



Pieces of the Puzzle

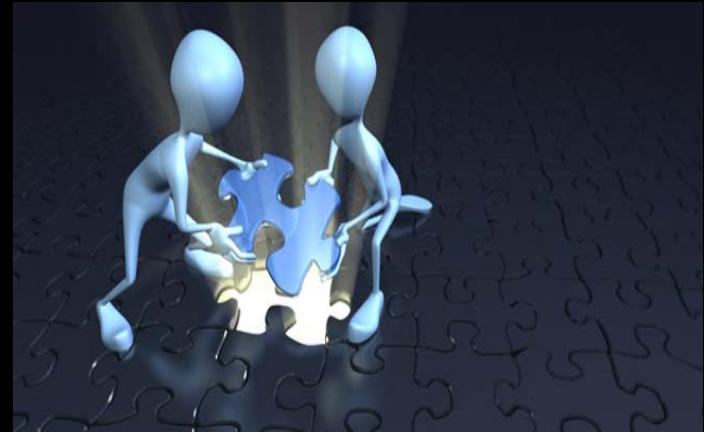
Behavioral Health Services and Needs: Collin County, Texas

des Anges Crusier, Ph.D. , UNTHSC

Phase Two

Acknowledgements

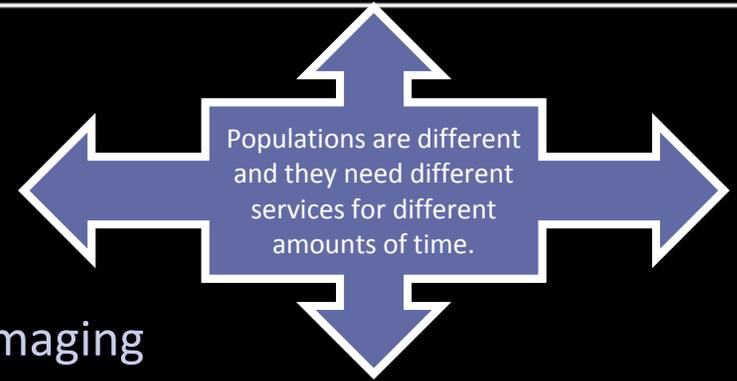
- Collin County Commissioners
- Collin County Administrator
- Collin County personnel
- NorthSTAR providers
- NTBHA and VO personnel
- NTBHA Board
- Department of State Health Services
- Community advocates
- University of Texas Houston
- University of North Texas Health Science Center
- Previous and concurrent studies



System components

Populations and Services Essential Definitions

- ***Schizophrenia*** : a thought disorder, the most damaging mentally and socially.
- ***Bipolar disorder and Major Depression***: mood disorders; may be chronic and debilitating.
- ***Mental Health Authorities in Texas***: funded by the state to treat Serious Mental Illnesses in a designated catchment area (county or group of counties)
- *Dual SMI and CD disorders are part of NorthSTAR, but the CD part is not funded with MHMR dollars from the state.*
- *Dual SMI and developmental disability (MR) is “MH/MR”, not part of NorthSTAR blended funding.*
- Encounters are different types of contacts (e.g. days, hours, quarter-hours)



System components

Financing

NorthSTAR financing is BLENDED

- Cash expenditures

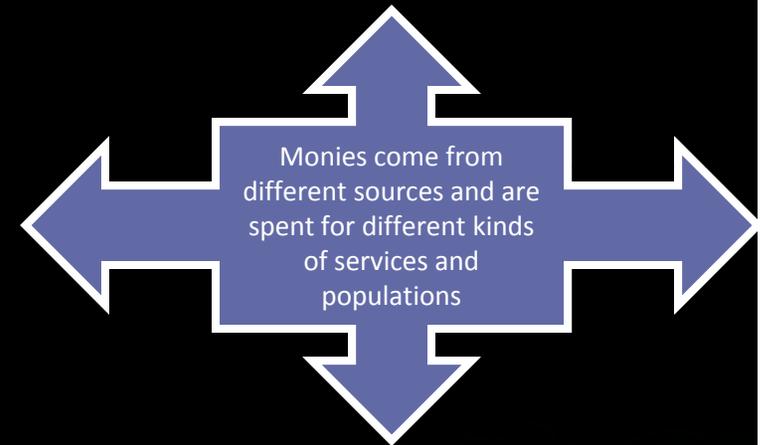
- Community based outpatient and inpatient/residential Mental Health and CD services and Non-Medicaid financial-based eligibility
- Value attributed for other cash program services (MHA of Greater Dallas, Crisis, New)

- Non-cash expenditures

- State Hospital Bed Days, Medicaid prescription drugs and other covered services

- Other local costs paid by the County

- Jail detainees MH and CD
- Intellectual and Developmental Disabilities (MR)
- Law enforcement transportation
- Court costs



Phase Two Report

- Executive Summary
- Section One Clinical Profiles in NorthSTAR
- Section Two Authorizations for Mental Health (MH) Care
- Section Three Impact of the MH Case Rate
- Section Four Estimated Behavioral Health Needs and Gaps
- Appendices I through V



At the dawn of 2011. . . .

- ✓ Collin County ranked tops in health factors and outcomes by the University of Wisconsin Population Health Institute's Report.
- ✓ Behavioral Health services providers face increased demand for services.
- ✓ Texas struggles with effects of economic downturn on state budget.
- ✓ Existing behavioral health services system needs improvement.
- ✓ Unemployment and poverty rates increasing
- ✓ Grassroots health and mental health advocacy



Phase Two Services, Needs, and People

Summary of findings

Finding I

Providers are paid the same rates for the same service

Collin County clients have used less intensive, less expensive services. Local access to more intensive services is limited. Those needing more intensive services may obtain them through Dallas County based providers.

Finding II

The mix of services could be improved in Collin County

A New Model should be developed that provides a complete continuum/range of services with easier access.

Finding III

Collin County needs a stronger presence in the existing system

The new leadership task force is a beginning. Hiring a behavioral health services director is advisable

Finding IV

Expenditures and financing potential suggest a range of possibilities

Between \$7.76 and \$9.31 per based on expenditures

Each additional 25,000 residents may incur a risk of spending an additional \$90,000 to \$210,000 annually for services.



Phase Two Services, Needs, and People

Finding I

Providers are paid the same rates for the same service

Collin County services rates are lower because Collin County residents have used less intensive, less expensive services. The NorthSTAR system facilitates referrals out of county.

More intensive services are located in Dallas (intensive case management, Inpatient, crisis management).

Collin County needs Forensic (court-related) services, emergency psychiatric, and alcohol & drug detox and treatment services for adults and youth.

Collin County needs outreach, screening, and community education programs.



Collin County as a NorthSTAR Service Area

Compared to the rest of the counties

21% of the Population Base

Compared to Dallas at 66%, and all other counties combined at 13%

Almost 7% of the total expenditures

Compared to Dallas at 80% and all other counties combined at 13%

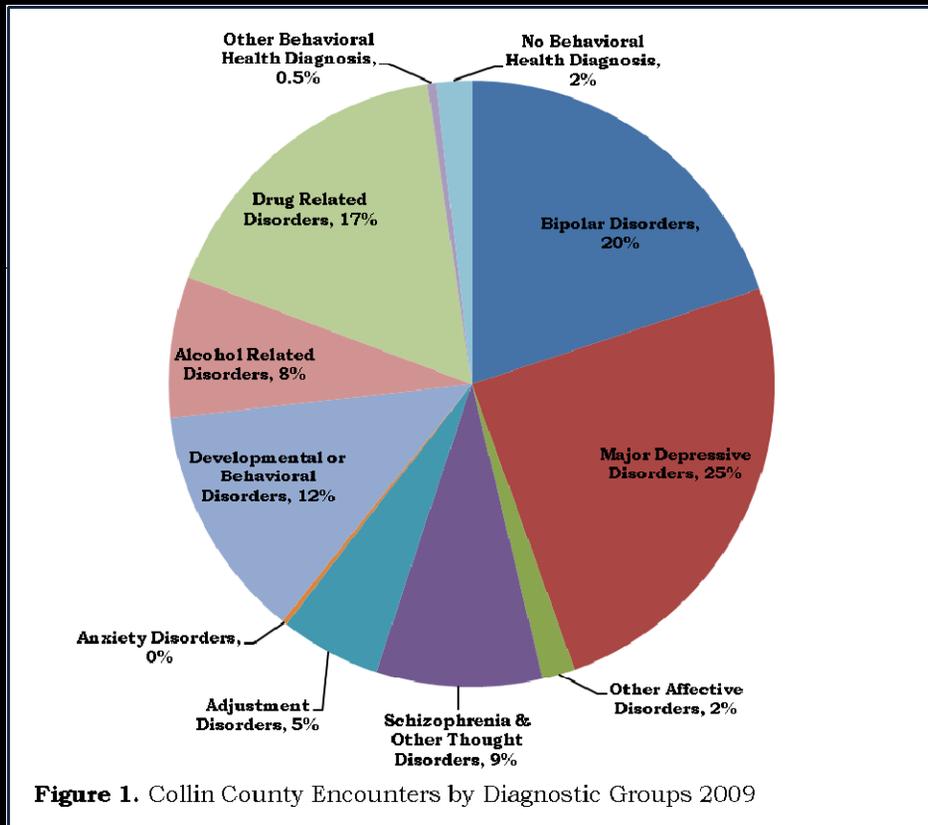
Almost 8% of the individuals served

Compared to Dallas at 78% and all other counties combined at 14%

Collin County's population is distinctly different from Dallas and the other NorthSTAR counties.



Diagnostic groups from Collin County using NorthSTAR services



- *This distribution is not typical of most public mental health systems where more disorders are treated.*
- *Collin County clients more likely have an episode of serious depression, a diagnosis of bipolar disorder, or a drug related disorder.*
- *Schizophrenia tends to be under-diagnosed nationally, but the base rate remains at 1% to 2%.*



In 2009 for Collin County residents

1. Most encounters were for major depression, followed by problems with bipolar disorders (both affective disorders), with drug related and developmental disorders next.
2. Increases in visits for developmental or behavioral disorders outpaced those for person with schizophrenia or thought disorders.
3. Alcohol and Drug problems represented 23.4% of all encounters.



Compare services use: Collin – Dallas – All other counties combined

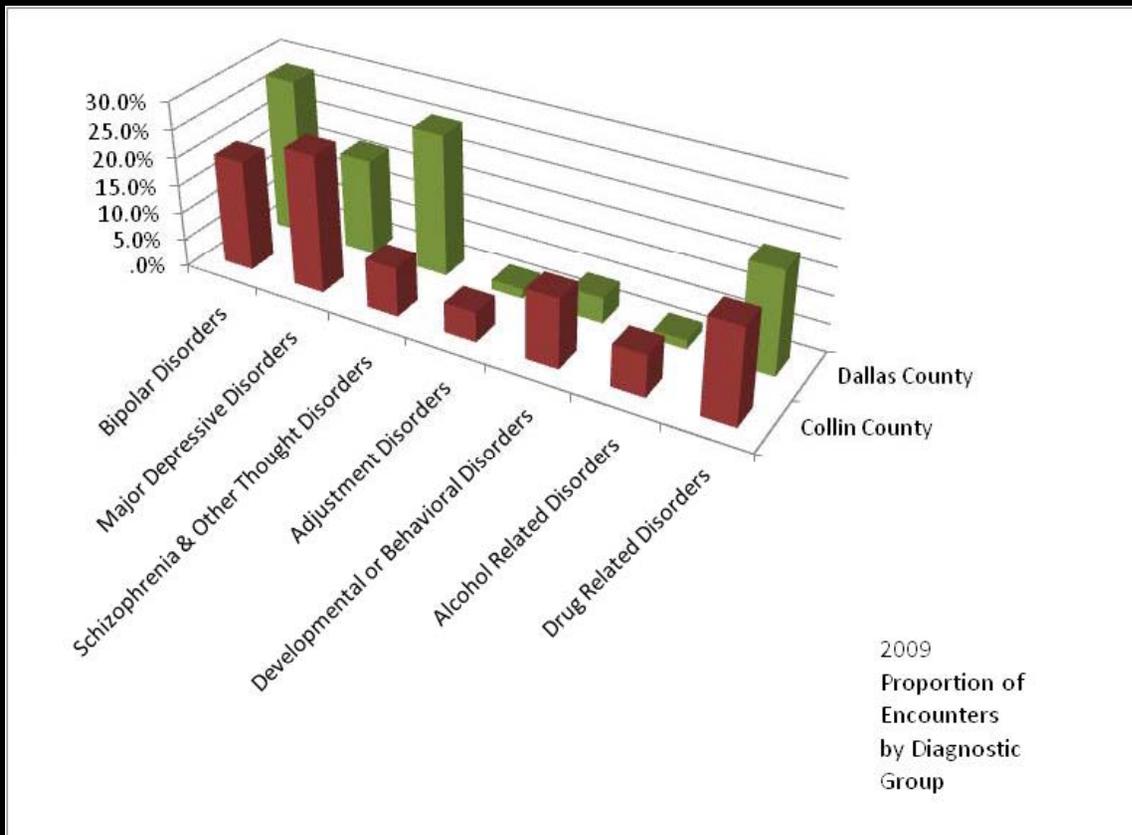
Table 1. Proportion of Encounters by Diagnostic Groups, Child and Adult, By Year, By County*

Diagnostic Categories	2007			2008			2009			Total 3 Years		
	Collin County	Dallas County	Other North-STAR	Collin County	Dallas County	Other North-STAR	Collin County	Dallas County	Other North-STAR	Collin County	Dallas County	Other North-STAR
Bipolar Disorders	19.5%	23.9%	26.6%	20.6%	26.6%	30.2%	19.9%	28.2%	26.4%	20.0%	25.8%	27.6%
Major Depressive Disorders	26.8%	22.0%	22.8%	26.0%	20.1%	18.5%	24.8%	17.4%	17.3%	25.8%	20.3%	20.2%
Other Affective Disorders	1.7%	1.0%	3.5%	1.9%	1.3%	4.2%	1.8%	1.1%	4.3%	1.8%	1.1%	3.9%
Schizophrenia & Other Thought Disorders	10.4%	21.6%	17.8%	11.2%	26.1%	22.3%	8.8%	25.7%	23.5%	10.0%	23.9%	20.5%
Adjustment Disorders	3.2%	1.5%	3.0%	5.1%	1.1%	3.5%	5.3%	1.8%	3.7%	4.6%	1.5%	3.3%
Anxiety Disorders	.4%	.2%	.1%	.3%	.0%	.2%	.3%	.1%	.2%	.3%	.1%	.1%
Developmental or Behavioral Disorders	10.5%	5.9%	13.9%	12.1%	5.0%	17.0%	12.3%	4.6%	20.1%	11.7%	5.3%	16.3%
Alcohol Related Disorders	5.0%	2.4%	.8%	5.7%	1.6%	.7%	7.4%	1.6%	1.0%	6.2%	1.9%	.8%
Drug Related Disorders	18.1%	19.9%	8.5%	16.5%	17.6%	3.1%	17.0%	18.5%	2.5%	17.2%	18.9%	5.5%
Other Behavioral Health Diagnosis	.4%	.7%	.9%	.4%	.5%	.2%	.4%	.7%	.4%	.4%	.7%	.6%
No Behavioral Health Diagnosis	4.0%	1.0%	2.1%	.3%	.1%	.1%	1.9%	.4%	.5%	2.0%	.6%	1.1%

Columns total 100%

Table F1 in the Appendix I, page 28 shows number of visits and proportion by diagnostic groups Collin county only

Compare 2009 proportion of diagnostic groups served by being resident of Collin County or Dallas County



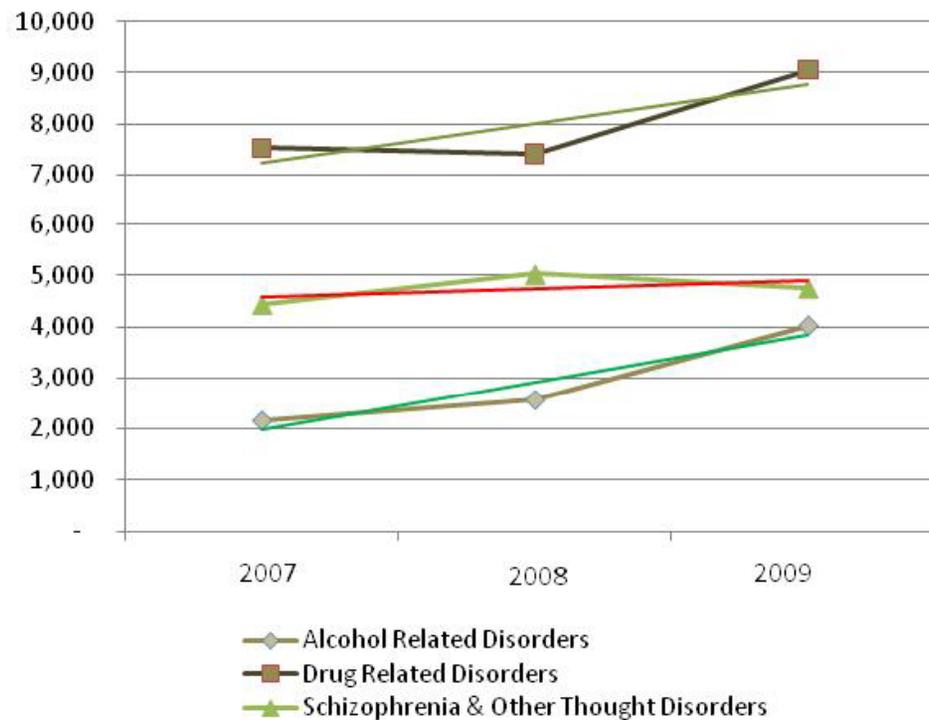
Dallas residents used more services for the two most severe serious mental illness diagnoses, Schizophrenia and Bipolar Disorder than Collin County residents.

Collin County residents used more services for adjustment disorders, developmental/behavioral disorders, and alcohol related disorders than Dallas County residents.

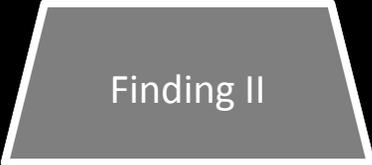


Collin County Services Utilization Trends

Figure 3. Collin County Trends in Encounters for Chemical Dependency and Schizophrenia/Other Thought Disorders



Phase Two Services, Needs, and People



Finding II

The mix of services could be improved in Collin County with a novel model of services that provides a complete continuum/range of services with easier access

Diagnostic groups most frequently using high dollar services could be seen more frequently to avert crisis.

Local provider base needs to be expanded and coordinated locally.

Residential alcohol and drug treatment initiatives should be developed, especially for youth .

Local crisis beds should be available and utilization monitored in cooperation with the hospital.

Court related needs for behavioral health assessments and access to treatment needs stronger support and coordination across referral sources.

Collin County needs direct input to the contract process for behavioral health services.



Does need match services use?

- Most outpatient counseling visits were for depression.
- The diagnostic groups most likely to need assertive community treatment received them.
- 57% of crisis intervention encounters were for adjustment disorders first (youth), and bipolar disorders second.
- 51% percent of the Green Oaks 23-hour obs visits were for persons with bipolar disorders first, and depression second.
- 12.5% of the 23-hour obs visits were for schizophrenia and thought disorders.



Table 2. Number and percent of encounters for each service by diagnostic groups All Three Years Combined

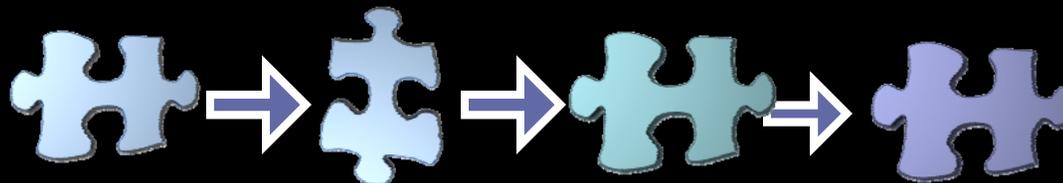
<u>SERVICE</u>	<u>Schizophrenia & Other Thought Disorders</u>	<u>Bipolar Disorders</u>	<u>Major Depressive Disorders</u>	<u>Other Affective Disorders</u>	<u>Anxiety Disorders</u>	<u>Adjustment Disorders</u>	<u>Developmental or Behavioral Disorders</u>	<u>Alcohol Related Disorders</u>	<u>Drug Related Disorders</u>	<u>Other Behavioral Health Diagnosis</u>	<u>No. Diagnosis</u>	<u>Totals</u>
Clinical Assessment	401	1,323	2,005	83	42	849	654	342	807	27	252	6,785
Medication Services	4,991	9,526	11,884	639	26	247	4251	11	227	59	2545	34,406
Outpatient Counseling	214	1,642	7,175	274	265	1866	580	51	162	45	2	12,276
MH Intensive Outpatient		22	3			2	4					31
Case Management	2,550	5,188	7,405	501	17	407	1609	5	16	41	3	17,742
Crisis Intervention	95	296	235	27	2	339	27	37	41	2		1,101
Assertive Community Treatment	105	27										132
Emergency Room Services	59	138	89	81	18	33	1	40	68	54	3	584
Intensive Crises Residential	33								3			36
Green Oaks 23-hour Observation	276	621	538	144	14	88		276	170	86	4	2,217
Community Inpatient	681	1,999	1,657	158	9	35	29	149	134	194	5	5,050
Rehab	4,742	7,130	4,755	552	68	2573	9237	2	17	46	3	29,125
CD Non Residential	2	6	5			5		7192	20307			27,517
CD Residential	55	2						664	2052			2,773
Other	16	27	35			2	21		2			103
Totals	14,220 (10.2%)	27,947 (20%)	35,786 (25.6%)	2,459 (1.8%)	461 (0.4%)	6,446 (4.7%)	16,413 (11.8%)	8,769 (6.3%)	4,006 (17.2%)	554 (0.4%)	,817 (2.1%)	139,878

Directly Assessed Needs

- An estimated 171 (36.8%) of adult respondents to the Collin County Community Survey are likely NorthSTAR eligible.
- 12% of these reported being unable to get needed mental health care in the previous 12 months
- 3% reported being unable to get needed drug or alcohol abuse services in the previous 12 months
- 64% had not heard of NorthSTAR
- They also had significantly more behavioral health problems on average (7.9), than ineligible respondents (3.7).



Risk to Gap – Moderate Estimations



One model of estimated risk

<u>Risk Category</u>	<u>National Base Rates</u>	<u>At risk Population <200%FPL</u>	<u>~Number Individuals Served in 2009</u>	<u>Potential Unmet Need</u>
At Risk Adults - MH	13,267	3,477	2,117	1,360
At Risk Adults - CD	148,193	2,700	809	1,891
<u>At Risk Youth - MH and CD</u>	<u>19,949</u>	<u>4,000</u>	<u>703</u>	<u>3,297</u>
Totals (duplications likely)	181,409	10,177	3,628	6,549

Phase Two Services, Needs, and People

Finding III

Collin County needs a stronger presence in the existing behavioral health system.

The new leadership task force is a beginning.

Hiring a behavioral health services director is advisable

- ✓ Presence in the negotiation for services and payment structures
- ✓ Connection to the community through schools, churches, advocacy groups
- ✓ Consistent, single source of data monitoring and interpretation
- ✓ Clear accountability to the county administrator and commissioners as the one point of contact for all behavioral health related expenditures for Collin County.



Phase Two Services, Needs, and People

Finding IV

Expenditures and financing potential suggest a range of possibilities. Between \$7.76 and \$9.31 per capita is the current range based on expenditures and a mix of “buckets of funds”.

Each additional 25,000 residents may incur a risk of spending an additional \$90,000 to \$210,000 annually for services.

24% of the encounters over three years were for 4,353 clients with less than 10 treatment encounters. Half (2,176) used more than, and half used less than 3 encounters.

56% of the ~10,000 individuals needed extended care as outpatient, crisis, and inpatient.

More than 12% of ALL of the NorthSTAR resources supports multiple agencies for administration, management, quality monitoring, reporting, planning and program development, services coordination, community education, and non-specified profits.



Expenditure Buckets Financing Services

Summary and Scenarios on Per Capita Expenditures for Calendar Year 2009 NorthSTAR Services Utilized By Collin County Residents

	<u>Total Expensed</u>	<u>Financial Grouping</u>
A	\$ 5,551,499	Community based care (Outpatient and Inpatient)
B	\$ 2,626,411	All Medicaid and Non-Medicaid Prescription Drugs
C	\$ 507,977	Other Attributed Invoiced Services
D	\$ 1,912,280	St Hospital Bed Days Allocated Value
E	\$ 10,598,167	Total All Types of Expenditures
F	\$ 8,893,649	Sub-Total - Minus Medicaid Prescriptions
G	\$ 6,981,369	Sub-Total - Minus State Hospital Value
H	\$ 8.82	Per Capita based only on cash expenditure MH and CD
I	\$ 5,800,000	Estimated (DSHS projections) VO retained funds
J	\$ 385,700	Estimated proportion Collin County of VO retained funds (conservative 6.65%)
K	\$ 7,367,069	G plus J: Community Cash Services Plus % of VO retained funds
L	\$ 9.31	Per Capita based on all cash expenditures plus % of VO retained funds
M	\$ 6,145,773	Mental Health Services Cash (Line G minus CD services)
N	\$ 7.76	Per Capita based on Line M
O	\$ 6,531,473	Mental Health Only Plus % of VO retained funds
P	\$ 8.25	Per Capita based on Line O



Steps to the future

Proposed Strategies Phase Three

Assess the need

- Use Phase One and Phase Two data
- Compile local level provider data at person-levels
 - Include all treatment providers and referral sources (e.g. courts, schools, other health and human service agencies)

Prospectively monitor services utilization

- Conduct a three months prospective assessment of population-level data across systems and services
- Survey schools for prospectively documented perceived needs of youth, referrals, and access

Evaluate outcomes by population

- Collaboratively review target metrics and performance indicators for each NorthSTAR agency in Collin County by age groups, diagnostic groups, and level of care

Produce a community-wide strategic plan

- Adopt 1, 2, and 3 year goals, strategies, and anticipated outcomes
- Estimate costs
- Develop a business plan and a novel model of integrated care

Strategic Planning

Phases One and Two laid the foundation.

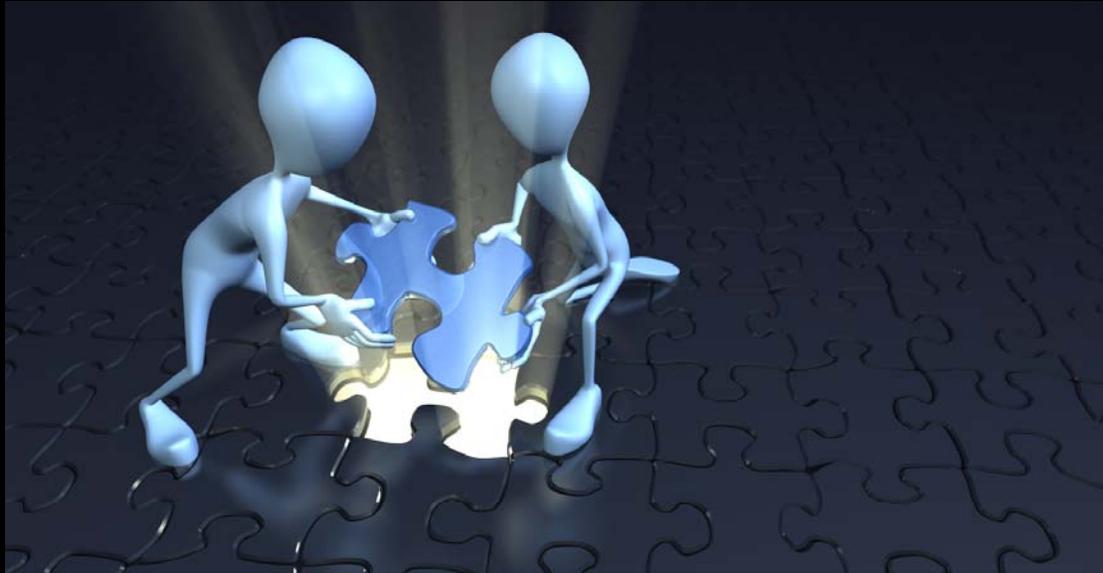
We know what has occurred.

We can broadly estimate future needs.

We need to add a local prospective population-level data set.

We need relevant systems interventions to rebalance and grow the public behavioral health system for Collin County.





Thank you.

Questions?

