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Health and Human  
Services

# **Critical Areas of Health Care: Behavioral Health**

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# Panel participants



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- 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

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- 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



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# 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.



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# DSRIP and Behavioral Health

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

Measures	Achieved 100% of first year improvement goal
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	93%
Follow-up After Hospitalization for Mental Illness (7 Days)	95%
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (eMeasure)	91%
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	100%
Assessment for Substance Abuse Problems of Psychiatric Patients	100%
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	93%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	100%



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# DSRIP and Behavioral Health

Hospitals are most commonly improving on the following behavioral health measures:

Measures	Achieved 100% of first year improvement goal
Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	89%
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-CH)	100%
Maternal Depression Screening	83%



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# Statewide Behavioral Health Coordinating Council



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State government agencies work together to address behavioral health issues across Texas

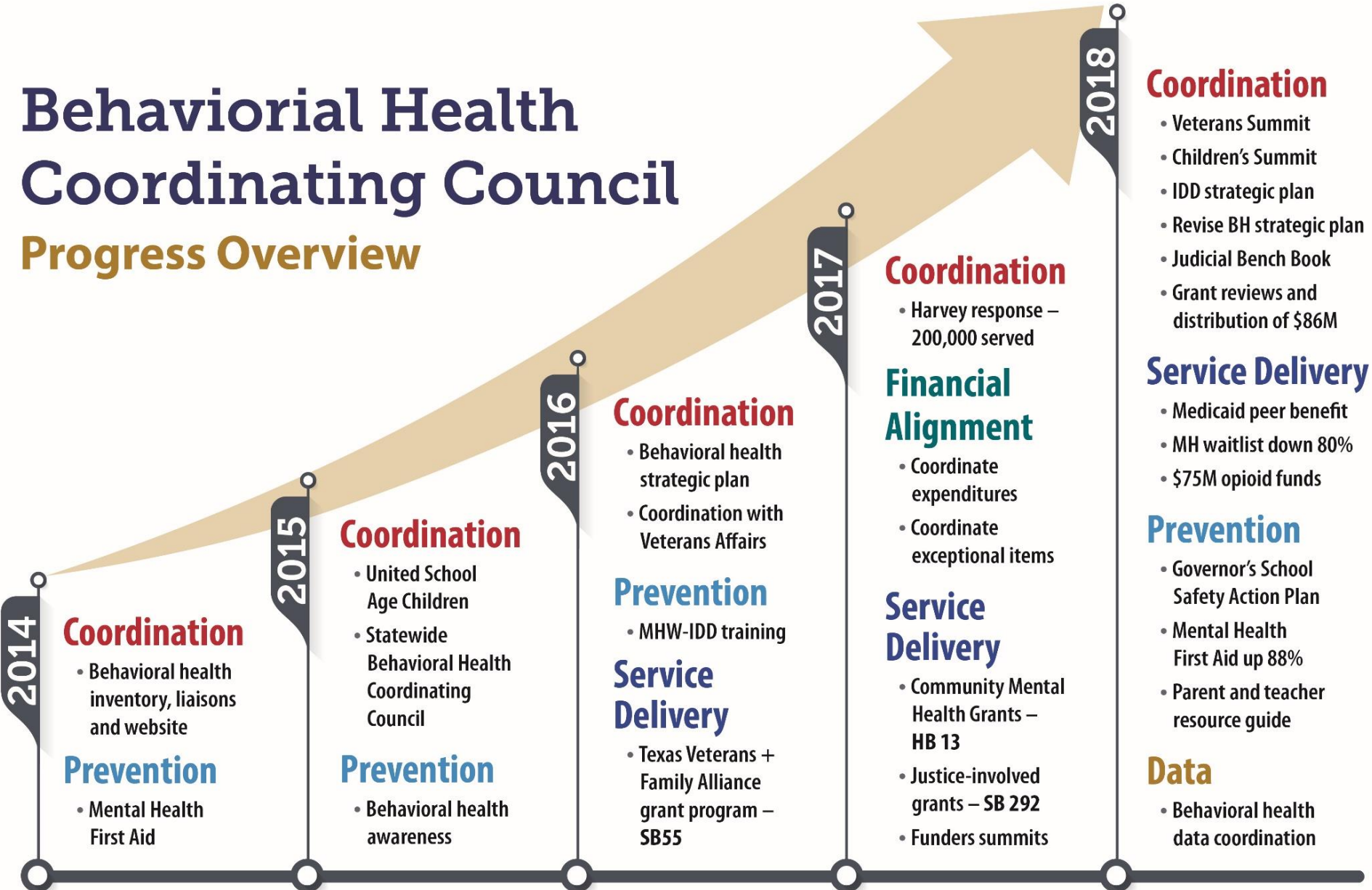


- |   |   |
|---|---|
| • Health and Human Services Commission                  | • Department of State Health Services               |
| • Office of the Governor                                | • Texas Education Agency                            |
| • Texas Veterans Commission                             | • Texas Tech University System                      |
| • Department of Family and Protective Services          | • Texas Commission on Jail Standards                |
| • Texas Military Department                             | • Texas Workforce Commission                        |
| • University of Texas, Health Science Center at Houston | • Texas Department of Housing and Community Affairs |
| • University of Texas, Health Science Center at Tyler   | • Texas Indigent Defense Commission                 |
| • Texas Civil Commitment Office                         | • Court of Criminal Appeals                         |
| • Texas Department of Criminal Justice                  | • Texas Juvenile Justice Department                 |
| • Health Professions Council (six member agencies)      |   |



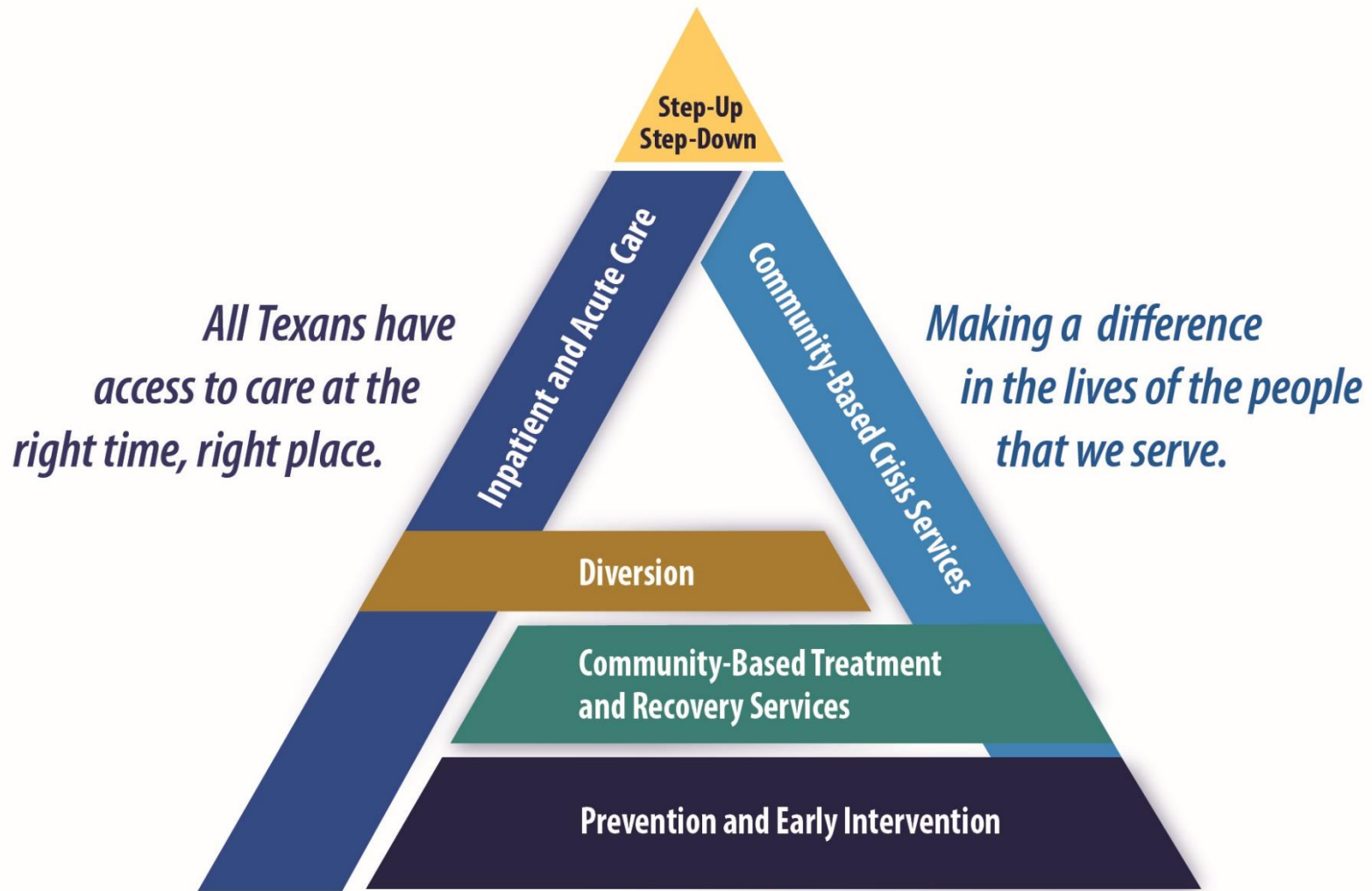
# Behavioral Health Coordinating Council

## Progress Overview





# Mental Health Services Continuum of Care



# Future of peer services

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- 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



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# Thank you

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**Texas Children's  
Hospital<sup>®</sup>**

# Outcomes of Implementing Routine Screening for Perinatal Mood Disorders in an Integrated Multi-site Pediatric and Obstetric Setting

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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



Opportunities to Break Barriers  
& Build Bridges:  
Results of the 2014 Postpartum Depression Needs Assessment  
Houston, Texas

A colorful illustration of a family crossing a red bridge over a body of water. The family consists of a mother, a father, and two children. The scene is set against a background of a bright sun, clouds, and green hills.

A publication by  
**children at Risk**  
October 2014  
Bethanie Van Horne, DrPH  
Nancy Correa, MPH  
Saralyn McIver, PhD  
Hannah Vardy

## 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



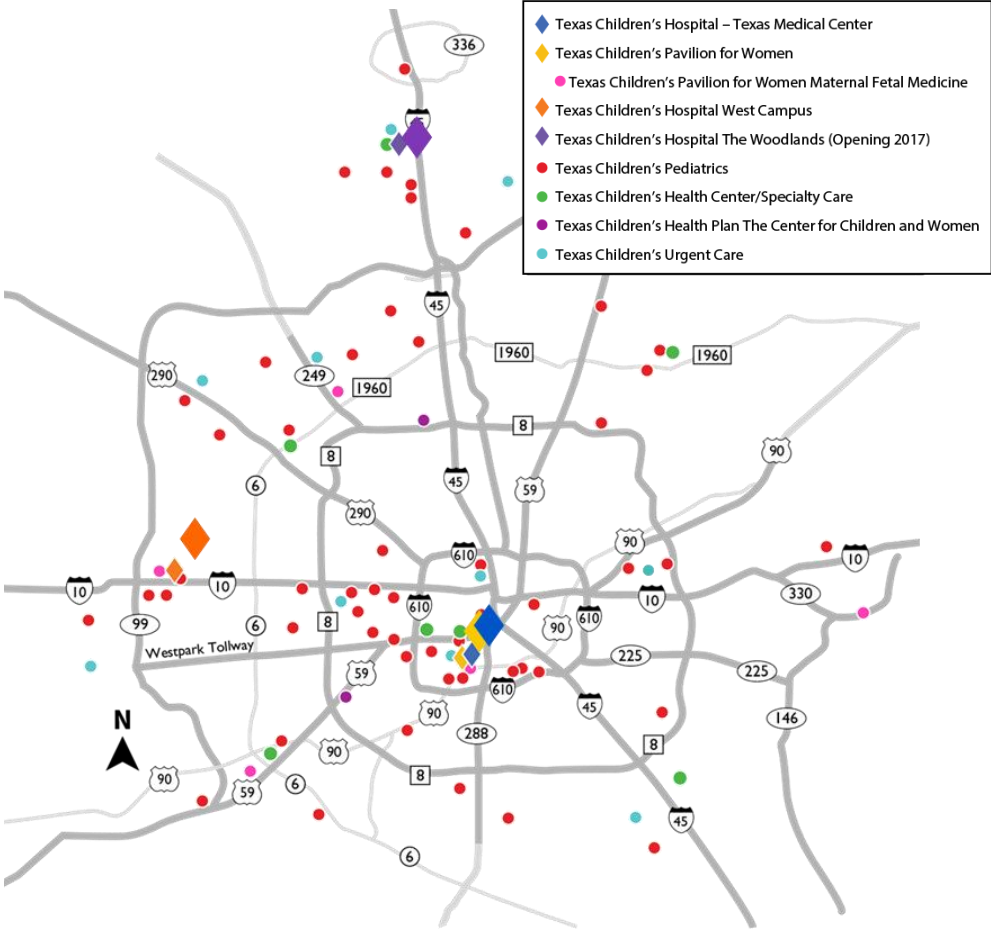
# Texas Children's is an integrated healthcare delivery system that provides comprehensive pediatric and women's health care

## Texas Children's Pediatrics

- Largest pediatric primary care network in the nation
- 1.2 million+ patient visits per year
- 250+ pediatricians
- 51 locations

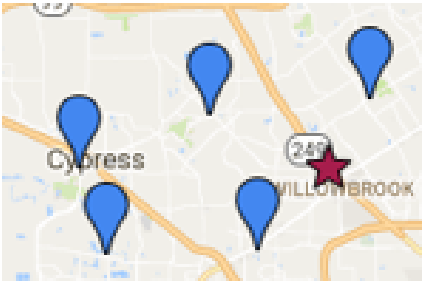
## Texas Children's Pavilion for Women

- 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

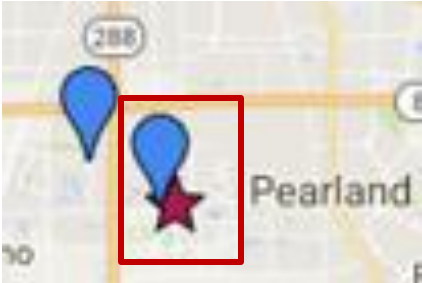


# Women's reproductive mental health services were expanded into the community

**Coordinated**  
(51 pediatric clinics)



Adjacently located:



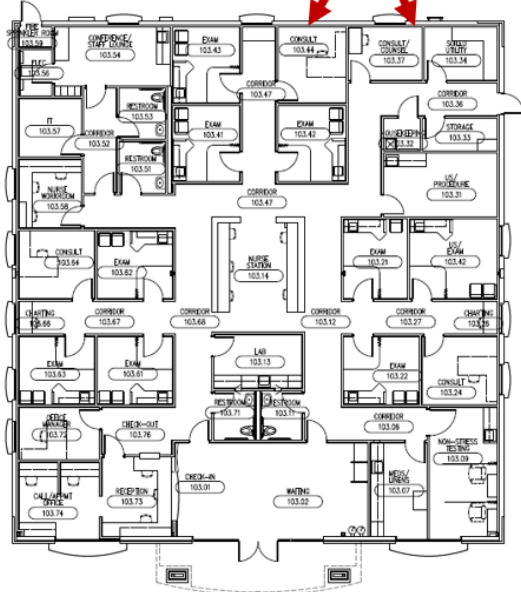
**Co-located**  
(3 obstetric clinics)

Obstetric Clinic C	
Obstetric Clinic B	
Obstetric Clinic A	Mental Health Clinic

**Integrated**  
(1 obstetric clinic)

Women's reproductive mental health services provided in 2 consult rooms that are adjacent

Floor  
15  
14  
13  
12  
11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1



[http://www.integration.samhsa.gov/integrated-care-models/CIHS\\_Framework\\_ork\\_Final\\_charts.pdf](http://www.integration.samhsa.gov/integrated-care-models/CIHS_Framework_ork_Final_charts.pdf)

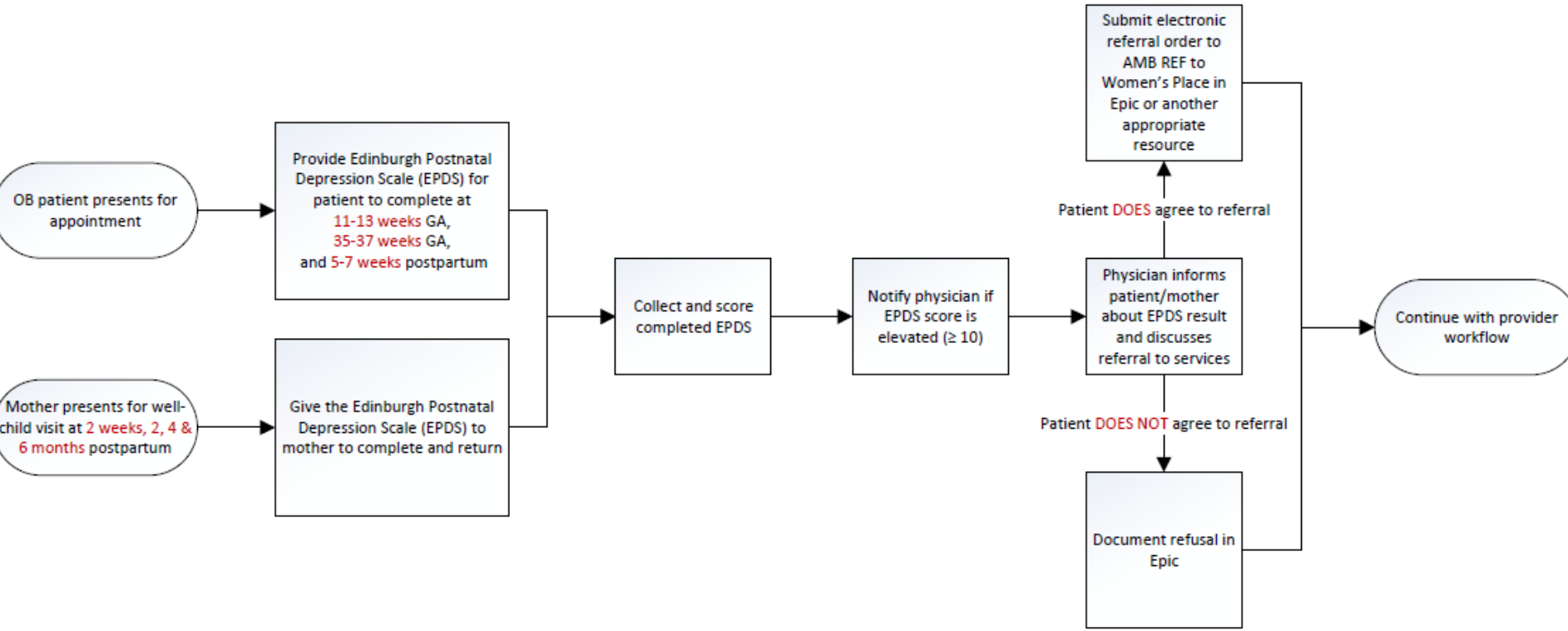
# We provided 1-hour training sessions to physicians and staff at each pediatric and obstetric clinic location

## 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)

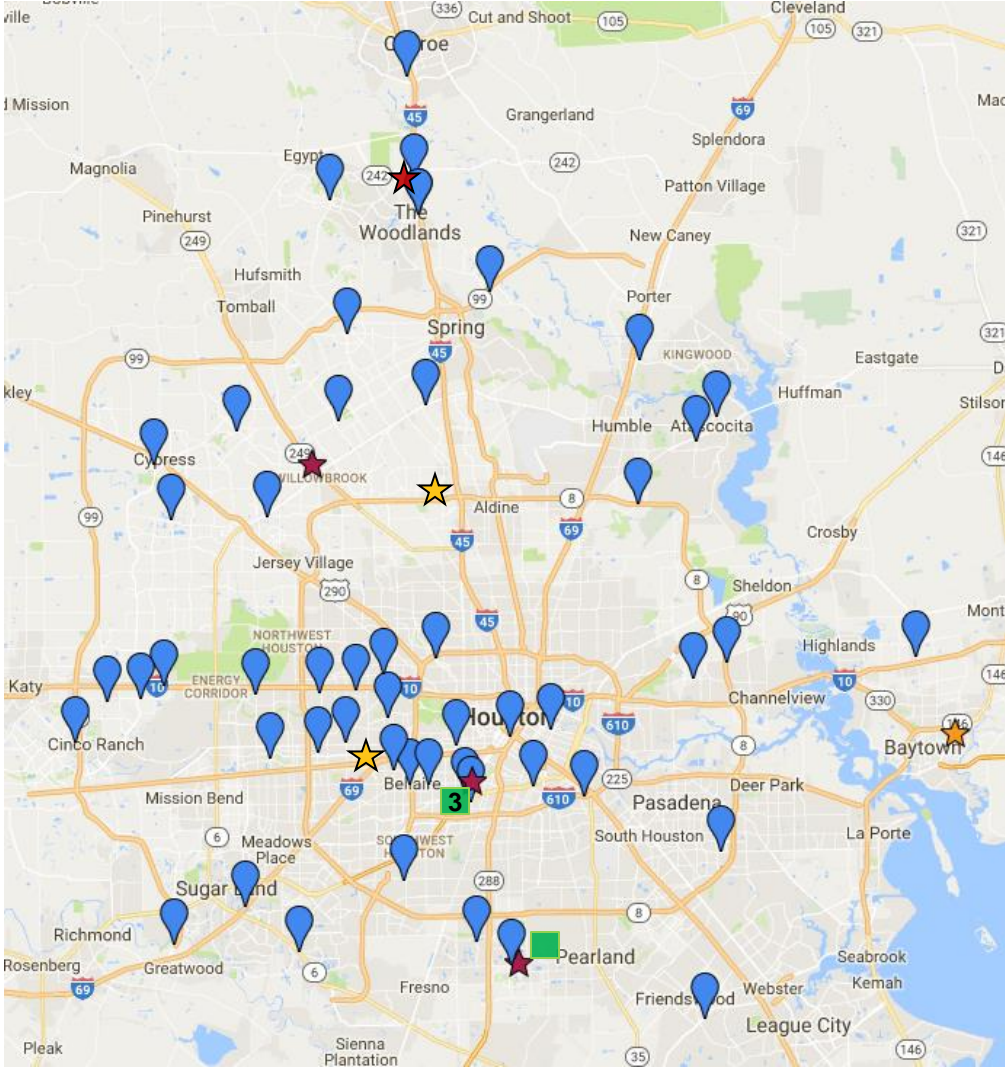


# Screening workflow



# 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.**

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



# 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



# Contact Information

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3. Section of Public Health Pediatrics, Texas Children's Hospital, Houston, TX

# APPENDIX

**Table 2** Distribution of EPDS scores at obstetric and pediatric practices from May 2014 to July 2018

EPDS scores	Number of screens	Average score
0–5	80,463	3.16
6–10	17,666	
11–15	3639	
16–20	913	
21–25	203	
26–30	21	

**Table 3a** Demographics of patients referred and treated from May 2014 to July 2018

Demographics	Referrals received		Patients treated	
	n	%	n	%
<b>Ethnicity</b>				
Hispanic	960	25	532	25
Non-Hispanic	2496	64	1596	73
Unable to obtain	437	11	44	2
<b>Age</b>				
15–24	718	18.5	318	14.6
25–34	2301	59.1	1359	62.5
35–44	829	21.3	469	21.6
45–54	7	0.2	4	0.2
> 54	1	0.0	1	0.0
Other	37	1.0	21	1.0

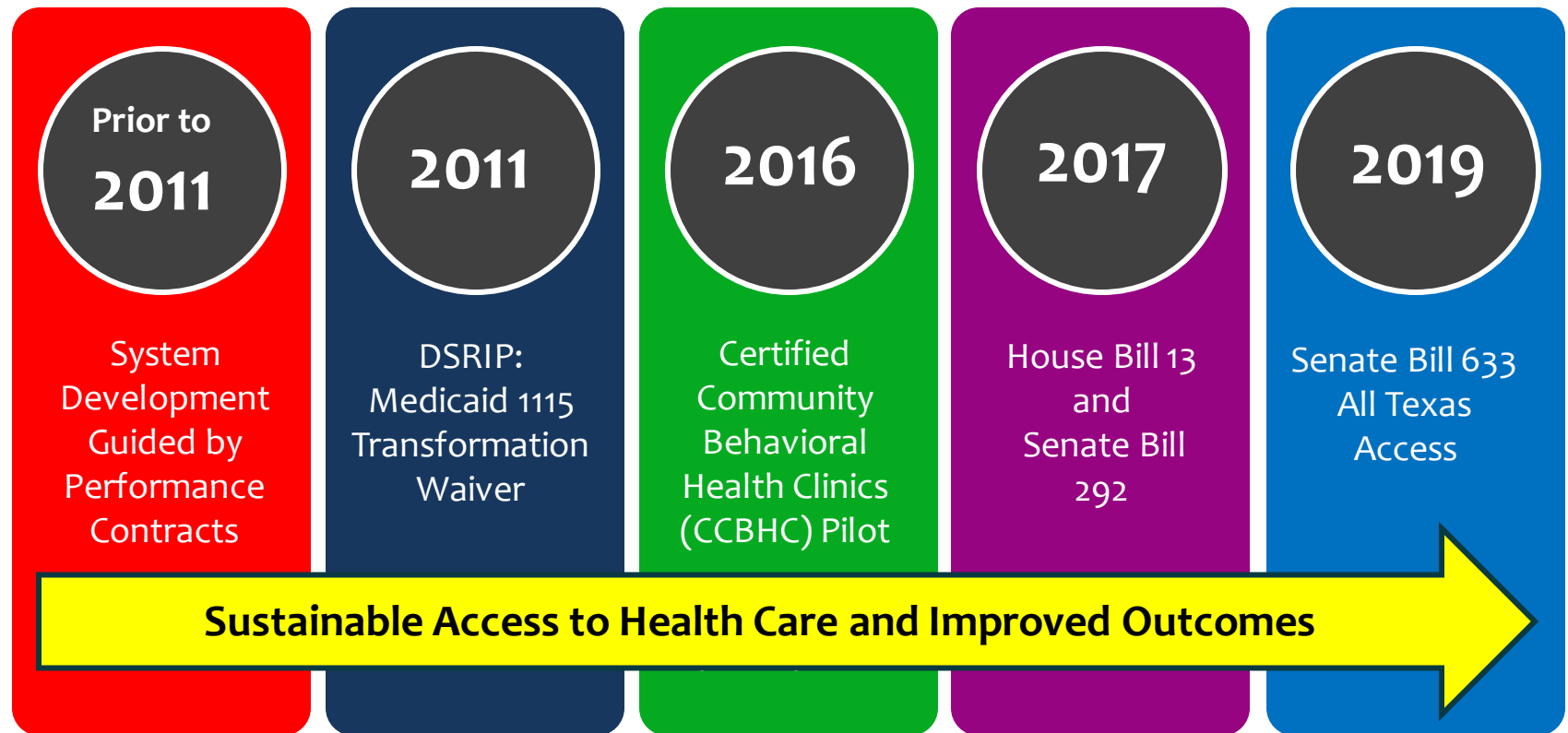
**Table 3b** Demographics of patients referred and treated from May 2014 to July 2018

Demographics	Referrals received		Patients treated	
	n	%	n	%
<b>Marital status</b>				
Married	1986	51.0	1466	67.7
Single	1544	39.7	624	28.7
Divorced	27	0.7	19	0.9
Separated	19	0.5	12	0.6
Significant other	28	0.7	20	0.9
Unable to obtain	289	7.4	31	1.4
<b>Payer</b>				
Commercial	–	–	1131	52
Medicaid/managed care	–	–	315	15
Self-pay/other	–	–	726	33



# Progression and Evolution of Local Mental Health Authorities

## *Building Blocks Transforming and Coordinating a System of Care*



# HHS 5-POINT STRATEGY TO COMBAT THE OPIOID CRISIS

**MORE ADDICTION PREVENTION,  
TREATMENT, AND RECOVERY SERVICES**



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# Texas Targeted Opioid Response Timeline



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## State Targeted Response Grant Year **One**

Amount: \$27.4M  
Project Period:  
05/01/17-  
04/30/18  
Time to  
Implementation:  
Four Months

## State Targeted Response Grant Year **Two**

Amount: \$27.4M  
Project Period:  
05/01/18-  
04/30/19

## State Opioid Response Grant Year **One**

Amount: \$46.2M  
Project Period:  
09/30/18-  
09/29/19  
Notice of Award:  
01/28/19  
Time to  
Implementation:  
Three Months  
from Notice of  
Award

## State Opioid Response Supplement Grant Year **One & Two**

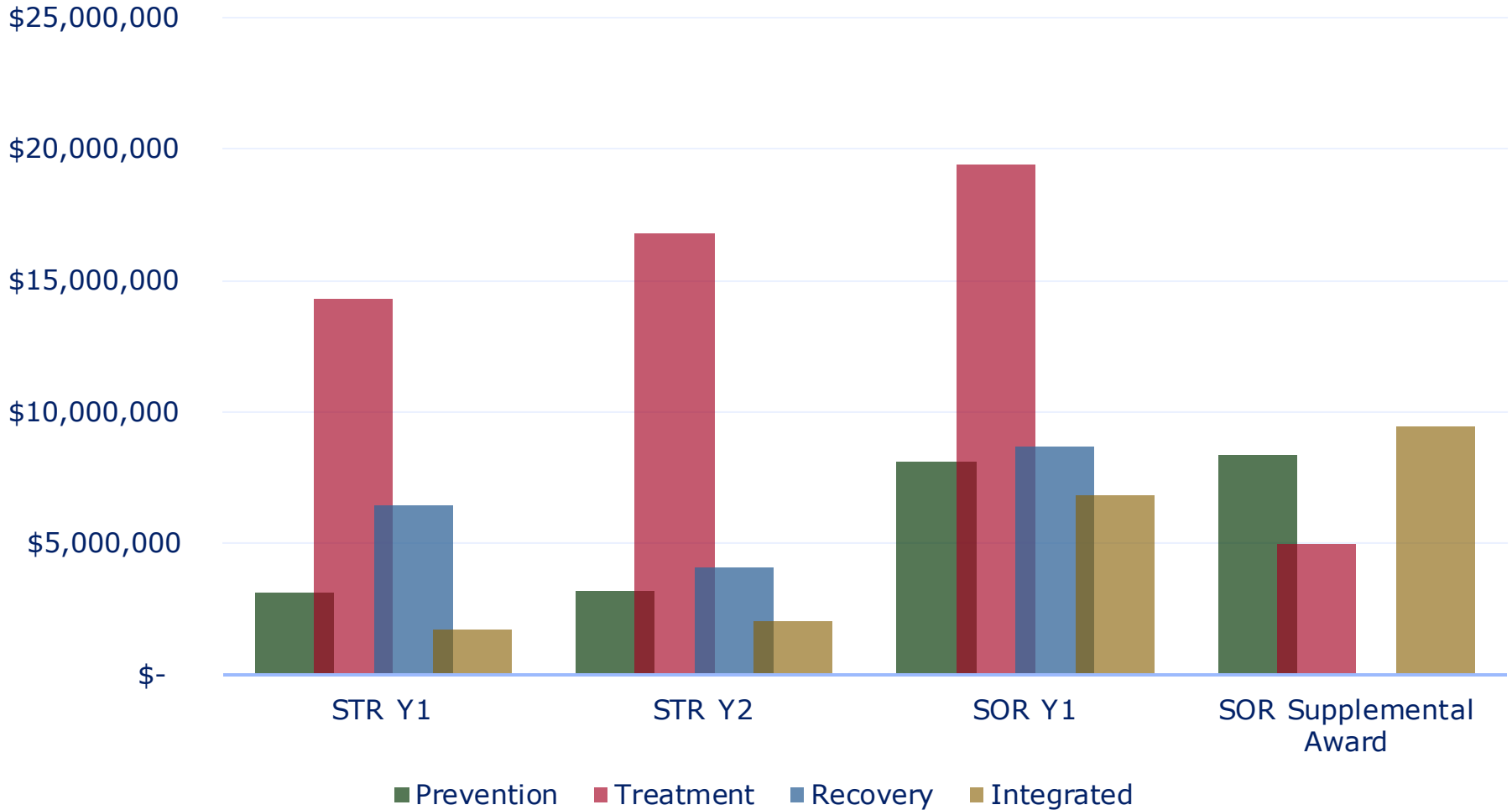
Amount: \$24M  
Project Period:  
05/06/19 –  
09/29/20  
Notice of Award:  
05/06/19  
Time to  
Implementation:  
Three Months  
from Notice of  
Award

## State Targeted Response Grant Year **Two**

Amount: \$46.2M  
Project Period:  
09/30/18-  
09/29/20

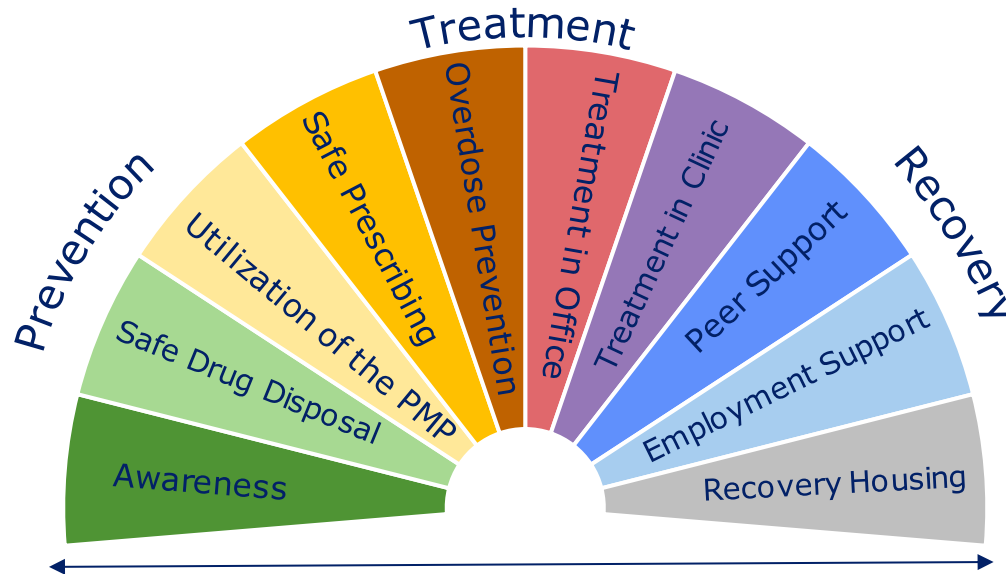
# Texas Targeted Opioid Response Budget

## Planned Funding Strategies by Grant & Period



# Texas Targeted Opioid Response Strategy

## Opioid Response Continuum of Services



## Opioid Response Integrated Services

