GAP ANALYSIS SURVEY ANALYSIS

RHP 3 Behavioral Health Cohort

EXECUTIVE SUMMARY

In DY5 and DY6, the Region 3 Behavioral Health Cohort embarked on a mission to design a behavioral health gap analysis survey for the purposes of identifying service availability, improving service delivery and increasing provider collaborations to better serve patients and clients in the region. To this end, Cohort members developed a region wide survey titled "The RHP 3 Behavioral Health Gap Analysis Survey" and distributed it to 483 individuals in the region, both DSRIP and non-DSRIP organizations. Of these recipients, forty-two completed the survey. The forty-two respondents represented thirty-five organizations predominately in Harris County, but also in Fort Bend, Chambers, and Calhoun counties. The respondent's organizations treated an approximate population of 88,000 clients/patients.

Overall, the results from the survey indicated that in fact, gaps do exist in behavioral health services in RHP3. There is high demand and supply especially for individual therapy and family therapy for adults and children, but in all cases, the supply did not quite meet the demand in services. Results also indicated that transportation is a significant barrier for patients when trying to access behavioral health services. Additionally, the survey showed that workforce shortage and provider scarcity are barriers to providing services and referring patients to services, respectively.

The results also indicated that supported housing and substance use detox are the most common behavioral health referrals for adults but are also the most difficult behavioral health referrals for respondents. The survey also revealed that a great deal of partnerships and referrals are taking place amongst respondents. Approximately half of the respondents were integrating mental health services on site or by referral and a little less than half of the respondents are integrating substance use services on site or by referral. Below is a report illustrating the results of the survey including discussion points, conclusions and recommendations based on the findings and an appendices with the survey questions and qualitative responses left by survey respondents.

SURVEY DESIGN AND BACKGROUND

The Region 3 Behavioral Health Cohort distributed a gap analysis survey to behavioral health providers on September 12, 2016. The survey was distributed via Constant Contact to at least 483 DSRIP and non-DSRIP providers in the region. After the initial mass email was sent, Cohort members sent individual reminder emails to recipients on September 22, 2016 letting them know that the survey would close by October 10, 2016. Survey links were included in the emails and directed recipients to take the online survey via Survey Monkey.

The survey had a total of sixteen questions: three free-text questions, six drop-down questions, six check-all-that-apply questions, and one rating question. These questions were designed to collect information on the most commonly offered behavioral health services in Region 3 for adults and children, the supply and demand of these services, gaps in them, and challenges in behavioral health service delivery.

SURVEY RESULTS

RESPONDENTS:

From the 483 survey recipients, the Cohort received 42 responses from 35 unique organizations representing 40 different organization types. All together, these organizations served approximately 88,000 individuals in the last year (2015-2016). Thirty respondents were administrators (71.43%), eleven were clinicians (26.19%), and one was a community partner/advocate (2.38%). The majority of respondents represented organizations located in Harris county, followed by Fort Bend and Chambers county, and Calhoun county. No responses were received from providers in Matagorda, Austin, Colorado, Waller, or Wharton counties (Table 1).

The survey respondents also represented a variety of organization types, the most frequent being outpatient clinics, solo practices, and substance abuse facilities. A complete list can be found in Table 2 below.

Table 1. *Number of survey responses received from each RHP 3 county (Question 4)**

County	Respondents
Harris	37
Fort Bend	2
Chambers	2
Calhoun	1
Matagorda	0
Austin	0
Colorado	0
Waller	0
Wharton	0
Total	42

*Question 4. County.

Table 2. *The survey's respondents' organizations types (Question 2)**

Organization Type	Respondents
Schools	0

2

Medical Services	0
Advocacy Groups	1
Religious Organizations	1
Homeless Shelters	1
Health Department	1
Managed Care Organization	1
Healthcare System (inpatient & outpatient)	2
Hospital	2
Group Practice	2
Social Services	2
FQHC	3
Substance Use	4
Solo Practice	9
Outpatient Clinic	13
Total	42

*Question 2. Organization type.

MOST COMMON BEHAVIORAL HEALTH SERVICES OFFERED TO CHILDREN AND ADULTS:

According to the survey results, the most commonly offered services for children and adults in RHP3 , were individual counseling therapy (n=24), family counseling/therapy (n=23), psychoeducation (n=22), care coordination (n=13), and ADHD behavioral intervention (n=12). But for adults and children separately, the breakdown is different.

For adults, the most common behavioral health services offered by respondents were peer support services (n=13), case management (n=13) mental health navigation (n=13), individual counseling/therapy (n=12), supported housing (n=12), psychoeducation (n=11), substance use outpatient (n=10), outpatient psychiatric treatment (n=9), and care coordination (n=9).

For children, the most common behavioral health services offered were school based mental health (n=9), ADHD behavioral intervention (n=7), autism behavioral intervention (n=4), other (n=1), IDD behavioral intervention (n=1), wraparound services (n=1), psychoeducation (n=1), and individual counseling/therapy (n=1).

BEHAVIORAL HEALTH SERVICES WISH LIST:

A total of thirty two responses were collected for the question asking which services respondents would like to make more available at their organizations (ten respondents skipped this optional question). In response to the question, the majority of respondents stated substance abuse (n=8), followed by mental health (n=6), housing (n=4), and psychiatry (n=3). A complete list can be found in Table 3 below.

Table 3. *Services respondents would like to make more available at their organization (Question 8)**

3

Service	Respondents
SA/Recovery Services	8
Mental health	6
Housing	4
Psychiatry	3
Children/BH problems	3
CPS/Transitional Youth Services and Trauma Specific Services	3
Wrap Around	2
Meds	2
Group therapy	2
Peer support services	2
Patient Support	1
Case Management	1
Physical Health	1
Partial Hospitalization Services	1
Telepsychiatry	1
Counseling	1
Case Management	1
Parenting Classes	1
Medical Services	1
Individual Therapy	1
Office Space	1
Crisis Service Intervention	1
Employment	1
Health and Fitness	1
Behavioral Health and Mental Health Integration	1
Domestic Violence	1

*Question 8. Which behavioral health services would you like to make more available at your organization?

DEMAND AND SUPPLY FOR BEHAVIORAL HEALTH SERVICES FOR ADULTS AND CHILDREN:

Survey results indicated that the top behavioral health services in demand for adults were individual counseling/therapy (n=36), substance use outpatient (n=25), outpatient psychiatric treatment (n=24), case management (n=24), care coordination (n=22), psychoeducation (n=22), family counseling/therapy (n=22), and peer support services (n=21). Many of the same services appeared to be in high supply as well but ranked differently from the top in-demand services. The rank for those in high supply were individual counseling/therapy (n=25), psychoeducation (n=19), case management (n=17), outpatient

psychiatric treatment (n=14), family counseling/therapy (n=13), and care coordination (n=13). Full lists of demanded and supplied services amongst respondents are listed below in Tables 4 and 5.

When comparing the services in the most demand and supply for adults, the services that are in demand are also in high supply amongst respondents. But, as Figure 1 shows, the supply is not as high as the demand.

According to respondents, the most in-demand services for children were individual counseling/therapy (n=21), family counseling/therapy (n=21), psychoeducation (n=15), ADHD behavioral intervention (n=15), outpatient psychiatric treatment (n=14), mental health navigation (n=11), care coordination (n=11), case management (n=11), wrap around services (n=10), and school based mental health (n=10). The most supplied services were family counseling/therapy (n=10), individual counseling/therapy (n=9), psychoeducation (n=9), ADHD behavioral intervention (n=6), mental health navigation (n=6), case management (n=6), outpatient psychiatric treatment (n=4), school based mental health (n=4), care coordination (n=4), and wrap around services (n=3). Full lists of demanded and supplied services amongst respondents are listed below in Tables 6 and 7.

When comparing the children's services in greatest demand and supply, the following graph illustrates that the services that are in demand amongst respondent are in high supply as well. The supply, however, has not kept up with the demand as shown in Figure 2 below.

Table 4. *In demand services at the respondents' organizations for adults (Question 9)**

Services	Respondents
Individual Counseling/Therapy	36
Substance Use Outpatient	25
Case Management	24
Outpatient Psychiatric Treatment	24
Care Coordination	22
Family Counseling/Therapy	22
Psychoeducation	22
Peer Support Services	21
Mental Health Navigation	20
Supported Housing	19
Substance Use Inpatient	19
Substance Use Residential	19
Wraparound Services	16
Substance Use Detox	14
24 Hour Behavioral Health Crisis Facility	13
Inpatient Psychiatric treatment	12
Law Enforcement Crisis/ Intervention Team (CIT)	11

IDD Behavioral Intervention	8
24 Hours Mobile Crisis Outreach Team	8
ADHD Behavioral Intervention	7
Residential Psychiatric Treatment	6
Autism Behavioral Intervention	5
Less than 24 hours Mobile Crisis Outreach Team	5
Other, please specify below.	5
School Based Mental Health	3

*Question 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

Table 5. *Supplied services at respondents' organizations for adults (Question 9)**

Services	Respondents
Individual Counseling/Therapy	25
Psychoeducation	19
Case Management	17
Outpatient Psychiatric Treatment	14
Care Coordination	13
Family Counseling/Therapy	13
Mental Health Navigation	12
Substance Use Outpatient	12
Peer Support Services	12
24 Hour Behavioral Health Crisis Facility	7
Supported Housing	6
Wraparound Services	6
24 Hours Mobile Crisis Outreach Team	6
Substance Use Inpatient	5
Law Enforcement Crisis/ Intervention Team (CIT)	4
Substance Use Residential	4
Substance Use Detox	3
IDD Behavioral Intervention	3
Inpatient Psychiatric treatment	3
Other, please specify below.	3
ADHD Behavioral Intervention	2
Less than 24 hours Mobile Crisis Outreach Team	2
Residential Psychiatric Treatment	2
School Based Mental Health	1
Autism Behavioral Intervention	0

*Question 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

Figure 1. *Demand and supply comparison for behavioral health services for adults (Question 9)**
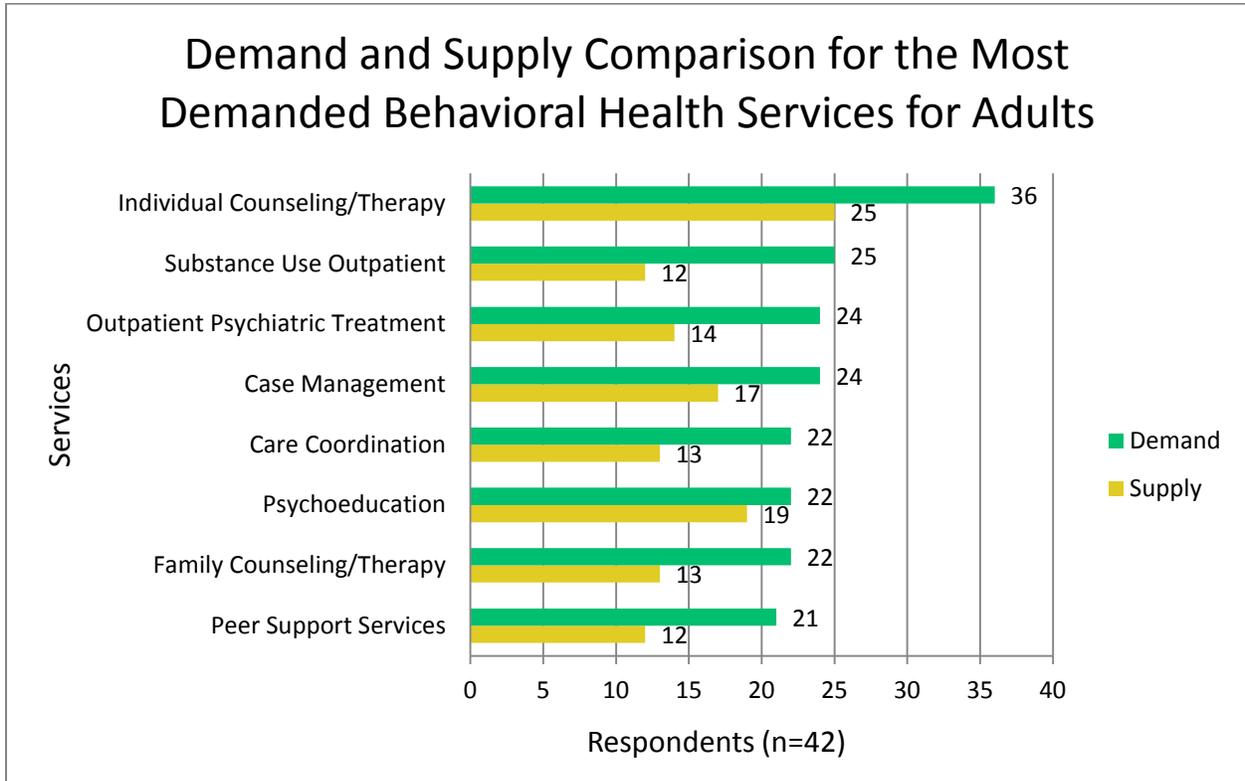
Demand and Supply Comparison for the Most Demanded Behavioral Health Services for Adults

- Individual Counseling/Therapy — Demand 36, Supply 25
- Substance Use Outpatient — Demand 25, Supply 12
- Outpatient Psychiatric Treatment — Demand 24, Supply 14
- Case Management — Demand 24, Supply 17
- Care Coordination — Demand 22, Supply 13
- Psychoeducation — Demand 22, Supply 19
- Family Counseling/Therapy — Demand 22, Supply 13
- Peer Support Services — Demand 21, Supply 12

Respondents (n=42)

*Question 9.** Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

Table 6. *In demand services at the respondents' organizations for children (Question 9)**

Services	Respondents
Individual Counseling/Therapy	21
Family Counseling/Therapy	21
Psychoeducation	15
ADHD Behavioral Intervention	15
Outpatient Psychiatric Treatment	14
Mental Health Navigation	11
Care Coordination	11
Case Management	11
Wraparound Services	10
School Based Mental Health	10
Peer Support Services	9
Substance Use Outpatient	7

IDD Behavioral Intervention	7
Autism Behavioral Intervention	7
Substance Use Inpatient	6
Inpatient Psychiatric treatment	6
Residential Psychiatric Treatment	5
Substance Use Residential	5
Supported Housing	3
Law Enforcement Crisis/ Intervention Team (CIT)	3
24 Hour Behavioral Health Crisis Facility	3
24 Hours Mobile Crisis Outreach Team	2
Substance Use Detox	2
Less than 24 hours Mobile Crisis Outreach Team	1
Other	0

Question 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

Table 7. *Supplied services at respondents' organizations for children (Question 9)**

Services	Respondents
Family Counseling/Therapy	10
Individual Counseling/Therapy	9
Psychoeducation	9
ADHD Behavioral Intervention	6
Mental Health Navigation	6
Case Management	6
Outpatient Psychiatric Treatment	4
School Based Mental Health	4
Care Coordination	4
Wraparound Services	3
Peer Support Services	2
Other	1
24 Hours Mobile Crisis Outreach Team	1
Less than 24 hours Mobile Crisis Outreach Team	1
Law Enforcement Crisis/ Intervention Team (CIT)	1
Substance Use Outpatient	1
Substance Use Residential	1
Inpatient Psychiatric treatment	1
IDD Behavioral Intervention	1
Autism Behavioral Intervention	1

24 Hour Behavioral Health Crisis Facility	1
Supported Housing	0
Substance Use Detox	0
Substance Use Inpatient	0
Residential Psychiatric Treatment	0

*Question 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

Figure 2. *Demand and supply comparison for behavioral health services for children (Question 9)**
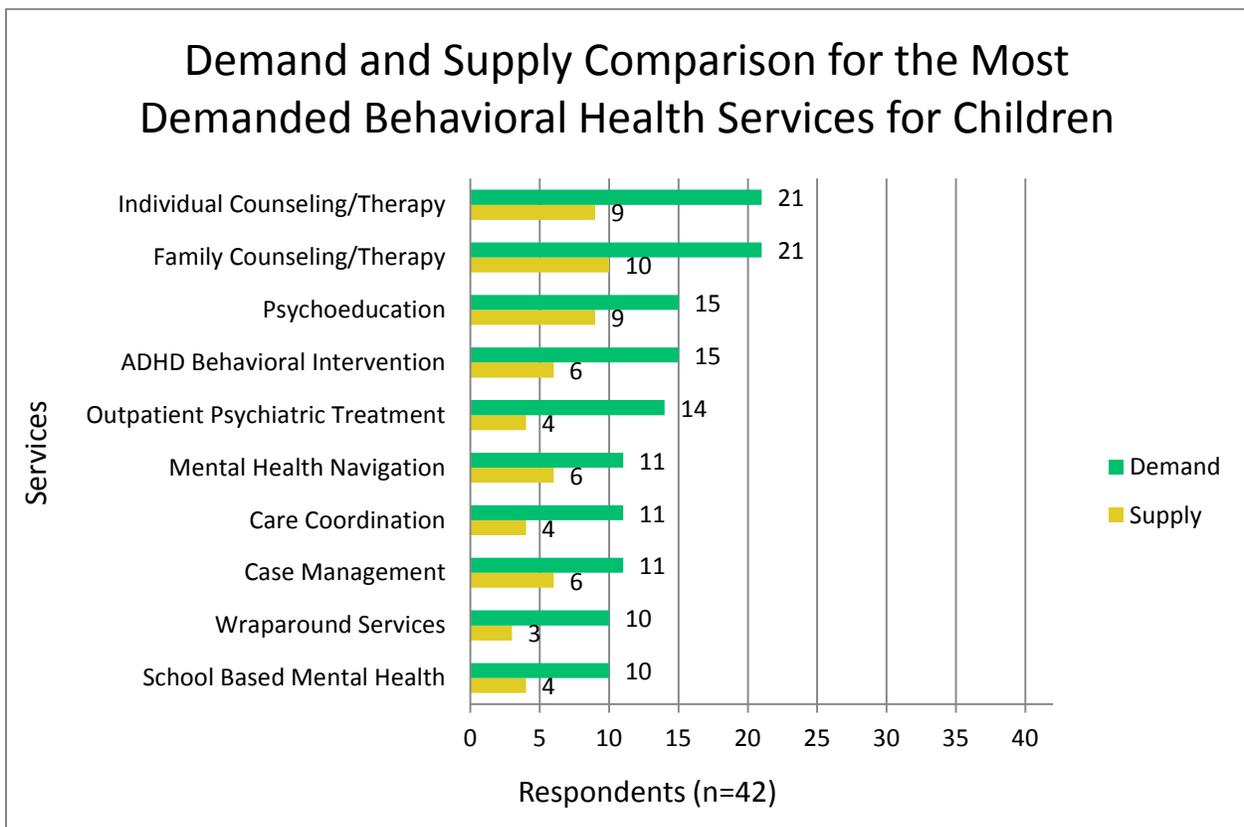
*Question 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

REFERRALS FOR BEHAVIORAL HEALTH SERVICES FOR ADULTS AND CHILDREN:

Altogether, respondents indicated that the most common behavioral health referrals that they make for adults and children are for family counseling/therapy (n=16), individual counseling/therapy (n=16), outpatient psychiatric treatment (n=16), inpatient psychiatric treatment (n=16), medication access (n=15), residential psychiatric treatment (n=14), 24 hour behavioral health crisis facility (n=14), psychoeducation (n=12), and autism behavioral health intervention (n=12).

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— Texas Healthcare Transformation and Quality Improvement Program ☆ Medicaid 1115 Waiver

When asked about behavioral health referrals for adults, supported housing (n=21), substance use detox (n=21), substance use inpatient (n=20), substance use residential (n=19), substance use outpatient (n=17), and inpatient psychiatric treatment (n=16) were the most common referrals made.

For children, the most common referrals that emerged were school based mental health (n=11), ADHD behavioral intervention (n=8), autism behavioral health intervention (n=7), residential psychiatric treatment (n=4), outpatient psychiatric treatment (n=3), and wraparound services (n=3).

Responses also showed that the most difficult behavioral health referrals for children and adults combined were autism behavioral intervention (n=11), outpatient psychiatric treatment (n=10), inpatient psychiatric treatment (n=9), residential treatment (n=9), IDD behavioral health intervention (n=8), substance use residential (n=7), substance use outpatient (n=7), and 24 hour behavioral health crisis facility (n=7). The most difficult behavioral health referrals for adults, separate from children, were supported housing (n=16) and substance use detox (n=16) while for children they were school based mental health (n=5) and medication access (n=3). A full list of the most difficult referrals for adults and children can be found here.

BARRIERS TO ACCESSING, PROVIDING, AND REFERRING FOR BEHAVIORAL HEALTH SERVICES:

The survey also revealed a variety of barriers to accessing, providing, and referring behavioral health services in RHP 3, inclusive of children and adults. Figures 3-5 below illustrate the experienced barriers.

Figure 3. *Major Barriers to Accessing Behavioral Health Services for Patients (Question 10)**

Respondents could choose more than one. Total number of responses = 109
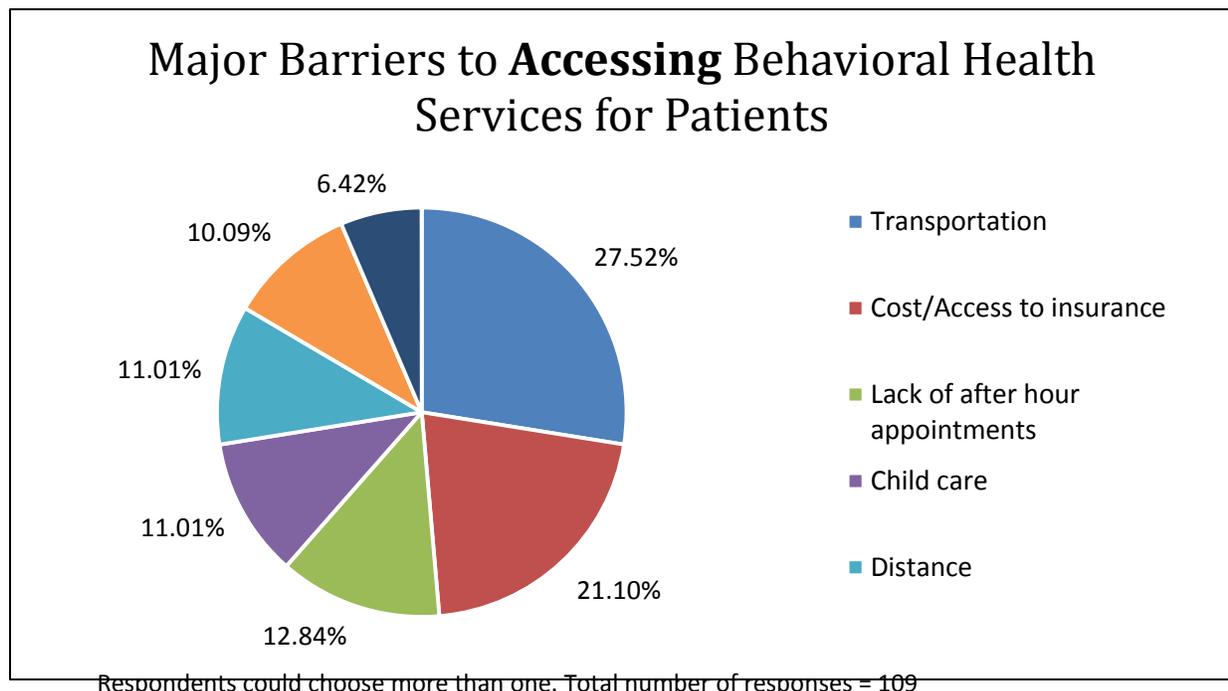
Question 10. What are the major barriers to accessing behavioral health services for your patients?

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Figure 4. *Major Barriers to Providing Behavioral Health Services for Patients (Question 11)**

Major Barriers to **Providing** Behavioral Health Services

- Workforce shortage — 25.00%
- Insufficient funding — 21.25%
- Other — 21.25%
- Reimbursement rate — 17.50%
- Competing regulatory requirements — 7.50%
- Lack of community support — 7.50%

Respondents could choose more than one. Total number of responses = 80
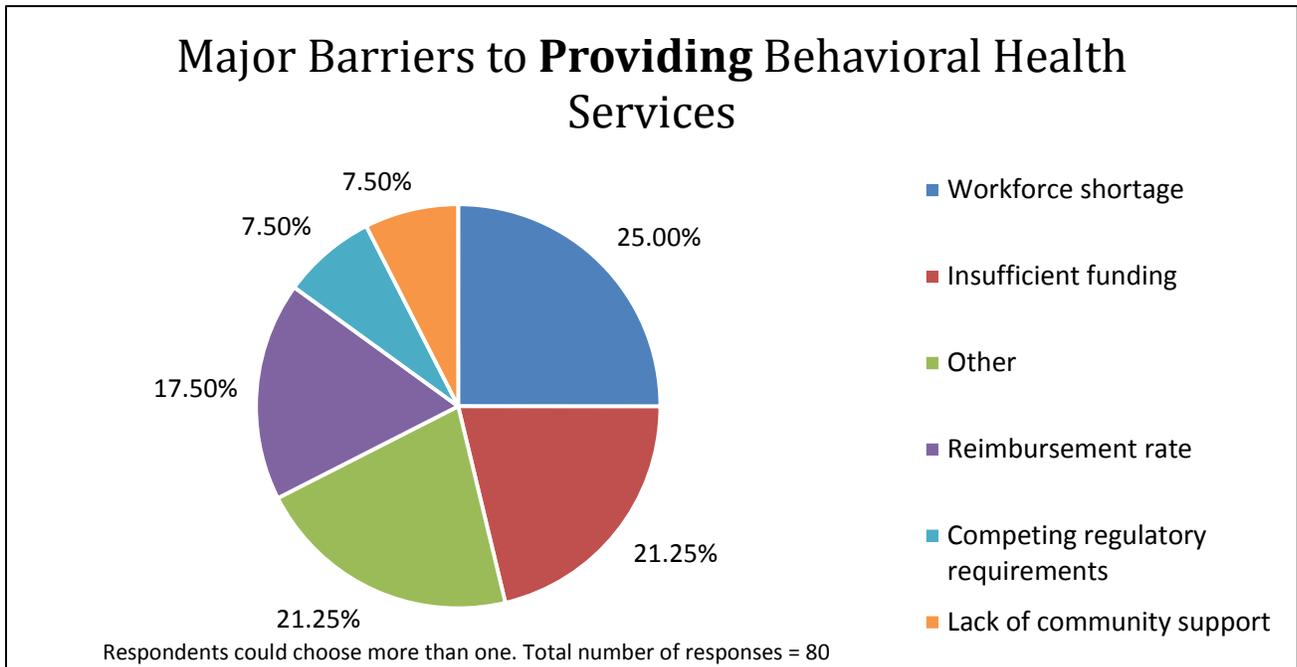
*Question 11. What are the major barriers at your facility to providing behavioral health services?

Figure 5. *Major Barriers to Providing Behavioral Health Services for Patients (Question 12)**

Major Barriers to **Referring** Patients to Behavioral Health Services

- Provider scarcity — 24.75%
- Waitlist — 22.77%
- Cost/Access to insurance — 20.79%
- Restrictions in sharing data for care coordination — 10.89%
- Lack of referral agent — 8.91%
- Poor quality — 5.94% and 5.94%

Respondents could choose more than one. Total number of responses = 80
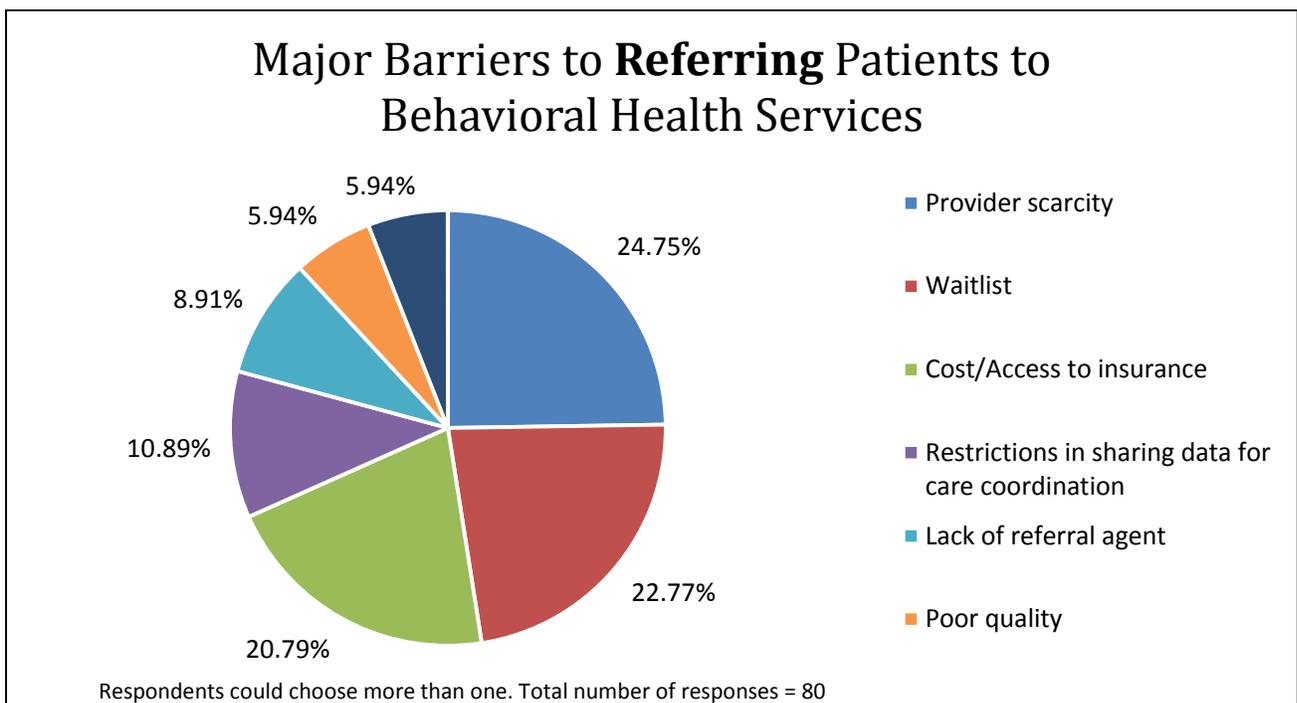
*Question 12. What are the major barriers to referring your patients to behavioral health services?

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PARTNERSHIPS AND INTEGRATION:

Aside from referrals, survey responses also revealed that respondents engaged in partnerships or integrated services onsite at their facilities. The most common onsite partnerships were for mental health (n=17), substance abuse (n=14), and social services (n=12). Whereas the most common referral partnerships were for medical services (n=24), mental health (n=22), and social services (n=21).

As far as integration, the top three services respondents integrated onsite at their facilities were mental health (n=20), substance use (n=17), and primary care (n=10). By referral, the most commonly integrated services were primary care (n=19), substance use (n=16), and mental health (n=13).

DISCUSSION

RESULTS:

The survey results illustrate that the demand for behavioral health services are high amongst respondents in RHP 3, especially for adults. The results also gleaned that the supply does not meet demand for either adults or children, indicating that a gap between supply and demand does exist.

The results from this survey give insight into the current state of behavioral health service supply and demand as well as respondents' desires for change. Stakeholders can use this report to guide their future work by informing decisions about providing behavioral health services to vulnerable patients in the region. Opportunities include providing more individual counseling for adults and children, addressing the most in demand services for both population groups, and addressing workforce/provider scarcity which is cited as the most common barrier to providing and referring for behavioral health services in the region.

THE SURVEY'S DESIGN:

In future surveys, all parts of a question should be required before the respondent can complete the survey and survey questions should clearly seek only one answer per question.

The survey programming erroneously required that a respondent answer only one part of a multi-part question before allowing them to move on to the next question. The intention, however, was that respondents would need to answer all parts of a question before being able to complete the survey. The absence of this led to incomplete responses and challenges in early data analysis. The survey questions could have been designed better so that each part of a multi-part question required an answer.

Secondly, the survey questions could have been designed better to capture specific information. For example, survey question two stated asked for an estimate of the population the respondent served in the last year. The question asked for percent and numeric values, however, Survey Monkey recorded only the percent data. This required the data analyst to manually calculate the numeric value in order to get an estimate of the population served.

CONCLUSION

1. Behavioral health service gaps exist in RHP 3 for adults and children
2. Behavioral health services that are in high demand for adults are also largely supplied, but gaps in demand and supply persist
3. A wide gap exists between the most in demand and supplied services for children
4. Individual counseling/therapy is the most in-demand and offered service for children and adults in RHP3. It is also one of the most referred services for adults and children.
5. Substance use, mental health, and housing are the top three services respondents would you like to make more available at their organization
6. A behavioral health provider workforce shortage exists
7. Transportation is the most common barrier to accessing behavioral health services
8. School based mental health, ADHD behavioral health intervention, and autism behavioral health intervention are the most common behavioral health referrals for children
9. Medication access is the most difficult referral for children
10. Medication access is the third most difficult referral for adults
11. Supported housing and substance use detox are the most common behavioral health referrals for adults
12. Supported housing and substance use detox are the most difficult behavioral health
13. The most commonly referred behavioral health services for adults are also the most difficult referrals for organizations
14. Approximately half of the respondents are integrating mental health services on site or by referral
15. A little less than half of the respondents are integrating substance use services on site or by referral

APPENDICES

Appendix B: Survey questions via Survey Monkey

RHP3 Behavioral Health Cohort
Gap Analysis Survey

Before completing the survey, please review the data dictionary (#17- #19) at the end of this page.

The purpose of this survey is to identify the gaps in behavioral health services within the southeast region of Texas. Please be prepared to answer questions about services offered at your facility, supply, demand, and referral patterns. Your completion of this survey will help identify service availability, improve service delivery and increase provider collaborations to better serve our patients and clients. The survey should be completed by individuals, or a team of providers, who oversee behavioral health services at your organization and can answer questions from an organizational perspective.

This survey takes between 20 and 30 minutes to complete. To complete it in a timely manner, please have handy information about the services your organization provides.

Top of Form

* 1. Please provide your name and email address.

Name

Email Address

* 2. Organization Type

Organization Name

* 3. What is your primary role?

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[dropdown]

* 4. County

[dropdown]

* 5. What behavioral health populations do you serve? Check all that apply.

☐ Medicaid

☐ Medicare

☐ Medicaid/Medicare (dual eligible)

☐ Self Pay

☐ Private Insurer

☐ Low Income Uninsured

* 6. Please give an estimate of the population you served in the last year.

% Medicaid (include dual eligible) [   ]

% Medicare [   ]

% Low Income Uninsured [   ]

Number of unique clients/patients served [   ]

* 7. What behavioral health services are currently offered at your facility? Please indicate children (0-17 years of age) and/or adults (18+ years of age).

Population

24 Hour Behavioral Health Crisis Facility [dropdown]

Law Enforcement/Crisis [dropdown]

Population

Intervention Team (CIT)

Mental Health Navigation	[▼]
Care Coordination	[▼]
Supported Housing	[▼]
Case Management	[▼]
Substance Use Detox	[▼]
Substance Use Inpatient	[▼]
Substance Use Outpatient	[▼]
Substance Use Residential	[▼]
Individual Counseling/Therapy	[▼]
Family Counseling/Therapy	[▼]
Psychoeducation	[▼]
Peer Support Services	[▼]
School Based Mental Health	[▼]
Wraparound Services	[▼]

Population

IDD Behavioral Intervention

[▼]

ADHD Behavioral Intervention

[▼]

Autism Behavioral Intervention

[▼]

24 Hours Mobile Crisis Outreach Team

[▼]

Less than 24 hours Mobile Crisis Outreach Team

[▼]

Inpatient Psychiatric Treatment

[▼]

Outpatient Psychiatric Treatment

[▼]

Residential Psychiatric Treatment

[▼]

Other, please spec.

[▼]

Other (please specify)

[text box]

* 8. Which behavioral health services would you like to make more available at your organization?

[text box]

* 9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age).

	Adults Demand	Adults Supply	Childrens Demand	Childrens Supply
24 Hour Behavioral Health Crisis Facility	▼	▼	▼	▼
Law Enforcement Crisis/ Intervention Team (CIT)	▼	▼	▼	▼
Mental Health Navigation	▼	▼	▼	▼
Care Coordination	▼	▼	▼	▼
Supported Housing	▼	▼	▼	▼
Case Management	▼	▼	▼	▼
Substance Use Detox	▼	▼	▼	▼
Substance Use Inpatient	▼	▼	▼	▼
Substance Use Outpatient	▼	▼	▼	▼
Substance Use Residential	▼	▼	▼	▼
Individual Counseling/Therapy	▼	▼	▼	▼
Family Counseling/Therapy	▼	▼	▼	▼
Psychoeducation	▼	▼	▼	▼

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	Adults Demand	Adults Supply	Childrens Demand	Childrens Supply
Peer Support Services	▾	▾	▾	▾
School Based Mental Health	▾	▾	▾	▾
Wraparound Services	▾	▾	▾	▾
IDD Behavioral Intervention	▾	▾	▾	▾
ADHD Behavioral Intervention	▾	▾	▾	▾
Autism Behavioral Intervention	▾	▾	▾	▾
24 Hours Mobile Crisis Outreach Team	▾	▾	▾	▾
Less than 24 hours Mobile Crisis Outreach Team	▾	▾	▾	▾
Inpatient Psychiatric treatment	▾	▾	▾	▾
Outpatient Psychiatric Treatment	▾	▾	▾	▾
Residential Psychiatric Treatment	▾	▾	▾	▾
Other, please specify below.	▾	▾	▾	▾

19

Other (please specify)

* 10. What are the major barriers to accessing behavioral health services for your patients? Check all that apply.

☐ Transportation

☐ Cost/Access to insurance

☐ Lack of linguistically and culturally competent service

☐ Child care

☐ Distance

☐ Lack of after hour appointments

☐ Other (please specify)

* 11. What are the major barriers at your facility to providing behavioral health services? Check all that apply.

☐ Reimbursement rate

☐ Workforce shortage

☐ Competing regulatory requirements

☐ Insufficient funding

☐ Lack of community support

20

☐ Other (please specify)

```
[text box]
```

* 12. What are the major barriers to referring your patients to behavioral health services? Check all that apply.

☐ Provider scarcity

☐ Waitlist

☐ Lack of referral agent

☐ Poor quality

☐ Restrictions in sharing data for care coordination

☐ Cost/Access to insurance

☐ Other (please specify)

```
[text box]
```

* 13. To which behavioral health services do you refer? Please indicate children (0-17 years of age) and/or adults (18+ years of age).

	Population
Medication Access	[dropdown]
24 Hour Behavioral Health Crisis Facility	[dropdown]
Law Enforcement Crisis/InterventionTeam	[dropdown]

21

![Southeast Texas Regional Healthcare Partnership — Texas Healthcare Transformation and Quality Improvement Program ☆ Medicaid 1115 Waiver]

Population

(CIT)

Behavioral Health Navigation ⌄

Care Coordination ⌄

Supported Housing ⌄

Case Management ⌄

Substance Use Detox ⌄

Substance Use Inpatient ⌄

Substance Use Outpatient ⌄

Substance Use Residential ⌄

Individual Counseling/Therapy ⌄

Family Counseling/Therapy ⌄

Psychoeducation ⌄

Peer Support Services ⌄

School Based Mental Health ⌄

Wraparound Services ⌄

IDD Behavioral Health Intervention ⌄

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Population

ADHD Behavioral Health Intervention [▼]

Autism Behavioral Health Intervention [▼]

24 Hours Mobile Crisis Outreach Team [▼]

Less than 24 Hours Mobile Crisis Outreach Team [▼]

Inpatient Psychiatric Treatment [▼]

Outpatient Psychiatric Treatment [▼]

Residential Psychiatric Treatment [▼]

Other, please specify below. [▼]

Other (please specify) [   ]

* 14. For which behavioral health services do you find it difficult to provide appropriate referrals? Please indicate children (0-17 years of age) and/or (18+ years of age).

Population

Medication Access [▼]

24 Hour Behavioral Health Crisis Facility [▼]

Law Enforcement/ Crisis Intervention [▼]

23

Population

Team (CIT)

Mental Health Navigation	[dropdown]
Care Coordination	[dropdown]
Supported Housing	[dropdown]
Case Management	[dropdown]
Substance Use Detox	[dropdown]
Substance Use Inpatient	[dropdown]
Substance Use Outpatient	[dropdown]
Substance Use Residential	[dropdown]
Individual Counseling/Therapy	[dropdown]
Family Counseling/Therapy	[dropdown]
Psychoeducation	[dropdown]
Peer Support Services	[dropdown]
School Based Mental Health	[dropdown]
Wraparound Services	[dropdown]
IDD Behavioral Intervention	[dropdown]

Population

ADHD Behavioral Intervention [▼]

Autism Behavioral Intervention [▼]

Other Behavioral Intervention, please specify below. [▼]

24 Hours Mobile Crisis Outreach Team [▼]

Less than 24 Hours Mobile Crisis Outreach Team [▼]

Inpatient Psychiatric Treatment [▼]

Outpatient Psychiatric Treatment [▼]

Residential Psychiatric Treatment [▼]

Other, please specify below. [▼]

Other (please specify) [   ]

* 15. Do you currently integrate services? If yes, which services are you integrating at your facility? Check all that apply.

	On Site	By Referral	N/A
Primary Care	☐	☐	☐

	On Site	By Referral	N/A
Specialty Care	☐	☐	☐
Vision	☐	☐	☐
Dental	☐	☐	☐
Mental Health	☐	☐	☐
Substance Use	☐		☐
Other, please specify below.	☐	☐	☐

Other (please specify)

* 16. With which types of organizations do you currently partner? Check all that apply.

	On Site	By Referral	N/A
K-12 Schools	☐	☐	☐
Colleges/Universities	☐	☐	☐
Law Enforcement	☐	☐	☐
Mental Health	☐	☐	☐
Advocacy Groups	☐	☐	☐
Managed Care Organizations	☐	☐	☐
Homeless Shelters		☐	☐
Religious Organizations	☐	☐	☐

Southeast Texas Regional Healthcare Partnership
Texas Healthcare Transformation and Quality Improvement Program ☆ Medicaid 1115 Waiver

	On Site	By Referral	N/A
Social Services	☐	☐	☐
Medical Services	☐	☐	☐
Substance Use	☐	☐	☐
Other, please specify below.	☐	☐	☐

Other (please specify) [text box]

* 17. RHP 3 Behavioral Health Gap Analysis Survey Data Dictionary

Behavioral Health: Mental health and substance use

24 Hour Behavioral Health (Mental Health and/or Substance Use) Crisis Facility: 24 hour, 7 day per week crisis behavioral health facility that provides services to individuals experiencing a behavioral health crisis; including: evaluation and treatment to stabilize the person in crisis, prevention of further deterioration and provision of immediate treatment and intervention.

Law Enforcement/ Crisis Intervention Team (CIT): Law Enforcement Officers who receive crisis intervention training to respond to situations involving individuals with mental illness and/or developmental disabilities, with the goal of deescalating the situation and improving the safety of patrol officers, consumers, family members and the community. They may collaborate with a community mental health center.

Mental Health Navigation: A service provided to assist patients and families with finding appropriate mental health caregivers, facilities and services.

Care Coordination: The organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

Supported Housing: A combination of housing and services intended to help people live more stable and productive lives

Case Management: Services that link individuals in gaining access to necessary medical, social, educational, and other services related to their health condition/health risk or high-risk condition.

Psychiatric Treatment:

Inpatient: 24 hour services, delivered in a licensed hospital setting that pro-vides clinical intervention and treatment for an acute psychiatric condition.

Outpatient: Services provided in person in an ambulatory care setting such as a mental health center, hospital outpatient department, community health

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center, or practitioner's office. The services may be provided at an individu-
al's home or school.
Residential: Services available in "24/7" living quarters—e.g., group homes,
cluster apartments—where patients can receive treatment, education, group
therapy, and skills training. w 0

* 18. RHP 3 Behavioral Health Gap Analysis Survey Data Dictionary continued

Substance Use treatment:
        Detox: A medically supervised treatment program or social detox for al-
        cohol or drug addiction designed to purge the body of intoxicating or addic-
        tive substances.
        Inpatient: 24 hour services, delivered in a licensed hospital setting that pro-
        vides medically directed evaluation, care and treatment for substance
        abuse.
        Outpatient: Treatment within a facility during the day and the patient re-
        turns home at night. Individuals are required to check in with the addiction
        specialists at the treatment centers every day (except weekends and holi-
        days) for medication and counseling.
        Residential: Services for individuals who have recently stopped using al-
        cohol and/or other drugs, have been stabilized medically and are able to
        participate in a structured residential treatment program. Residential treat
        ment has lengths of stay that can be as long as six to twelve months.
Counseling/Therapy: Meeting with a therapist to resolve problematic behaviors, beliefs, feelings,
relationship issues, and/or somatic responses (sensations in the body).
Behavioral Intervention: Intervention actions used to modify behavior.
Mobile Crisis Outreach Team: Immediate response, emergency mental health evaluation.
Wraparound Services: A team of individuals who are relevant to the well-being of the child or youth
(e.g., family members and other natural supports, service providers, and agency
representatives) collaboratively develop an individualized plan of care, implement this plan, and
evaluate success over time.
School Based Mental Health (children only): Mental health service delivered in a school setting.

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* 19. RHP 3 Behavioral Health Gap Analysis Survey Data Dictionary continued
Peer-support Services: The help and support that people with lived experience of a mental illness,

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substance use disorder or a learning disability are able to give to one another.

Psychoeducation: Education offered to individuals with a mental health condition and their families to help empower them and deal with their condition in an optimal way.

Specialty Care: Specialties such as Cardiology and PT/OT; excluding behavioral health, primary care, dental and vision.

Integrated Services: Healthcare services (physical health, mental health, substance use, etc) that have been brought together to further a greater degree of collaboration and consultation to benefit the patient.

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Appendix B: "Other" responses

Survey Name: Learning Collaborative Evaluation December 10th and 11th

7. What behavioral health services are currently offered at your facility? Please indicate children (0-17 years of age) and/or adults (18+ years of age). - Other responses

Answer
These are the services that our health plan in conjunction with our behavioral health partner, Beacon Health Strategies, offer as benefits to our members
Reproductive psychiatry and menopause
Clubhouse model of psychosocial rehabilitation
All forms of mental health/behavioral health interventions
Financial Stability services, Employment readiness
Outreach services to publicly intoxicated individuals; 18 month addiction recovery support services; 24/7 sobering center for intoxicated individuals
Psycho social rehabilitation through work related activities and socialization
Early Onset Psychosis Program
Prevention, Community Education
Education on mental health topics
Primary Care
Respite Care
Hospital Discharge Planning Liaison services

9. Describe the demand and supply of behavioral health services within your organization. Please indicate children (0-17 years of age) and adults (18+ years of age). - Other responses

Answer
Family supports - high need / low supply employment and wraparound services - high needs/ low supply
Reproductive psychiatry and menopause
we provide the Clubhouse Model of psychosocial rehabilitation
I designated "low" for behavioral interventions based on overall number of clients I see, not on the clients with the disorders as a group. For the clients with the above disorders, I would have designated "high" interventions within each separated group.
I designated "low" for behavioral interventions based on overall number of clients I see, not on the clients with the disorders as a group. For the clients with the above disorders, I would have designated "high" interventions within each separated group.
Home visits
Education on mental health topics

I did not attend the breakout sessions
Hospital Discharge Planning Liaison Services

10. What are the major barriers to accessing behavioral health services for your patients? Check all that apply. - Other responses

Answer
Individuals have complex issues and often unstable housing and high social / economic vulnerabilities
Lack of open appointments for new patients with outpatient psychiatrists
Commitment of patient
No major barriers.
Can't keep a cell phone to contact them on
Stigma
Community knowledge of availability of services; rural culture of stigma against seeking MH services
Restrictions placed on behavioral health by insurers - pre-authorizations, limits on the number of sessions
None

13. To which behavioral health services do you refer? Please indicate children (0-17 years of age) and/or adults (18+ years of age). - Other responses

Answer
Mental health inpatient /outpatient
social detox, shelters