AUSTIN STATE HOSPITAL

ASH Brain Health System Redesign

Child and Adolescent Psychiatric Services (CAPS) STUDY

October 2018, v1.4

Prepared by the Design Institute for Health

DESIGN INstitute for HEALTH

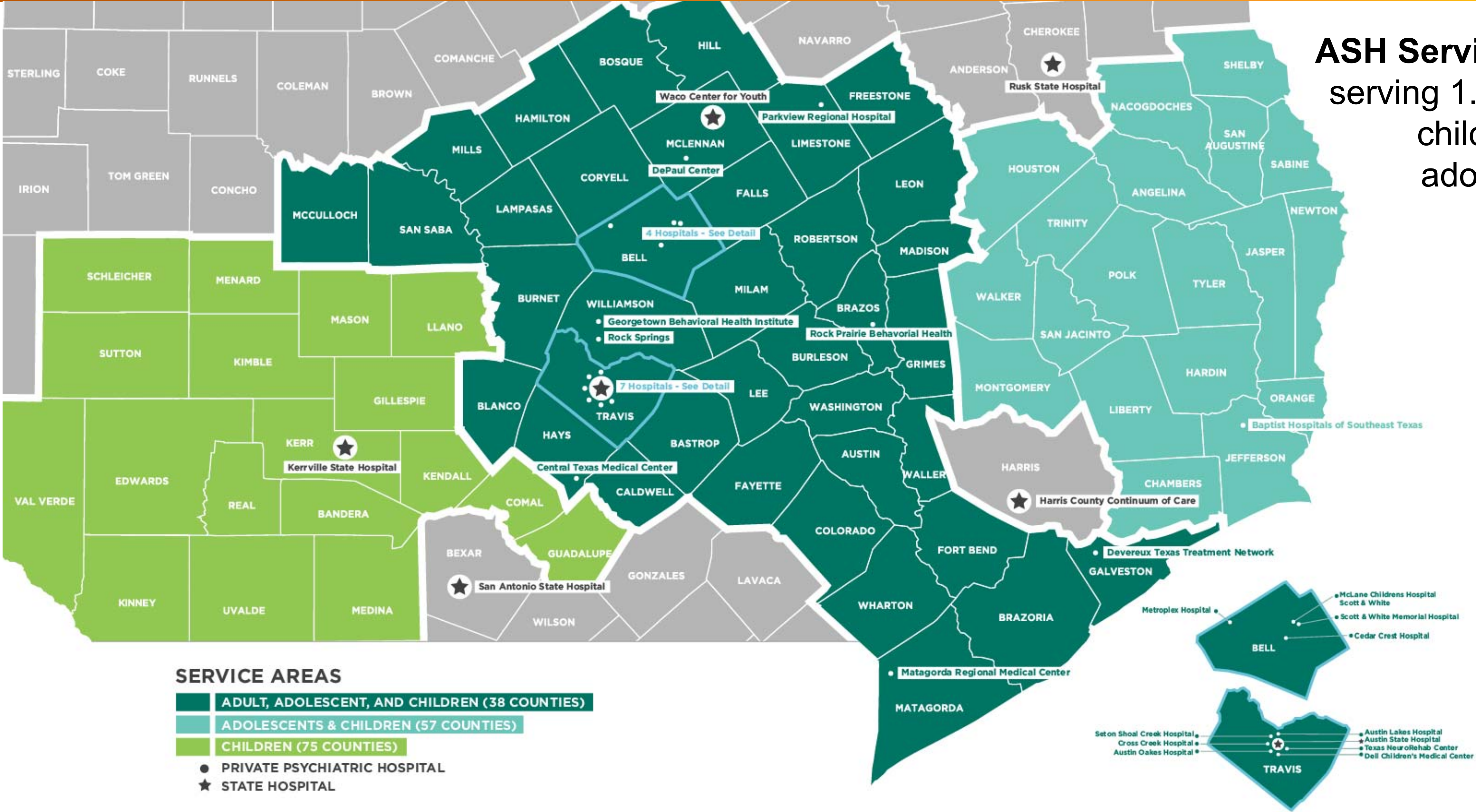
Engagement Context

The Child and Adolescent Psychiatric Services (CAPS) unit at Austin State Hospital (ASH) has a bed capacity of 28 and an average daily census of 20 for the last three years. ASH CAPS reports no waitlist typically has bed capacity that is unused, in contrast to the adult hospital.

Why is this?

And, what is recommended for the CAPS unit in the ASH Redesign?

ASH Service Area
serving 1.2 million children and adolescents



Key Research Questions Explored

- What are the primary diagnoses for children (3-12) and adolescents (13-17)?

- Where are children and adolescents getting care in the ASH service area?
    - How does someone get to ASH CAPS?
    - Who or what dictates/drives this path?
    - Why is ASH CAPS not used more often?

- What are the redesign considerations and recommendations for ASH CAPS?

Research Process: Qualitative Interviews

1. 8/30 Stacey Thompson, Director of ASH CAPS
2. 8/30 Lisa Kirsch, Dell Med Senior Policy Director
3. 9/5 Jim Baker, Dell Med Psychiatry + Integral Care
4. 9/6 Integral Care: Lacy Scarborough, Lesa Brown Valdes
5. 9/6 Steve Terry, Brave Parents
6. 9/10 Xan Benton, Interested Citizen + AISD teacher at ASH CAPS
7. 9/11 Monica Reyes B.S., CFP, Parent Advocate - Travis County Office of Children's Services/The Children's Partnership
8. 9/14 Guy Elliott, Chief Juvenile Probation Officer in Wilbarger County
9. 9/17 Travis County Juvenile Court and Probation Department
   - Judge Rhonda Hurley, District 98; John Hathaway, Judge Brad Temple, Daniel Hoard
10. 9/26 State Hospital Operations/Medical Director Call
    - NinaJo Muse, Rachel Samsel, Sharina McIntyre, and Pamela Marroquin
11. 10/11 Mother of ASH CAPS patient 2017-2018
12. 10/18 Garza Independence High School
    - Principal Linda Webb, Counselor Nancy Fitch, Ali Willis (Communities in Schools), and Cynthia Garza (UT School of Social Work)

How?

- Phone interview or in-person in-depth interviews
- Average interview length – 60 minutes
- How recruited?
  - Referrals from other interviewees / contacts; email intros; follow-up
- Most audio recorded with consent, and reviewed for refining notes

What questions did we ask?

- The interview guide contained general questions such as: who is at ASH CAPS? How does someone get to ASH CAPS? How can ASH CAPS be best utilized? (Note: not everyone was able to answer these general questions)
- We also tailored the interview guide to appropriately match an individual's specialty or area of expertise (e.g. Children's Medicaid, bed day allocations, or juvenile justice pathways).

Research Process: Quantitative

Quantitative Research (Primary and Secondary)

- **Primary: LMHA Survey on ASH CAPS**
  - LMHA workgroup co-chair Andrea Richardson shared the survey with 12 LMHA's in the ASH Service Area
  - 92% response (all but Center for Life Resources)

- **Secondary:**
  - Meadows Mental Health Policy ASH Redesign Data
  - HBAR
  - Cannon Report
  - Prior Living Arrangement Data from ASH CAPS/HHSC

What are the primary diagnoses for children (3-12) and adolescents (13-17) at ASH CAPS today?

Quantitative Research:
Diagnoses/Mental Health Conditions in Children/Adolescents across service area

Meadows Mental Health Policy Institute

- **Disorders in Children (6-11)**
  - Anxiety Disorders in children under the age of 12 includes generalized anxiety disorder (GAD), social anxiety (SAD), panic disorders, phobias (including agoraphobia, social phobia, and other specific phobias), post-traumatic stress disorder, and obsessive-compulsive disorder. Depression/All Mood Disorders in children under the age of 12 includes dysthymia, major depressive disorder, and bipolar disorder.
  - Prevalence of neurodevelopmental disorders, including ADD, ADHD, learning disability, and autism spectrum disorders are not included in estimates.
- **Data Currency**
  - 2016. Estimates are created by applied models (Holzer) and other methods to American Community Survey data sets. Suicide counts are from CDC (2016). Summaries include rounded estimates. Suicide counts are based on actual instances and are presented as counts (unless counts are below 10 individuals).

All LMHAs and Counties

ASH Catchment Area	
Population (Children/Youth)	
Total Child/Youth Population	1,200,000
Population in Poverty	450,000
Mental Health Conditions	**Prevalence**
All Behavioral Health Needs	450,000
Mild Conditions	260,000
Moderate Conditions	100,000
Serious Emotional Disturbance (SED)	85,000
SED in Poverty	40,000
At Risk of Out-of-Home/Out-of-School Placement	4,000
Disorders in Children (6-11)	
Depression/All Mood Disorders	6,000
All Anxiety Disorders	65,000
Schizophrenia-Childhood Onset (Before Age 12)	10
Disorders in Youth (12-17)	
Depression	50,000
Bipolar Disorder	10,000
Schizophrenia	1,000
Post-Traumatic Stress Disorder	25,000
First Episode Psychoses (FEP)	200
Substance Use Disorder	30,000
Conduct Disorder	30,000
Eating Disorders	5,000
Self-Injury/Harming Behaviors	55,000
Disorders in Children/Youth (6-17)	
Obsessive-Compulsive Disorder (6-17)	25,000
Suicide Deaths (0-17)	**Count**
Number of Deaths by Suicide	36

Quantitative Research: ASH CAPS Service Area Annual Costs by Diagnosis

Diagnosis Sub-Group	Ages 4-12	Ages 13-17
Mood Disorders		
Affective Disorders - Major depression	$ 577,807	$ 3,814,862
Affective Disorders - Bipolar	$ 350,186	$ 1,408,443
Affective Disorders - Other	$ 991,436	$ 1,134,805
Other SED		
Schizophrenia and Related Disorders	$ 15,258	$ 161,262
Other Psychoses	$ 41,084	$ 84,782
Anxiety / Somatoform / Dissociative	$ 323,267	$ 606,537
Disruptive Behavior Disorder	$ 799,201	$ 753,377
Substance Use Disorders		
Alcohol Related Disorders	$ -	$ 1,250
Drug Related Disorders	$ -	$ 42,157
Other Conditions		
Adjustments / Other Non-Psychotic	$ 1,417,701	$ 1,643,157
Attention Deficit Disorder	$ 6,943,892	$ 2,880,293
Autism / Pervasive Disorders	$ 120,945	$ 159,691
Dementia / Other Cognitive Disorders	$ 16,094	$ 44,782
Mental Retardation	$ 44,075	$ 117,876
Not Applicable	$ 283,478	$ 611,954
Other Developmental / Behavioral	$ 115,904	$ 39,982
Personality / Factitious / Impulse	$ 144,016	$ 116,252
Undiagnosed Mental Health	$ 37,357	$ 29,710
Grand Total	**$ 12,221,701**	**$ 13,651,173**

Three Most Costly ASH CAPS Diagnoses are:

ADD
$9,824,185

Major Depression:
$4,392,669

Adjustments/Other Non-Psychotic:
$3,060,858

Qualitative Research:

Diagnoses/Mental Health Conditions in Children/Adolescents across service area

- ADHD
- Depression, Major Depression
- Conduct Disorders – Oppositional Defiant Disorder
- Substance Use Disorder
- Mood Dysregulation Disorder

- Juvenile Justice: PTSD from abuse/neglect, major depressive disorder, eating disorders

Diagnosing serious mental illness (SMI) in children is a point of contention, but a mental health (MH) diagnosis is needed to obtain some services/ qualify for treatment.

"…All these people would come to me with this diagnosis of schizophrenia, and they don't have schizophrenia. A private doc finally explained it to me. 'I have two choices, I can put the diagnosis of schizophrenia and they can get the meds they need for their behavior immediately, or I can put the right diagnosis and spend an hour on the phone with the prior authorization process with the insurance company trying to get the medicine. So, I put the label on.' But the label sticks."

Qualitative Research: Diagnoses at ASH CAPS

"You go to ASH CAPS when there's no place else to go"

Dual diagnosis

- Mental health + IDD (Private Hospitals not staffed for this)
- SUD + MH (dual diagnosis)

High acuity needs that private hospitals can't seem to address

- Extreme ADHD
- Mood Dysregulation Disorder
- Psychosis
- "Kids with borderline traits working their way toward a borderline diagnosis (superficial self-injury)"
- Some kids with pretty severe conduct issues – oppositional, defiant, getting into a lot of trouble

ASH CAPS is filling the gap of crisis respite in the absence of other services

- CPS –No place to go, multiple foster home situations, etc. (with MH diagnosis)
- Failed adoptions (with MH diagnosis)
- Immigration status challenges (can't get YES Waiver in place)

Qualitative Research:
Diagnoses at ASH CAPS

“It’s an extremely eclectic population. It really runs the gamut. Our population is everchanging. We’re serving the autistic community, IDD community, those in psychiatric crisis, those from correctional facilities…if a kid is in an acute psychiatric crisis, we’ll take them.”

Stacey Thompson,
Director of ASH CAPS

“We tend to only use state hospitals for those with the most severe symptoms or high recidivism and do not have good outcomes from private hospitals. If no private hospitals will accept individual (often IDD), state hospital is our only option.”

LMHA in ASH Service Area

Where are children and adolescents getting care in the ASH service area?

Where are children and adolescents getting care?

Inpatient

Private Psychiatric Hospitals
(generally reject if dual diagnosis with IDD)

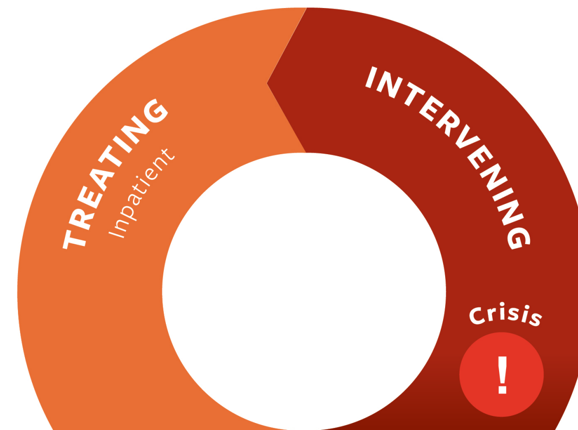
Residential Treatment Centers
- Waco Center for Youth (if unfunded)
- Meridell Achievement Center
- Boys and Girls Country of Houston
- Bays Achievement Center
- Behavior Treatment & Training Center (for IDD)
- Methodist Children's Home
- Presbyterian Children's Home and Services
- Unity Children's Home
- Serenity House

ASH CAPS – "Last Resort"

Intervening

Emergency Rooms (Private Hospitals)

Juvenile Justice System
- 70% have mental health conditions
- Once a child is in juvenile justice, they get their care there (TJJD) or through LMHA/community provider while on probation

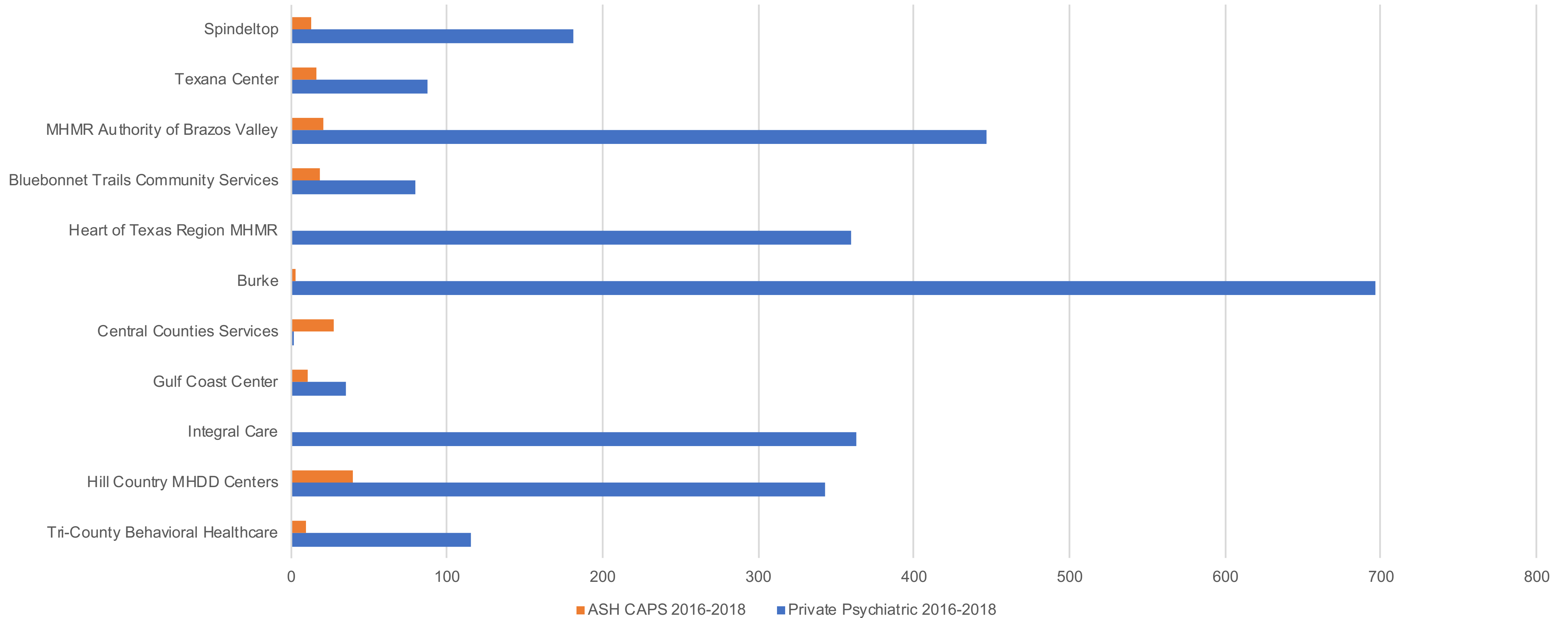


UNDERSTANDING & Preventing | IDENTIFYING & Detecting | TREATING Outpatient | RECOVERING

Community

- **LMHA** Services, Providers, Programs
- **Private Providers**
- **Nonprofit Groups**
- **Healthcare District and County Services**
- **Schools** – Psychologist and counseling centers as funded (teachers have limited MH training)

LMHA Placements: ASH CAPS and Private Psychiatric Hospitals



What determines the path to care?

Health Plan Coverage

- Private
- Public: Medicaid, YES Waiver, STAR, STAR Kids & CHIP
  - Medicaid limits length of stay in private facilities
  - YES waiver (in lieu of in patient care, either waivers or inpatient care, not both)

Proximity

Family Preference

Acuity

- IDD population needs – private facilities “aren’t staffed to treat”

Civil or Forensic

- Once a child is in juvenile justice, they get their care through Texas Juvenile Justice Department (TJJD) or in coordination LMHA/community provider if on probation

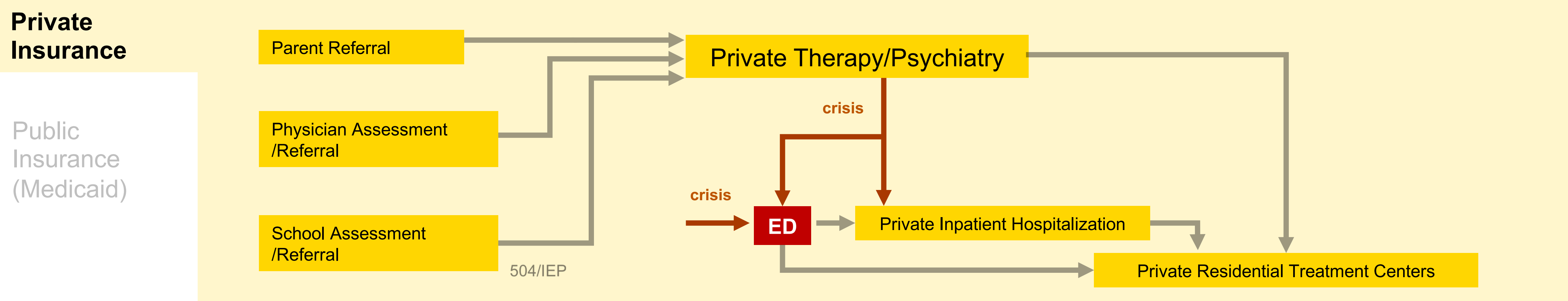
Access

- LMHAs have funding and agreements to send children/adolescents to private hospitals
- Availability of a bed (for inpatient psychiatric care)
- Access to a psychiatric evaluation
- LMHA bed day allocation is for everyone: children/adolescents/adults, and only a small % is used for kids
- Waco Center for Youth doesn’t count against LMHA bed day allocation
- Undocumented youth can take longer to get on YES Waiver

LMHA funding sources for private hospitals

	Psychiatric Emergency Service Center	Private Psychiatric Bed	Medicaid 1115 Transformation Waiver	Senate Bill 292	General Revenue	Other
Tri-County Behavioral Healthcare		X			X	
Hill Country MHDD Centers	X				X	
Integral Care	X	X				Healthcare District resources through the CCC/Central Health
Gulf Coast Center					X	Grant Funds
Central Counties Services		X				
Burke		X	X			We have only had PPB funding since April 2018
Heart of Texas Region MHMR		X				Medicaid health plan
Bluebonnet Trails Community Services		X	X		X	
MHMR Authority of Brazos Valley	X	X			X	
Texana Center	X	X		X	X	
Spindletop	X	X		X	X	

General Pathways to Mental Health Care Services for Children and Adolescents



Public Insurance (Medicaid)

Local Mental Health Authority/LMHA

WRAP services/therapies/psychiatry

ASH CAPS Inpatient Hospitalization

CPS Assessment /Referral

Waco Center for Youth RTC

CPS (STAR Health /Medicaid)

YES Waiver *(WRAP services in lieu of inpatient care)*

Juvenile Justice

TJJD Assessment /Referral

Deferred Prosecution First Offense + MH

Probation

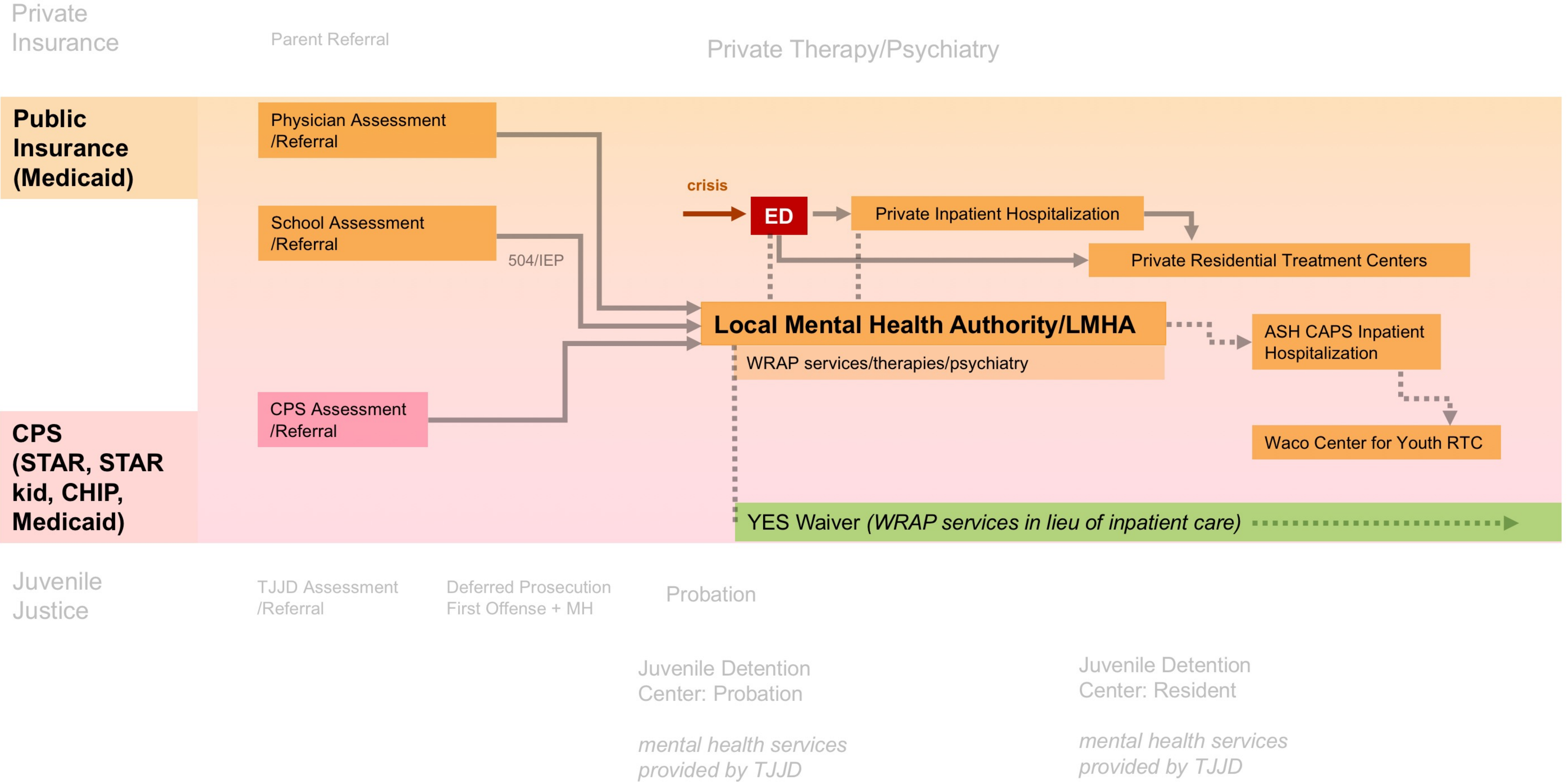
Juvenile Detention Center: Probation

mental health services provided by TJJD

Juvenile Detention Center: Resident

mental health services provided by TJJD

General Pathways to Mental Health Care Services for Children and Adolescents



General Pathways to Mental Health Care Services for Children and Adolescents

Private Insurance

Parent Referral

Private Therapy/Psychiatry

Public Insurance (Medicaid)

Physician Assessment /Referral

School Assessment /Referral

Private Inpatient Hospitalization

Private Residential Treatment Centers

Local Mental Health Authority/LMHA

WRAP services/therapies/psychiatry

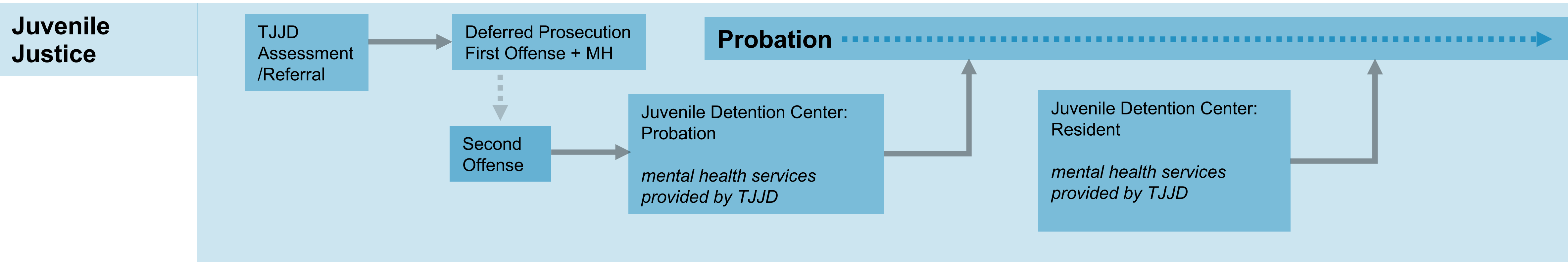
ASH CAPS Inpatient Hospitalization

CPS (STAR, STAR kid, CHIP, Medicaid)

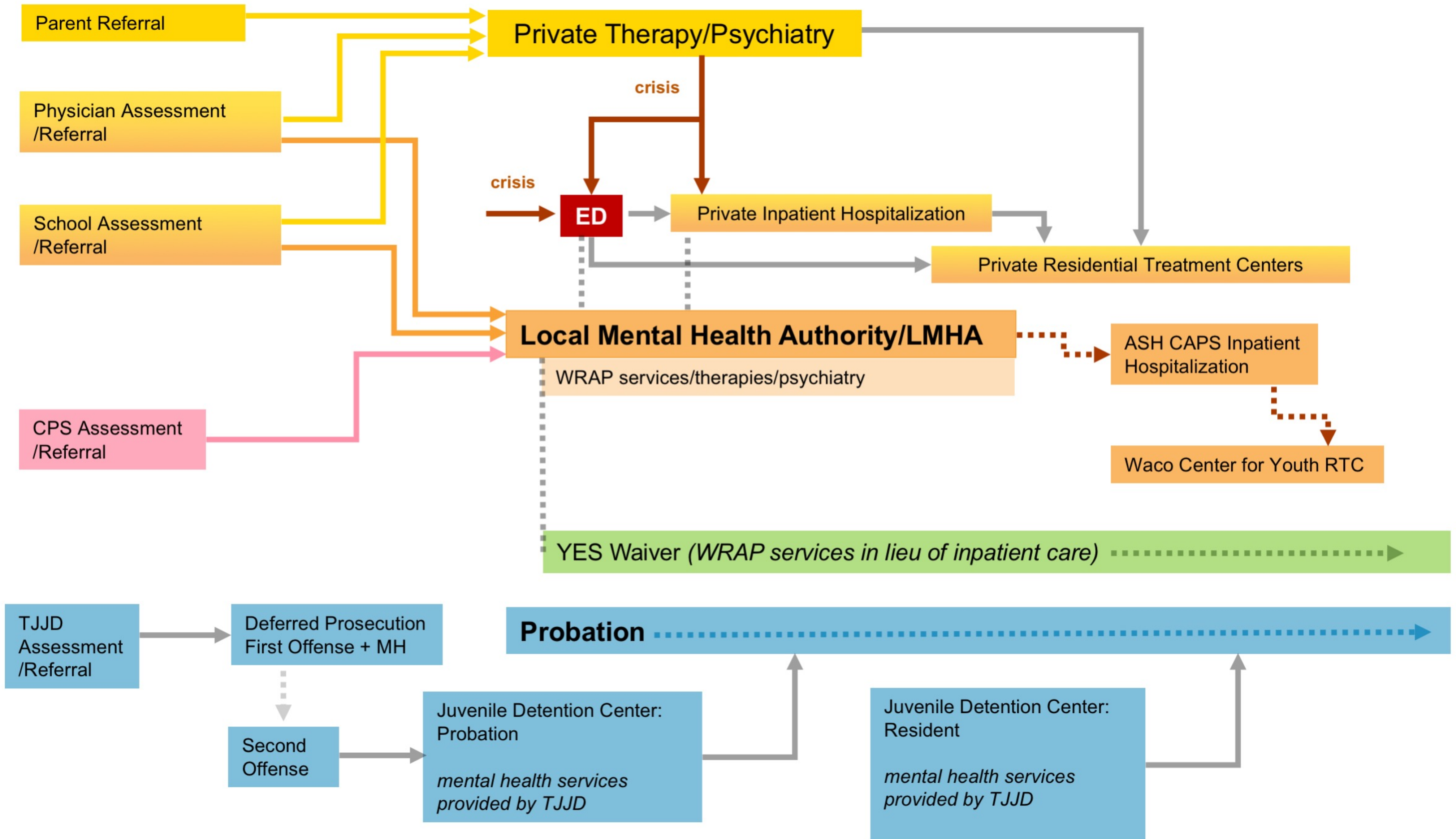
CPS Assessment /Referral

Waco Center for Youth RTC

YES Waiver *(WRAP services in lieu of inpatient care)*



General Pathways to Mental Health Care Services for Children and Adolescents



How does someone get to ASH CAPS?

- **LMHAs are the primary gatekeeper / conduit for civil patients**
  - Call ASH CAPS admissions (they maintain their own paper waitlist)
  - Add patient to Inpatient Care Waitlist (ICW)
  - *Average length of time on ASH CAPS ICW for the last 3 years is 6.2 days*
- **Walk-in**
- **Forensic patients**
  - Few admissions from TJJD, usually for administration of medication per court order (which cannot be done in Juvenile Detention Center)
  - Travis County explained that the 3-5 admissions over the last few years that they have tried to get to ASH CAPS for more intensive mental health care are usually denied “they are safe where they are now.”

Must meet admissions criteria

- Danger to self or others
- Milieu management (is there a place for this child/adolescent with other patients based on gender, age, care needs, danger to others)
- Forensic and civil pending admissions are admitted on a first-come, first-served basis unless prioritization is deemed clinically necessary
- Clinical exceptions are reviewed and recommended by a physician at the receiving facility. Final approval for exceptions is provided by State Hospital System leadership.
- State (and private facilities) can reject/approve at will
- Privately insured families charged a sliding scale fee based on income

ASH CAPS Waitlist and Inpatient Care Waitlist (ICW)

LMHA	ASH CAPS paper waitlist 2016-2018	ICW for ASH CAPS 2016-2018	ASH CAPS Admissions 2016-2018	Private Psychiatric 2016-2018
Tri-County Behavioral Healthcare	2	9	9	115
Hill Country MHDD Centers	39	18	39	343
Integral Care	11	11	0	363
Gulf Coast Center	5	10	10	35
Central Counties Services	35	35	27	2
Burke	0	0	3	696
Heart of Texas Region MHMR				360
Bluebonnet Trails Community Services	0	62	18	80
MHMR Authority of Brazos Valley	2	21	21	447
Texana Center	25	70	16	87
Spindletop	13	13	13	181
TOTAL (based on ASH LMHA data) 1/1/2016-10/1/2018	**132**	**249**	**156***	**2709**
TOTAL (based on HHSC data) 7/1/2015-6/30/2018	**No Records**	**216** (185 uniques)	**360***	**n/a**

**Data discrepancy may be due to date differences, LMHA did not report forensic, and patients admitted from outside ASH service area.*

"They typically are waitlisted and then no longer meet criteria."

"All 11 otherwise dispositioned while on waitlist for ASH, so none admitted to ASH ultimately."

"Rather than place youth on the waitlist, the center funds the child for a private inpatient stay or we seek a charity bed."

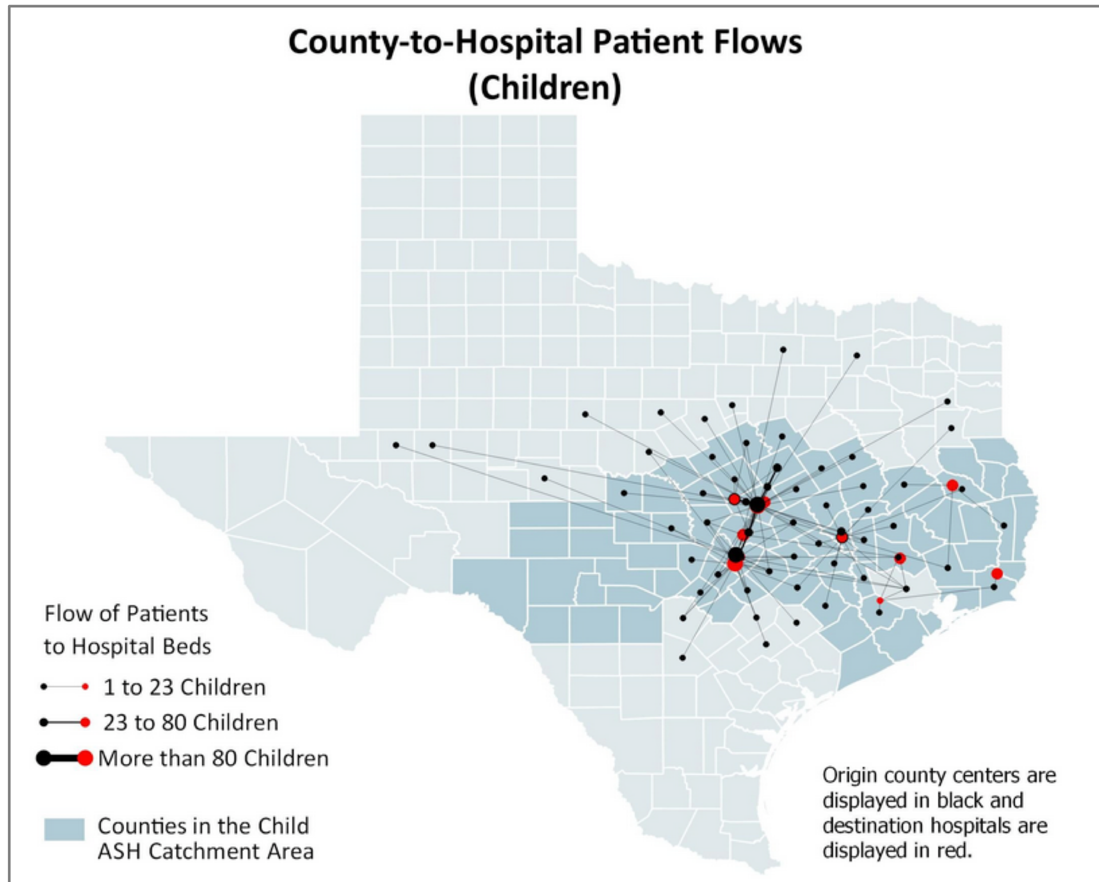
"Many times individuals are not rejected but temporarily stabilize at the private hospital because of an immediate need to keep them safe. They often deteriorate quickly after discharge and had to be removed from ASH wait list. Frequent hospitalizations can occur due to this process."

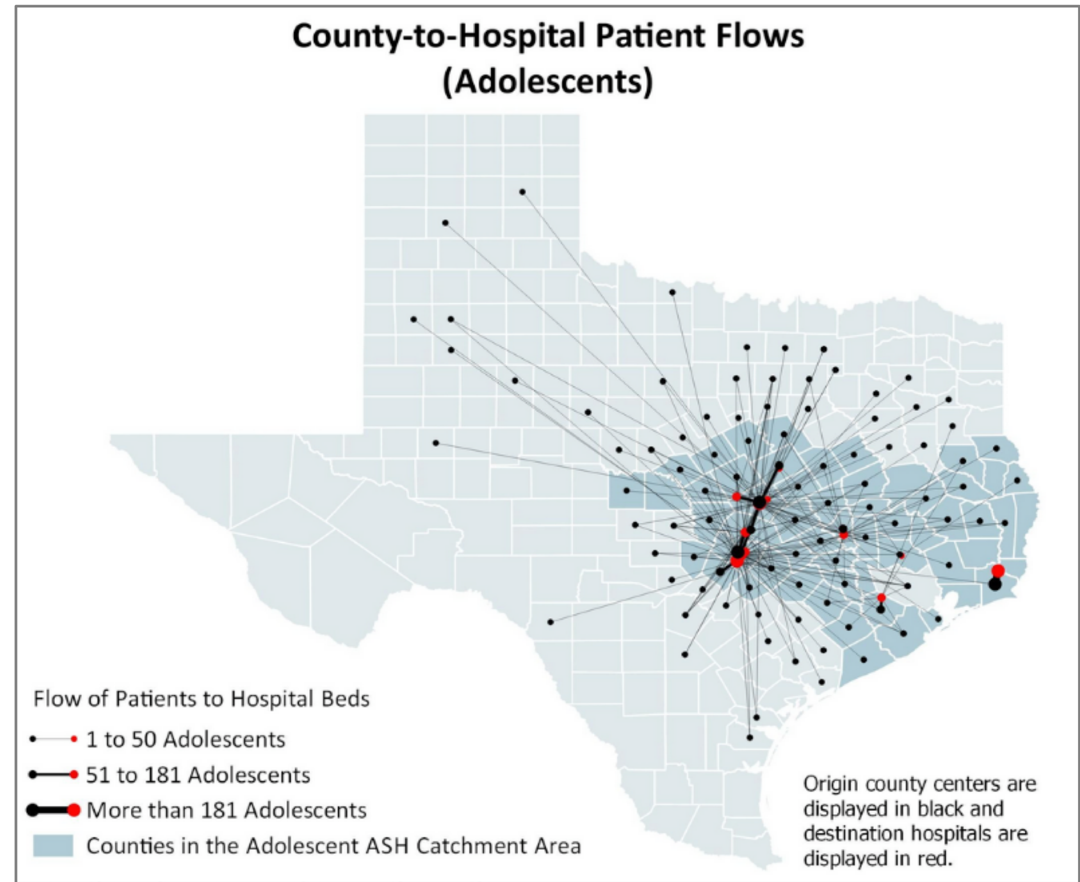
ASH CAPS Patients Admissions

Children and Adolescent Prior Living Arrangements at Admission 7/1/2015-6/30/2018

Residence At Time of Admissions	7/1/2015-6/30/2016	7/1/2016-6/30/2017	7/1/2017-6/30/2018
CPS Custody (Child Protective Services)	4	2	2
Dependent in Family Home	**64**	**97**	**74**
Homeless Shelter	2		
Jail/Correctional Facility	9	10	9
Other (Not CPS/Foster Care)	1		1
Other Institution (Not CPS/Foster Care)	3	1	
Other State Hospital	1		
Private Psychiatric Hospital	7	1	1
Private Residence (Group Home/Foster Home)	**17**	**20**	**26**
Respite	1		
State Funded Comm. Psych. Hosp.	1		
State Supported Living Center	1	2	
Waiver	1	1	1
TOTAL	112	134	114

Where are ASH CAPS patients coming from in Texas?





Community Resources Reducing the Need for ASH CAPS

1. YES waiver in lieu of inpatient hospitalizations
2. Funding enables LMHAs to utilize easier access to private psychiatric hospitals.
    - Private Psychiatric Bed (PPB) funding
    - Psychiatric Emergency Service Center (PESC) funding
    - General Revenue Funding
    - Medicaid 1115 Transformation Waiver Funding
    - Senate Bill 292 Funding
3. Patients stabilize before they can get into ASH CAPS
4. Milieu Management

Considerations for ASH CAPS Redesign

New Directions to Consider

Network of state-funded, LMHA-run youth crisis respite/stabilization units

- This unmet need would be better served in the community and provide a local solution, which is preferred
- For children/adolescents (including those with dual diagnosis)

CAPS Center of Excellence

- A Center of Excellence for psychiatric child and adolescent expertise to serve the ASH service area/state with access to expertise for diagnosis and evidenced-based treatment plan consultations through in-person and telemedicine, as well as perhaps some short term care.
- Robust telemedicine/video conferencing system statewide (families, local providers, schools, etc.)

Online Bed Registry

- Online registry of all child and adolescent beds available across the ASH service area for crisis respite, private hospitals, state hospitals, and residential treatment centers could facilitate more rapid crisis management and stabilization

Policy and Funding

- Expand/continue state-funded options for community options/ placements at private psychiatric hospitals
- Separate allocation of child and adolescent bed days from bed account allocation

ASH CAPS Facility Improvements

Considerations for updating the current facility:

Indoor

- Telemedicine for group/family/remote therapy sessions (especially for parent/guardian to attend psychiatrist sessions, care team sessions)
- Family/WRAP training room/area
- Some long-term residential rooms
- Natural light
- 1:1 therapy rooms
- Ability to subdivide rooms, modularity
- Transitional space
- Private, safe spaces for patients and family to have phone calls/video calls

Outdoor

- Outdoor learning spaces
- Multiple small play areas, one large area
- Keep pool, playscape
- Private, safe spaces for family to visit with patients outside

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Thank you.

Design Institute for Health

Katherine Jones | Kijana Knight-Torres | Stephanie Morgan | Michelle Flood | Natalie Campbell