

**RHP 5
DY 7-8
DSRIP Proposal Form**

Performing Provider Name: McAllen Hospitals LP dba Edinburg Regional Medical (TPI: 094113001)

Performing Provider Representative Contact Information: Jesus Cavazos, Project Manager, 956-388-2018,
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IGT Entity Name Supporting Requested Funds (Required): Hidalgo County (LPPF) – Dairen Sarmiento,
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Estimated Valuation by Waiver Year:

DY 7 (2017-2018)	Amount: \$2,395,000	IGT: \$1,032,724
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<u>TOTAL REQUEST:</u>	<u>Amount: \$4,790,000</u>	<u>IGT: \$2,065,448</u>

Proposed System Definition: McAllen Hospitals LP dba Edinburg Medical is a 613-bed hospital system denominated South Texas Health System in Hidalgo County. Operated entities include McAllen Medical Center, McAllen Heart Hospital, Edinburg Regional Medical Center, & South Texas Behavioral Health Center. The required components for our proposed system definition will include Inpatient Services, Emergency Department, and Maternal Department. Furthermore, will include as optional components, Contracted Primary Care Clinics and Mobile Health Programs.

Medicaid and Low Income or Uninsured Patient Population by Provider (PPP) Estimate: 67% - DY 5

Identified Community Needs to be Addressed with Requested Funds:

Behavioral Clinic of South Texas (BCST) provides outpatient tele-psychiatric services to residents 18 years and older in the RHP 5 service area. BCST employs a Licensed Professional Counselor and contracts with psychiatrists for patient telemedicine consultations. Appointments are provided within 24 hours of a request as opposed to the 3-6 month waiting period currently available due to the lack of psychiatrists in the service area.

The shortage of psychiatrists in RHP 5 remains dire. A statistical model accounting for patient need estimated that a national ratio of persons per psychiatrist of no more than 3,681:1 was ideal.¹ For a geographical area to be designated by the Health Resources and Service Administration (HRSA) as a Health Professional Shortage Area (HPSA) the ratio would be 20,000:1. The four counties included in RHP 5 have a “whole county” shortage area designation for mental health professionals.¹ With a population of 1.26 million in 2010, the startling ratio for RHP 5 is 36,055:1 (14,657:1 for Texas) serving as unequivocal evidence of the calamitous state of psychiatric care in this region.

The noblest motivation for pursuing the allocation of unallocated funds is the opportunity to decrease deaths by suicide and homicide through early intervention in the form of outpatient treatment. The impact that continued funding of outpatient services can have on mortality deserves critical consideration. 27% of the leading causes of death in this region are directly related to mental health. Alzheimer’s, suicide and homicide are identified as top contributing factors

¹ Konrad, T. J., Ellis, A. R., Thomas, K. C., Holzer, C. E., & Morrissey, J. P. (2009). County-Level Estimates of Need for Mental Health Professionals in the United States. *Psychiatric Services*, 60(10), 1307-1314.

to death in this region. Since its inception, referrals from the clinic to an inpatient psychiatric hospital decreased by 50% from 2016 to 2017 showing evidence that availability of stabilization on an outpatient basis directly correlates with reduced need for costly inpatient psychiatric hospitalization.

Additionally, the shortage of psychiatrists and other mental health professionals has adverse effects. First, untreated mental illnesses and substance use disorders increase state spending in emergency rooms. Of those using the ER, 23% said the visit was due to not having another place to go.² 10% of respondents in a 2012 survey of community mental health center clients in RHP 5 reported using the ER for non-emergencies.³ This drives up the overall cost of treatment due to the misuse of emergency rooms⁴ for psychiatric issues pointing to the focus needed on the cost of leaving mental illness untreated. Emergency rooms are ill equipped to manage behavioral health patients in crisis and beds are being occupied that could be better utilized for medical emergencies. Secondly, costs of maintaining the jail system in the area is also strained due to the shortage of psychiatrists. Texans with a serious mental illness are eight times more likely to be incarcerated in jails than treated in hospitals, according to the National Alliance on Mental Illness. Additionally, population growth will continue to result in an increased need for mental health services with no comparable increase in Psychiatrists.

Not being awarded unused funding will lead to our inability to impact the shortage of psychiatrists in a critically underserved region. Ultimately, without access to outpatient treatment provided by the clinic, patients will experience elevated incidence of mental health crisis and increased misuse of emergency rooms and jails leading to rising costs. The most impactful absence of the clinic in the community will result in decreased ability to successfully intercept, thru timely treatment, the occurrence of deaths by suicide and homicide.

Outcome Measure(s) Expected to Address Identified Community Needs:

The measure bundle selected for this project is H2, Behavioral Health and Appropriate Utilization: Provide specialized and coordinated service to individuals with serious mental illness and/or a combination of behavioral and physical health issues to reduce emergency department utilization and avoidable inpatient admission and readmissions. Target Population: individuals with mental illness, high utilization, and complete needs.

Anticipated Core Activities Expected to Impact Identified Outcome Measure(s):

Access to Specialty Care Service and Availability of Appropriate Levels of Behavioral Health Services.

Sustainability Efforts:

Behavioral Clinic of South Texas will pursue all financial avenues including collaboration with Medicaid managed organizations, foundations, or grant opportunities to continue to provide a significant health need in the community.

² Texas Department of State Health Services, 2010. See:
<http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=35614&id=66988&terms=shortage>

³ Tropical Texas Behavioral Health Center. Survey of 2,150 clients across multiple sites, July 2012.

⁴ The National Council for Community Behavioral Health Care (n.d). See:
http://www.namitexas.org/homecontent/Spill_Over_Effect_on_State_Budgets.pdf