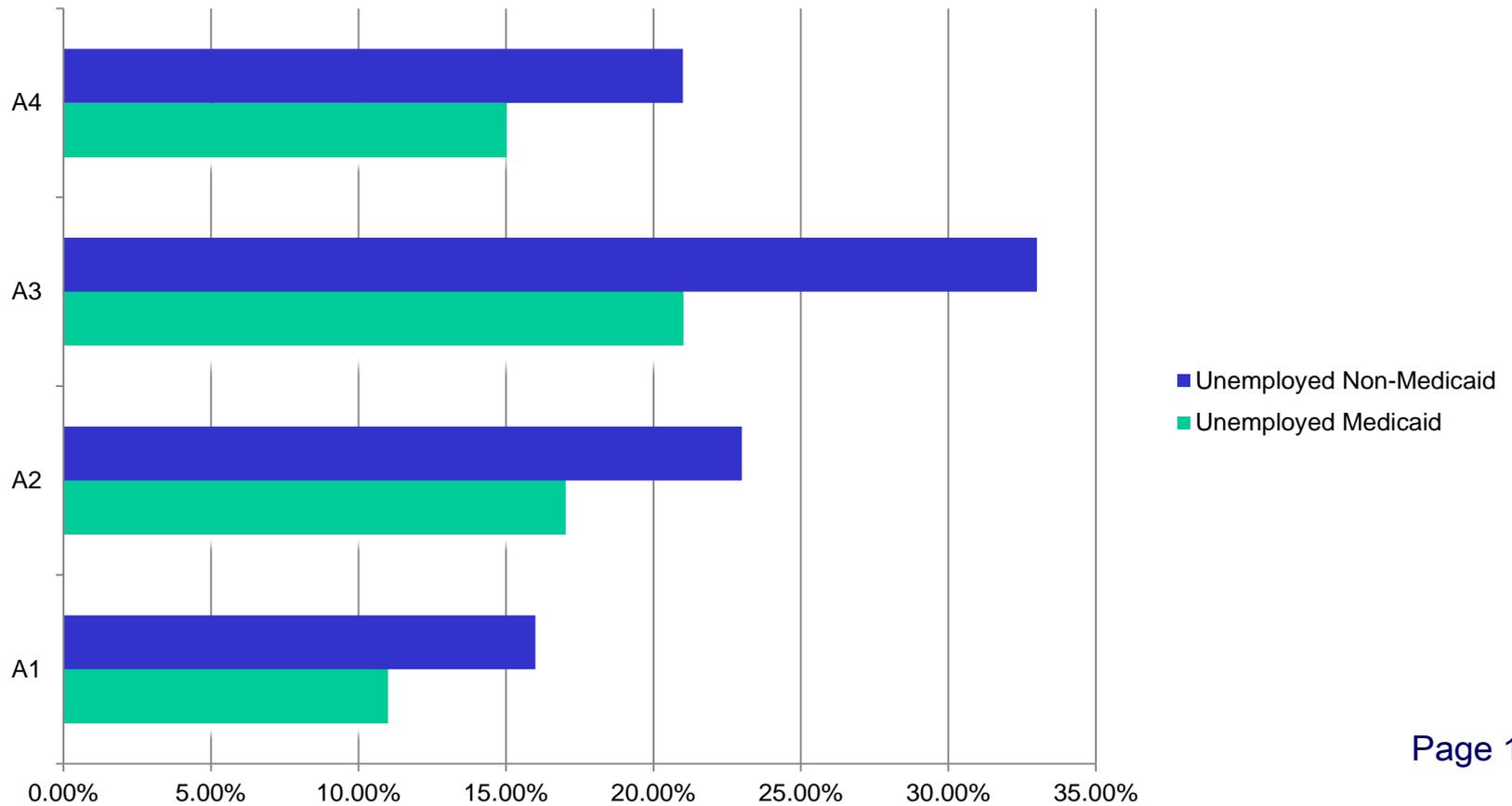
- Assessment and Treatment Planning
- Determining Level of Need
- Strengths, Trauma
- Outcome Measurement

Online Training and Certification Available
Super-Users Trained at each Traditional Provider

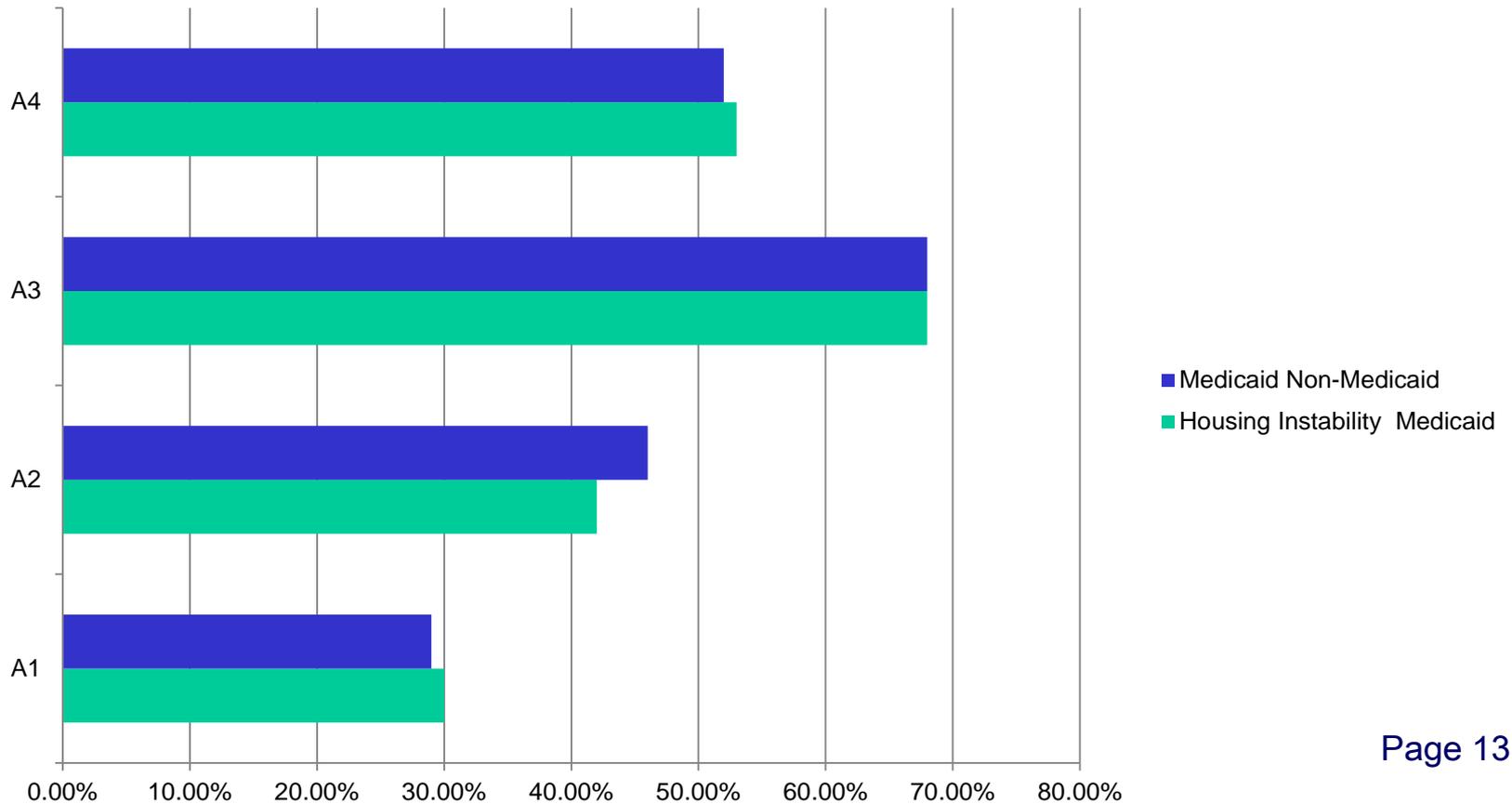
Profile of Needs-Adults Crisis Services by LOC-R



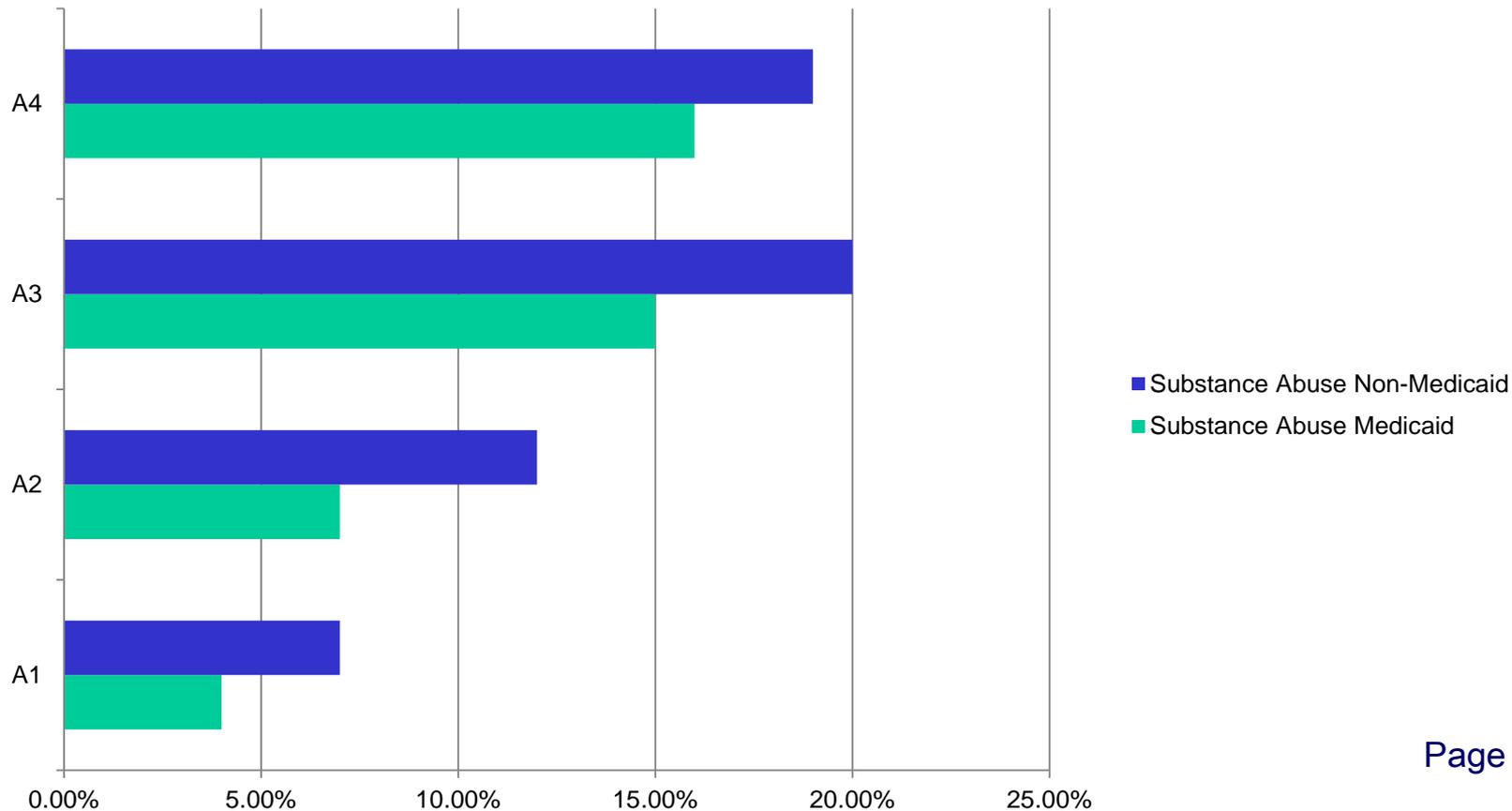
Profile of Needs-Adults Unemployed by LOC-R



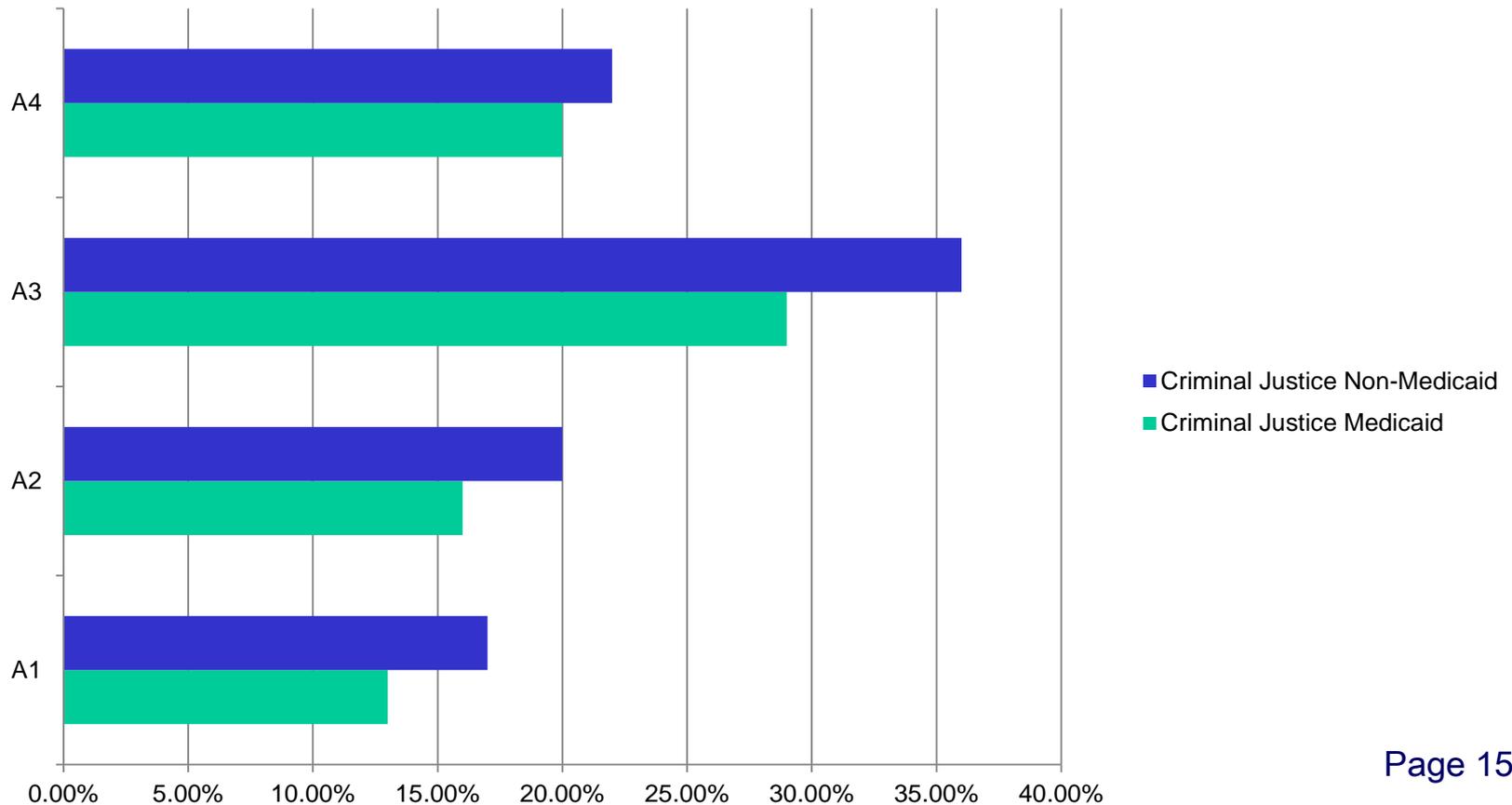
Profile of Needs-Adults Housing Instability by LOC-R



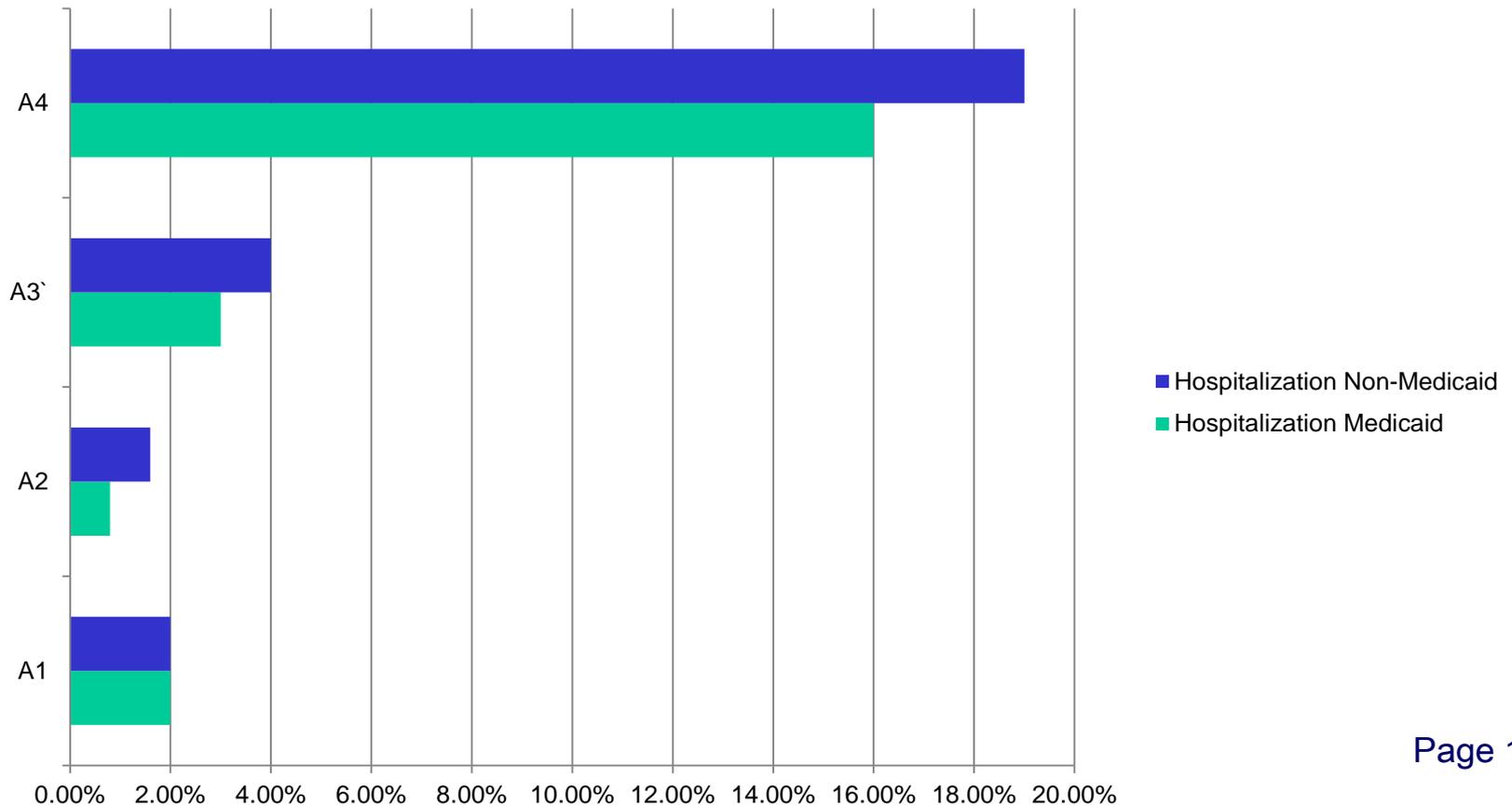
Profile of Needs-Adults Substance Abuse by LOC-R



Profile of Needs-Adults Criminal Justice by LOC-R



Profile of Needs-Adults Hospitalization by LOC-R



Profile of Hours- Adults

The Adult Levels of Care (LOC)	Standard Hours	High Utilization
LOC-1M	.5 hrs/6 mo	.75 hrs/6 mo
LOC-1S	1.3 hrs/mo	2.25 hrs/mo
LOC-2	3.25 hrs/mo	5.5 hrs/mo
LOC-3	5.87 hrs/mo	20.35 hrs/mo
LOC-4	10 hrs/mo	26.65 hrs/mo

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

Children's Levels of Care (LOC)	Standard Hours	High Utilization
LOC-0: Crisis Services	N/A	3.75 hrs/ 7 days
LOC-1: Medication Management	.5 hrs/mo	6 hrs/mo
LOC-2: Targeted Services	3 hrs/mo	15 hrs/mo
LOC-3: Complex Services	5 hrs/mo	34 hrs/mo
LOC-4: Intensive Family Services	7.5 hrs/mo	48 hrs/mo
YC (Young Child)	3.5 hrs/mo	42 hrs/mo

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

Rehabilitation, Skills Training and Case Management

SERVICE DETAILS

“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**

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.

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.”

Scott, R.L. “Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction.”2000

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

Medication Training and Support

**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

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

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.

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

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.

Face to Face Service

Frequent Contacts for a Complex, High Need Population

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

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

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

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.