Panel participants

• Haley Jackson, Manager of Business Development and Innovation, Texas Children’s Hospital

• Andrea Richardson, Executive Director, Bluebonnet Trails Community Services

• Lisa Ramirez, Project Director, Texas Targeted Opioid Response, HHSC

• Moderator: Sonja Gaines, MBA, Deputy Executive Commissioner, IDD and Behavioral Health Services, Texas Health and Human Service Commission
Topics

- Overview of DSRIP impact on behavioral health in Texas
- Snapshot of other statewide behavioral health initiatives
- Maternal mental health
- Sustaining progress at Local Mental Health Authorities through the CCBHC model
- State opioid response
- Future of peer services in behavioral health
DSRIP and Behavioral Health

1. 525 behavioral health-related measures were selected to report and improve upon in DY7-8. **22% of all measures selections by care providers focus on behavioral health in Category C of the DSRIP program.**

2. In the DY7 for the Fiscal Year 2020 Coordinated Statewide BH Expenditure Proposal, the DSRIP team calculates that **$322,041,426** or 75% was paid out for Category C Behavioral Health measures for DY7.
DSRIP and Behavioral Health

Community Mental Health Centers are most commonly improving on the following behavioral health measures:

<table>
<thead>
<tr>
<th>Measures</th>
<th>Achieved 100% of first year improvement goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
<td>93%</td>
</tr>
<tr>
<td>Follow-up After Hospitalization for Mental Illness (7 Days)</td>
<td>95%</td>
</tr>
<tr>
<td>Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)</td>
<td>91%</td>
</tr>
<tr>
<td>Preventive Care and Screening: Unhealthy Alcohol Use: Screening &amp; Brief Counseling</td>
<td>100%</td>
</tr>
<tr>
<td>Assessment for Substance Abuse Problems of Psychiatric Patients</td>
<td>100%</td>
</tr>
<tr>
<td>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)</td>
<td>93%</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents</td>
<td>100%</td>
</tr>
</tbody>
</table>
Hospitals are most commonly improving on the following behavioral health measures:

<table>
<thead>
<tr>
<th>Measures</th>
<th>Achieved 100% of first year improvement goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan (CDF-AD)</td>
<td>89%</td>
</tr>
<tr>
<td>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)</td>
<td>100%</td>
</tr>
<tr>
<td>Maternal Depression Screening</td>
<td>83%</td>
</tr>
</tbody>
</table>
State government agencies work together to address behavioral health issues across Texas

<table>
<thead>
<tr>
<th>Agency/Commission</th>
<th>Agency/Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services Commission</td>
<td>Department of State Health Services</td>
</tr>
<tr>
<td>Office of the Governor</td>
<td>Texas Education Agency</td>
</tr>
<tr>
<td>Texas Veterans Commission</td>
<td>Texas Tech University System</td>
</tr>
<tr>
<td>Department of Family and Protective Services</td>
<td>Texas Commission on Jail Standards</td>
</tr>
<tr>
<td>Texas Military Department</td>
<td>Texas Workforce Commission</td>
</tr>
<tr>
<td>University of Texas, Health Science Center at Houston</td>
<td>Texas Department of Housing and Community Affairs</td>
</tr>
<tr>
<td>University of Texas, Health Science Center at Tyler</td>
<td>Texas Indigent Defense Commission</td>
</tr>
<tr>
<td>Texas Civil Commitment Office</td>
<td>Court of Criminal Appeals</td>
</tr>
<tr>
<td>Texas Department of Criminal Justice</td>
<td>Texas Juvenile Justice Department</td>
</tr>
<tr>
<td>Health Professions Council (six member agencies)</td>
<td></td>
</tr>
</tbody>
</table>
Behavioral Health Coordinating Council
Progress Overview

2018
Coordination
- Veterans Summit
- Children’s Summit
- IDD strategic plan
- Revise BH strategic plan
- Judicial Bench Book
- Grant reviews and distribution of $86M

Service Delivery
- Medicaid peer benefit
- MH waitlist down 80%
- $75M opioid funds

Prevention
- Governor’s School Safety Action Plan
- Mental Health First Aid up 88%
- Parent and teacher resource guide

Data
- Behavioral health data coordination

2017
Coordination
- Harvey response – 200,000 served

Financial Alignment
- Coordinate expenditures
- Coordinate exceptional items

Prevention
- MHW-IDD training

2016
Coordination
- Behavioral health strategic plan
- Coordination with Veterans Affairs

Prevention
- Texas Veterans + Family Alliance grant program – SB55

2015
Coordination
- United School Age Children
- Statewide Behavioral Health Coordinating Council

Prevention
- Mental Health First Aid

2014
Coordination
- Behavioral health inventory, liaisons and website

Prevention
- Behavioral health awareness
Mental Health Services
Continuum of Care

All Texans have access to care at the right time, right place.

Making a difference in the lives of the people that we serve.

Step-Up
Step-Down

Inpatient and Acute Care

Community-Based Crisis Services

Diversion

Community-Based Treatment and Recovery Services

Prevention and Early Intervention
Future of peer services

• Addition of Peer Services as a Medicaid benefit
• Creation of Peer Service Unit, including a Peer Services Director
• Unified team to provide expertise on peer services, including workforce development, expanding access to community-based peer services, and encouraging collaboration among peer service providers
Thank you
Outcomes of Implementing Routine Screening for Perinatal Mood Disorders in an Integrated Multi-site Pediatric and Obstetric Setting

DSRIP Statewide Learning Collaborative

Haley D. Jackson, DrPH
September 4, 2019
Postpartum Depression (PPD) has negative implications for mother and child. Professional organizations recommend screening to identify women at-risk.

- 12,000 – 15,000 women in Harris County, Texas experience PPD each year
- PPD disrupts maternal behavior and infant engagement with their mother
Our DSRIP goal was to reduce the burden of perinatal depression by improving identification and get at-risk women into treatment.

Began in 2014 (DY3)

Objectives

- Train obstetric and pediatric practices to screen and refer
- Improve access to women’s reproductive mental health services in the community
Texas Children’s is an integrated healthcare delivery system that provides comprehensive pediatric and women’s health care

**Texas Children's Pediatrics**
- Largest pediatric primary care network in the nation
- 1.2 million+ patient visits per year
- 250+ pediatricians
- 51 locations

**Texas Children's Pavilion for Women**
- 6,500 births per year
- 4 OB and 6 Maternal Fetal Medicine clinics
- 180,000+ ambulatory visits per year
- The Women’s Place – dedicated to the care of women’s reproductive mental health
Women’s reproductive mental health services were expanded into the community

**Coordinated**
(51 pediatric clinics)

**Co-located**
(3 obstetric clinics)

**Integrated**
(1 obstetric clinic)

Adjacently located:

We provided 1-hour training sessions to physicians and staff at each pediatric and obstetric clinic location.

Training outline

- Teaching signs and symptoms of perinatal mood and anxiety disorders
- Administering and scoring the Edinburgh Postnatal Depression Scale (EPDS)
- Integrating screening workflow into practice
- Documenting and submitting electronic referrals via electronic medical record (EMR)
Screening workflow

1. **OB patient presents for appointment**
   - Provide Edinburgh Postnatal Depression Scale (EPDS) for patient to complete at 11-13 weeks GA, 35-37 weeks GA, and 5-7 weeks postpartum

2. **Mother presents for well-child visit at 2 weeks, 2, 4 & 6 months postpartum**
   - Give the Edinburgh Postnatal Depression Scale (EPDS) to mother to complete and return

3. Collect and score completed EPDS

4. Notify physician if EPDS score is elevated (≥10)

5. Submit electronic referral order to AMB REF to Women's Place in Epic or another appropriate resource

6. Patient **DOES** agree to referral
   - Physician informs patient/mother about EPDS result and discusses referral to services
   - Patient **DOES NOT** agree to referral
     - Document refusal in Epic

7. Continue with provider workflow
All Texas Children’s primary care pediatric practices (51) and obstetric practices (4) in Greater Houston were trained.

- Trained obstetric practices
- Trained pediatric practices
- The Women’s Place
- The Women’s Place Tele-psychiatry pilot sites
Table 1. Training, screening, referrals, and completed appointments for postpartum depression in obstetric and pediatric practices, May 2014 – July 2018.

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Practices Trained</th>
<th>EPDS Screens n</th>
<th>Positive screens n (%)</th>
<th>Referrals made n (%)</th>
<th>Completed appointments n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrated</td>
<td>1</td>
<td>2,068</td>
<td>170 (8.2)</td>
<td>185 (108.8)</td>
<td>153 (82.7)</td>
</tr>
<tr>
<td>Co-located</td>
<td>3</td>
<td>16,851</td>
<td>1,489 (8.8)</td>
<td>2,222 (149.2)</td>
<td>1,702 (76.6)</td>
</tr>
<tr>
<td>Pediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjacently located</td>
<td>1</td>
<td>3,765</td>
<td>220 (5.8)</td>
<td>96 (43.6)</td>
<td>39 (40.6)</td>
</tr>
<tr>
<td>Coordinated</td>
<td>50</td>
<td>80,222</td>
<td>4,608 (5.7)</td>
<td>1,390 (30.2)</td>
<td>278 (20.0)</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>102,906</td>
<td>6,487 (6.3)</td>
<td>3,893 (60.0)</td>
<td>2,172 (55.8)</td>
</tr>
</tbody>
</table>
Conclusions & Next Steps

Conclusions

▪ Obstetric and pediatric practices can successfully implement routine PPD screening to improve identification and get at-risk women into treatment

▪ Further understanding is needed on how the relationship with the referring provider and familiarity with and/or distance to the mental health location influences a woman’s decision to follow through with care

Next Steps

▪ Continue to explore tele-psychiatry options and scale up to provide more convenient access to women’s reproductive mental health care
APPENDIX
<table>
<thead>
<tr>
<th>EPDS scores</th>
<th>Number of screens</th>
<th>Average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5</td>
<td>80,463</td>
<td>3.16</td>
</tr>
<tr>
<td>6–10</td>
<td>17,666</td>
<td></td>
</tr>
<tr>
<td>11–15</td>
<td>3639</td>
<td></td>
</tr>
<tr>
<td>16–20</td>
<td>913</td>
<td></td>
</tr>
<tr>
<td>21–25</td>
<td>203</td>
<td></td>
</tr>
<tr>
<td>26–30</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
Table 3a: Demographics of patients referred and treated from May 2014 to July 2018

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Referrals received</th>
<th>Patients treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>960</td>
<td>25</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>2496</td>
<td>64</td>
</tr>
<tr>
<td>Unable to obtain</td>
<td>437</td>
<td>11</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–24</td>
<td>718</td>
<td>18.5</td>
</tr>
<tr>
<td>25–34</td>
<td>2301</td>
<td>59.1</td>
</tr>
<tr>
<td>35–44</td>
<td>829</td>
<td>21.3</td>
</tr>
<tr>
<td>45–54</td>
<td>7</td>
<td>0.2</td>
</tr>
<tr>
<td>&gt; 54</td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Table 3b Demographics of patients referred and treated from May 2014 to July 2018

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Referrals received</th>
<th>Patients treated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1986</td>
<td>51.0</td>
</tr>
<tr>
<td>Single</td>
<td>1544</td>
<td>39.7</td>
</tr>
<tr>
<td>Divorced</td>
<td>27</td>
<td>0.7</td>
</tr>
<tr>
<td>Separated</td>
<td>19</td>
<td>0.5</td>
</tr>
<tr>
<td>Significant other</td>
<td>28</td>
<td>0.7</td>
</tr>
<tr>
<td>Unable to obtain</td>
<td>289</td>
<td>7.4</td>
</tr>
<tr>
<td>Payer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Medicaid/managed care</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Self-pay/other</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Progression and Evolution of Local Mental Health Authorities
Building Blocks Transforming and Coordinating a System of Care

Prior to 2011
System Development Guided by Performance Contracts

2011
DSRIP: Medicaid 1115 Transformation Waiver

2016
Certified Community Behavioral Health Clinics (CCBHC) Pilot

2017
House Bill 13 and Senate Bill 292

2019
Senate Bill 633 All Texas Access

Sustainable Access to Health Care and Improved Outcomes
HHS 5-POINT STRATEGY
TO COMBAT THE OPIOID CRISIS

MORE ADDICTION PREVENTION,
TREATMENT, AND RECOVERY SERVICES

BETTER PAIN TREATMENT

MORE OVERDOSE REVERSERS

BETTER DATA

HHS.gov

BETTER RESEARCH
<table>
<thead>
<tr>
<th>State Opioid Response Grant Year</th>
<th>Amount</th>
<th>Project Period</th>
<th>Notice of Award</th>
<th>Time to Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>$27.4M</td>
<td>05/01/18-04/30/18</td>
<td>01/28/19</td>
<td>Four Months</td>
</tr>
<tr>
<td>Two</td>
<td>$27.4M</td>
<td>09/30/18-09/29/19</td>
<td>05/06/19</td>
<td>Three Months from Notice of Award</td>
</tr>
<tr>
<td>Supplement Grant Year One &amp; Two</td>
<td>$46.2M</td>
<td>05/06/19-09/29/20</td>
<td>01/28/19</td>
<td>Three Months from Notice of Award</td>
</tr>
</tbody>
</table>

**Texas Targeted Opioid Response Timeline**

Amount: $27.4M
Project Period: 05/01/17-04/30/18
Time to Implementation: Four Months
Texas Targeted Opioid Response Budget

Planned Funding Strategies by Grant & Period

$25,000,000

$20,000,000

$15,000,000

$10,000,000

$5,000,000

$-

STR Y1

STR Y2

SOR Y1

SOR Supplemental Award

Prevention  Treatment  Recovery  Integrated
Texas Targeted Opioid Response Strategy

Opioid Response Continuum of Services

- Prevention
  - Awareness
  - Safe Drug Disposal
  - Utilization of the PMP
  - Safe Prescribing
  - Overdose Prevention

- Treatment
  - Treatment in Office
  - Treatment in Clinic

- Recovery
  - Peer Support
  - Employment Support
  - Recovery Housing

Opioid Response Integrated Services

- Medical
- Community
- Legal