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Nueces County Community Needs Assessment Draft Findings and Recommendations

July 15, 2020

The Nueces County Request for Applications

The RFA requests a "a comprehensive needs assessment for Nueces County that can serve as the basis for a systemic approach to providing services for mental illnesses and substance use disorders, initially in Nueces County, but ultimately across the larger Coastal Bend region."

Nearly 200 Interviews Conducted

- Nueces County Commissioners Court
- City of Corpus Christi
- Nueces County Hospital District board
- Care Integrated Behavioral Health
- Christus Spohn Health System
- Bayview Behavioral Health
- Driscoll Health System
- VA Texas Valley Coastal Bend Health Care System



Nearly 200 Interviews Conducted

- Nueces Center for Mental Health and Intellectual Disabilities (NCMHID)
- NCMHID board
- Nueces County Sheriff's Office
- Corpus Christi Police Department
- Corpus Christi Fire Department
- Nueces County Community Supervision and Corrections Department
- Nueces County Juvenile Justice Center

Today's Presentation

St	rengths
Pr	evalence
Ps	sychiatric bed capacity
Cr	isis system
Ac	cess to care
Int	tegrated care
Fir	nancing
Le	adership

Our Core Recommendations For Getting Started

- Revamp the crisis system.
- Take full advantage of telehealth opportunities to increase integrated care and consultation to pediatric offices.
- Rapidly expand community treatment such as Assertive Community Treatment (ACT) that keeps people out of jails and hospitals and addresses crises in the community.
- Plan for changes in DSRIP and other funding mechanisms.
- Treat Nueces residents who need inpatient care in Nueces.





Summary of Our Core Recommendations

Integrated rather than segregated treatment of mental health should be the primary goal.

There are enough licensed psychiatric beds locally to meet the needs of Nueces County residents, but community-based care needs to be increased.

The Texas Legislature has created new opportunities, especially with children and youth that will help fill gaps in community care.

Continuing leadership from elected and appointed officials is essential.

Two Core Factors in Nueces County Going Forward

Creation and operation of new psychiatric beds

Christus Spohn may have largely resolved this question.

The NCHD's plan for mental health is similar in number of beds recommended. Changes coming to the 1115 Transformation Waiver Delivery System Reform Incentive Payment (DSRIP) Program

> We suggest the NCHD can play a major convening role with these issues.



COUNTY STRENGTHS, PREVALENCE OF MENTAL ILLNESS AND A NOTE ON COVID-19



Critical Strengths in Nueces County



Strong leadership from the Nueces County Commissioners Court and Nueces County Hospital District.



Prevalence data suggests those most in need are a small group.



Opportunities to use under-utilized resources to expand telehealth and consultation to pediatric care.



Opportunities to create state of the art local inpatient capacity.

 CHRISTUS Spohn decision
 NCMHID has funding to purchase local beds



Prevalence of Mental Illnesses and Emotional Disorders in Nueces County

- Prevalence data suggest that Nueces
 County should emphasize the development
 of interventions that target the
 comparatively small number of people with
 the most intensive needs.
- Most other needs can be treated in the primary care system.



Table 2: Twelve-Month Prevalence of Mental Health Disordersin Children and Youth in Nueces County (2018)

Mental Health Condition – Children and Youth Prevalence	Age Range	Nueces				
Total Population	6–17	60,000				
Population in Poverty	6–17	30,000				
All Mental Health Needs (Mild, Moderate, and Severe)	6–17	25,000				
Mild	6–17	15,000				
Moderate	6–17	5,000				
Severe – Serious Emotional Disturbance (SED)	6–17	5,000				
SED in Poverty	6–17	2,000				
At Risk for Out-of-Home/Out-of-School Placement	6–17	200				
Specific Disorders – Children and Youth	-					
Depression	12–17	4,000				
Bipolar Disorder	12–17	700				
Post-Traumatic Stress Disorder	12–17	1,000				
Schizophrenia	12–17	2,000				
First Episode Psychosis (FEP) Incidence – New Cases per Year	12–17	10				
Obsessive-Compulsive Disorder – Children/Youth	6–17	1,000				
Eating Disorders	12–17	300				
Self-Injury/Harming Behaviors	12–17	3,000				
Conduct Disorder	12–17	2,000				
Number of Deaths by Suicide	0–17	<10				
Specific Disorders – Children Only						
All Anxiety Disorders – Children	6–11	3,000				
Depression/All Mood Disorders – Children	6–11	300				
Children and Youth with Adverse Childhood Experiences (ACEs)						
Population with 1 or 2 ACEs	0–17	30,000				
Population with 3 or More ACEs	0–17	9,000				

Table 3: Twelve-Month Prevalence – Mental HealthDisorders for Adults in Nueces County (2018)

Mental Health Condition – Adults	Nueces County	
Total Adult Population	270,000	
Population in Poverty	90,000	
All Mental Health Needs (Mild, Moderate, and Severe)	65,000	
Mild	25,000	
Moderate	25,000	
Severe – Serious Mental Illness	10,000	
Serious Mental Illness in Poverty	7,000	
Complex Needs for Assertive Community Treatment (ACT)	100	
Complex Needs with Forensic Need (FACT)	100	
Specific Diagnoses		
Major Depression	20,000	
Bipolar I Disorder	1,000	
Post-Traumatic Stress Disorder	9,000	
Schizophrenia	1,000	
First Episode Psychoses (FEP) Incidence – New Cases per Year (Ages 18–34)	30	
Number of Deaths by Suicide	53	





Projected Increases in Suicide due to Rising Unemployment (Texas)



Projected Increases in Drug Overdose Deaths due to Rising Unemployment (Texas)



Projected Increases in Substance Use Disorder due to Rising Unemployment (Texas)



COVID-19 also

- Disproportionately affects communities of color.
- Increases the need for diversion to permit jails to operate safely.
- May create funding opportunities in policing in the future.





PSYCHIATRIC BED CAPACITY



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Psychiatric Bed Capacity Recommendations



The current number of beds licensed to provide inpatient psychiatric care in Nueces County is sufficient, given current use and length of stay, to meet the needs of Nueces County residents including those treated in other counties.



Inpatient psychiatric beds should be located within or contiguous with a general hospital with the capacity to treat complex medical conditions.



Rationale for Finding

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There are 88 licensed psychiatric beds in Nueces (56 in Bayview, 32 in CHRISTUS Spohn).

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Average length of stay is about 5 days overall.



Beds operate at about 75% capacity.

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Assuming all things remain the same, approximately 81 beds could provide care for all Nueces County residents receiving inpatient care in and out of Nueces.

Table 9: Admissions to Psychiatric Hospitals from Nueces Emergency Departments (ED), All Ages, by Payer (CY 2018) to Local and Non-Local Beds

Admissions from Nueces EDs to Psychiatric Beds	Total Admissions	Medicaid	Medicare	Other Govern ment	Self-Pay	Commercial Insurance
Total Admissions from Nueces EDs	418	32%	13%	8%	13%	33%
to Non-Local Psychiatric Bed	173	23%	15%	5%	6%	50%
to Local Psychiatric Bed	245	38%	12%	10%	18%	21%

Table 12: Admissions to Nueces Psychiatric Beds byLocal Versus Non-Local Residents (CY 2018)

Hospital	Total Admissions	Medicaid	Medicare	Other Government	Self-Pay	Commercial Insurance		
Bayview Behavioral Hosp	Bayview Behavioral Hospital							
Total Admissions	2,388	41%	13%	9%	16%	19%		
Admissions of Nueces Residents	1,538	44%	14%	2%	19%	19%		
Non-Local Admissions	850	36%	11%	22%	10%	20%		
CHRISTUS Spohn – Corpus Christi								
Total Admissions	1,680	22%	22%	4%	28%	24%		
Admissions of Nueces Residents	1,491	23%	20%	3%	29%	24%		
Non-Local Admissions	189	13%	38%	7%	18%	24%		

Map 1: Residents of Nueces County – All Admissions to Psychiatric Beds (CY 2018)



Utilization As Percentage of Capacity



Figure 5: CHRISTUS Spohn – Corpus Christi Length of Stay Details



Figure 6: Bayview Behavioral Hospital Length of Stay Details



Bayview Behavioral Health Length of Stay of Psychiatric Admissions (CY 2018)

Table 15: Calculation of Psychiatric Bed-Days for NuecesCounty Hospitals (Local Residents and Non-Local Residents)(CY 2018) With 5 day LOS at Full and at 75% Capacity

Hospital	Total Psychiatric Admissions	Psychiatric Bed Days for 5 Day Average Length of Stay	Number of Beds Needed for Five Day Average LOS, Full Capacity	Psychiatric Beds Days for Five Day Average LOS at 75% Capacity	Number of Beds Needed for Five Day Average LOS at 75% Capacity
Nueces Admissions Combined: Ho	spitalizations	within Nueces and	in Other Countie	S	
All Ages	4,537	22,685	66	28,356	81
Children (Age 6-11)	92	460	2	575	2
Youth (Age 12 to 17)	986	4,930	14	6,163	18
Adults (Age 18-64)	3,169	15,845	43	19,806	55
Older Adults (Ages 65 and older)	290	1,450	6	1,813	6



CRISIS RESPONSE



Crisis Response is Fragmented

Recommendations

Create an integrated, medically-facing crisis response system.

Expand the availability of the mobile crisis outreach team.

Create additional crisis capacity for children.

Enhance the Crisis Intervention Team.



Expand Assertive Community Treatment (ACT)

- We estimate approximately 100 adults in Nueces County could benefit from ACT.
- There are currently approximately 40 enrolled.
- ACT can have a significant impact on addressing crises *in the community*
- The same is true of Forensic ACT





ACCESS TO CARE



Access to Care

Recommendations

Nueces County entities should invest in specific, evidence-based interventions that will enable the early identification of serious mental illness and enable people to live in their communities.

Create tools to integrate primary health and mental health care, something of importance to children and youth.

Focus on where veterans receive mental health care outside the U.S. Department of Veterans Affairs.

Table 17: Children and Youth in Need by Care Setting (2018)

Children and Youth – Community Care Need by Setting				
Integrated Primary Care	15,000			
Specialty Behavioral Health Care	6,000			
Children and Youth in Poverty Needing Specialty Behavioral Health Care	2,000			
Mental Health Rehabilitation/Intensive Care	2,000			
Intensive Services	200			

Table 18: Children and Youth with SED in PovertyWho Were Served by the LMHA (FY 2018)

Nueces Center for Mental Health and Intellectual Disabilities								
Total Child and Youth Population in Poverty	th Youth with Youth Served in SED in Ongoing		Exact Percentage	Percentage of Children and Youth Served by NCMHID with Medicaid				
30,000	2,000	695	28%	91%				
Table 21: Adults in Need, by Care Setting (FY 2018)

Adults – Community Care Need by Setting	
Adults with Mental Health Conditions	65,000
Needs that Can Be Met in Integrated Care	50,000
Needs that Require Specialty Setting	10,000
In Poverty Needing Specialty Care	7,000
Complex Needs without Forensic Need (ACT)	100
Complex Needs with Forensic Need (FACT)	100
Adults with Substance Use Disorders	20,000
Needs that Can Be Met in Integrated Care	8,000
Needs that Require Specialty Setting	10,000

Table 22: Number of Adults with SMI in Poverty Who Received Outpatient Services from the Nueces Center for Mental Health and Intellectual Disabilities (NCMHID) (FY 2018)

Adults	NCMHID
SMI in Poverty	7,000
All Levels of Care Served	2,721
% in Need Served	40%

Improve Access for Children and Youth

Recommendations

Implement a Coordinated Specialty Care Model-First Episode Psychosis.

Expand Child and Adolescent Psychiatry(CPAN) capacity through Texas legislative initiatives to expand use of pediatric care.

Adopt TCHATT (Texas Child Access Through Telemedicine Program).



Improve Access to Community Care for Adults

Recommendations

Expand the crisis response system and make it medically-facing to the degree possible.

Expand Assertive Community Treatment (ACT) capacity.

Create Forensic Assertive Community Treatment (FACT) capacity.

Create step down capacity from the justice system.

Expand alternatives for treatment for veterans who do not seek care in the VA system.

Expand access to health care for people in homeless shelters and integrate use of shelters within the broader system for crisis response.



INTEGRATED CARE



Table 21: Adults in Need, by Care Setting (FY 2018)

Adults – Community Care Need by Setting	
Adults with Mental Health Conditions	65,000
Needs that Can Be Met in Integrated Care	50,000
Needs that Require Specialty Setting	10,000
In Poverty Needing Specialty Care	7,000
Complex Needs without Forensic Need (ACT)	100
Complex Needs with Forensic Need (FACT)	100
Adults with Substance Use Disorders	20,000
Needs that Can Be Met in Integrated Care	8,000
Needs that Require Specialty Setting	10,000

Table 6: Medical Emergency Department (ED Visits) in Nueces County with Co Occurring Psychiatric and Substance Use Disorders (COPSD) – All Ages (Calendar Year 2018)

Primary Physical HealthDiagnoses with the MostSecondary PsychiatricRankDiagnoses		Primary Physical Health Diagnoses with the Most Secondary SUD Diagnoses		Primary Physical Health Diagnoses with the Most COPSD Diagnoses		
	Top Physical Health Diagnoses	Visits	Top Physical Health Diagnoses	Visits	Top Physical Health Diagnoses	Visits
1	Throat/Chest Pain	1,171	Throat/Chest Pain	250	Throat/Chest Pain	97
2	Abdominal/Pelvic Pain	820	Other Sepsis	164	Abdominal/Pelvic Pain	69
3	Dorsalgia	441	Abdominal/Pelvic Pain	124	Other Sepsis	45
4	Other Sepsis	386	Cellulitis/Acute Lymphangitis	123	Cellulitis/Acute Lymphangitis	33
5	Other Disorders of the Urinary System	314	Cutaneous Abscess	97	Cutaneous Abscess	33
6	Other COPD	263	Nausea/Vomiting	81	Epilepsy/Seizures	26
7	Other Joint Disorder	257	Alcoholic Liver Disease	81	Acute Pancreatitis	24
8	Headache	253	Open Head Wound	77	Skull/Facial Fracture	22
9	Cellulitis/Acute Lymphangitis	234	Acute Pancreatitis	69	Narcotics and Psychodysleptics	22
10	Type 2 Diabetes	234	Heart Attack	69	Open Head Wound	21

Children Can Particularly Benefit: Table 17: Children and Youth in Need by Care Setting (2018)

Children and Youth – Community Care Need by Setting		
Integrated Primary Care	15,000	
Specialty Behavioral Health Care	6,000	
Children and Youth in Poverty Needing Specialty Behavioral Health Care	2,000	
Mental Health Rehabilitation/Intensive Care	2,000	
Intensive Services	200	

The Child and Adolescent Psychiatry (CPAN) and Texas Child Access Through Telemedicine Program (TCHATT) programs will be particularly useful.

Nueces County has a higher ratio of primary care physicians per population (provider-to-population ratio in Nueces County is one physician per 1,210 residents versus Texas overall (1 physician per 1,640 residents).



FINANCING OF CARE

MEADOWS MENTAL HEALTH

Financing of Care

Recommendation

NCHD should lead providers who are participating in the Nueces County Delivery System Reform Incentive Payment (DSRIP) program in a contingency planning process to determine how they will reduce expenses to compensate for the potential of significant decreases in DSRIP revenue.



DSRIP Changes

Planning now allows elected officials to fully understand the impact on the health care system if Texas does not come to an agreement with the federal government for a DSRIP replacement program.

As an example, NCMHID reports this loss equates to being unable to provide one fifth of the services throughout the center.



Table 27: Regional Healthcare Partnership 4Behavioral Health Payments Earned (2011-2019)

Regional Healthcare Partnership 4	Payments Earned ⁸⁸
Nueces Center for Mental Health and Intellectual Disabilities (NCMHID)	\$22,384,801
Providers Located in Nueces County	\$59,693,115
Nueces County	\$82,077,916
Other RHP 4 LMHAs	\$28,067,895
Other RHP 4 Providers not in Nueces County	\$16,469,693
Other RHP 4 Counties	\$44,537,588
RHP 4 Total Behavioral Health Funds	\$126,615,504

Table 28: Regional Healthcare Partnership 4 TotalFunding (2011-2021)

Providers	Demonstration Years (DY) 2 – 8 Payments Earned to date ^{1xxxix}	DY 9 - 10 Project Values ^{xc}	Total Valuation
All RHP 4 Providers	\$690,855,441	\$246,940,368	\$937,795,809
All Providers Located in Nueces County	\$537,625,400	\$197,461,590	\$735,086,990
NCMHID	\$29,209,552	\$10,362,652	\$39,572,204

Financing of Care

To create a more robust continuum of care so the right care happens at the right time, financial commitment and creativity from a wide range of stakeholders is needed: city, county, hospital district, and philanthropy, along with state and federal governments.

NCHD Behavioral Health Budget

NCHD provides \$3.5 million in funding for indigent behavioral health care to four community-based providers. This is in addition to inpatient care contracted through Christus Spohn.

Table 30: NCHD FY 2020 Budget – Behavioral Health Related Budget Items

Behavioral Health Related Budget Items	Budget
NCMHID	\$969,129
NCMHID Jail Diversion Program	\$2,500,000
Alcohol and Drug Rehabilitation Center (Cenikor)	\$55,000
Council on Alcohol and Drug Abuse	\$28,714
Palmer Drug Abuse Program	\$5,000



LEADERSHIP GOING FORWARD



Leadership for Change and Transformation

Recommendation

We recommend the creation of a broad-based planning group, with elected political leadership, to oversee the transformation of the mental health system in Nueces County.



Planning Should Not Be Restricted to Mental Health



Our Core Recommendations For Getting Started

- Revamp the crisis system.
- Take full advantage of telehealth opportunities to increase integrated care and consultation to pediatric offices.
- Rapidly expand community treatment such as Assertive Community Treatment (ACT) that keeps people out of jails and hospitals and addresses crises in the community.
- Plan for changes in DSRIP and other funding mechanisms.
- Treat Nueces residents who need inpatient care in Nueces.



