



Agenda

- Overview of the Report
- Phase I – Analysis of the Current Behavioral Health System
- Phase II – Recommendations for System Redesign



Overview of the Report

- Rider 71 of House Bill 1 of the Texas 82nd legislative session directed DSHS to contract with an independent entity “to review the state’s public mental health system and make recommendations to improve access, service utilization, patient outcomes, and system efficiencies.”
- HHSC contracted with Public Consulting Group to conduct the study described in Rider 71
- DSHS also contracted with Joey Longley of Civic Initiatives to serve as a contract liaison to PCG
- PCG’s efforts have been divided in to 2 main phases



Overview of the Report

- **Phase I:** Complete a comprehensive programmatic and financial assessment of the current behavioral health system
- **Phase II:** Provide recommendations for intermediate and long term system redesign
 - Develop recommendations focused on improved access, service utilization, patient outcomes, and system efficiencies as required by DSHS Rider 71, General Appropriations Act, 82nd Legislature, 2011.
 - Provide short term recommendations focused on system efficiencies.
 - Provide long term recommendations focused on the steps required to redesign the behavioral health system by January 2014, with consideration to health care reform, in the event that the Affordable Care Act is not repealed.



Phase I – Analysis of the Current Behavioral Health System

- PCG is conducting a study of the current public behavioral health system focusing on programmatic and financial components
- An analysis is also being completed on national best practices that could be implemented in Texas
- The analysis completed during Phase I will identify strengths and weaknesses of the current system
- A final Phase I report will be released in late May 2012



Phase I – Analysis of the Current Behavioral Health System

- Key Observations
 - A large number of Texans receive publicly funded behavioral health services
 - Texas ranks at the bottom of national rankings on substance abuse and mental health spending
 - The existing service delivery model is not adequately prepared for the implications of federal health care reform, if it is not repealed
 - The system of care is crisis driven instead of being more recovery focused
 - Texas has numerous informed and articulate advocates and providers
 - The Local Mental Health Authorities (LMHAs) are established organizations with substantial capabilities, program reach, and have the ability to attract local funding
 - LMHAs have significant cost variability, various levels of integration of behavioral and physical health care, and a geographic organization that may not be the most cost effective
 - The NorthSTAR program is well accepted in the Dallas area and has no wait list for services



Phase I – Analysis of the Current Behavioral Health System

- Key Observations
 - The East Texas Behavioral Health Network is a good model for sharing services across geographical regions
 - The LMHAs and NorthSTAR have both been successful in reducing the costs of pharmaceuticals
 - DSHS has been successful in effectively utilizing recent additional funding provided by the Legislature to address critical needs for crisis stabilization services
 - The Resiliency and Disease Management (RDM) system has broad service packages and encourages statewide consistency
 - DSHS does not appear to have yet integrated its mental health and substance abuse programs
 - “Provider of last resort” has not been fully realized
 - Current performance measures are more volume based and need more focus on outcome based measurements and public data reporting by DSHS on the operation of its providers needs improvement



Phase I – Analysis of the Current Behavioral Health System

- Key Observations
 - Consumers view a closed provider network for mental health services as limiting their freedom of choice
 - The lack of funding for supportive housing, transportation, and employment services is a barrier for families and adults
 - There is a shortage of providers, notably substance abuse providers, psychiatrists, and therapists
 - Increases in forensic admissions within state hospitals has impacted availability of state hospital beds
 - Medicaid benefits are terminated for people in jail creating unnecessary stresses on the system
 - Spending on mental health and substance abuse services within county jails and by other law enforcement agencies is viewed as a symptom of an inadequate community based system of care
 - The allocation process for community mental health funds has not kept pace with population trends



Phase II – Recommendations for System Redesign

- Phase II consists of three main tasks
 - Development of Specific Recommendations for Achieving System Redesign
 - Development of Action-Oriented Program Financial Analysis
 - Creation of a Roadmap from Current System to Desired State: Final Report on System Redesign Recommendations
- Phase II will include seven Public Stakeholder Forums to present the recommendations for system redesign
 - Forums are scheduled for June 5 – June 14
 - Forums will take place in San Antonio, Austin, Harlingen, Houston, El Paso, Lubbock, and Dallas
- Phase II is expected to be completed by September 2012



Public Consulting Group, Inc.
148 State Street, Tenth Floor, Boston, Massachusetts 02109
(617) 426-2026, www.publicconsultinggroup.com

