



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**2017 Texas Behavioral Health Landscape:
Opportunities to Advance Texas Behavioral Health Policy**

February 22, 2017

About MMHPI

■ History

- The Meadows Mental Health Policy Institute traces its origins to the vision of The Meadows Foundation and its philanthropic leadership throughout the state of Texas on mental health and other vital public issues.

■ Mission

- To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.

■ Vision

- For Texas to be the national leader in treating people with mental health needs.

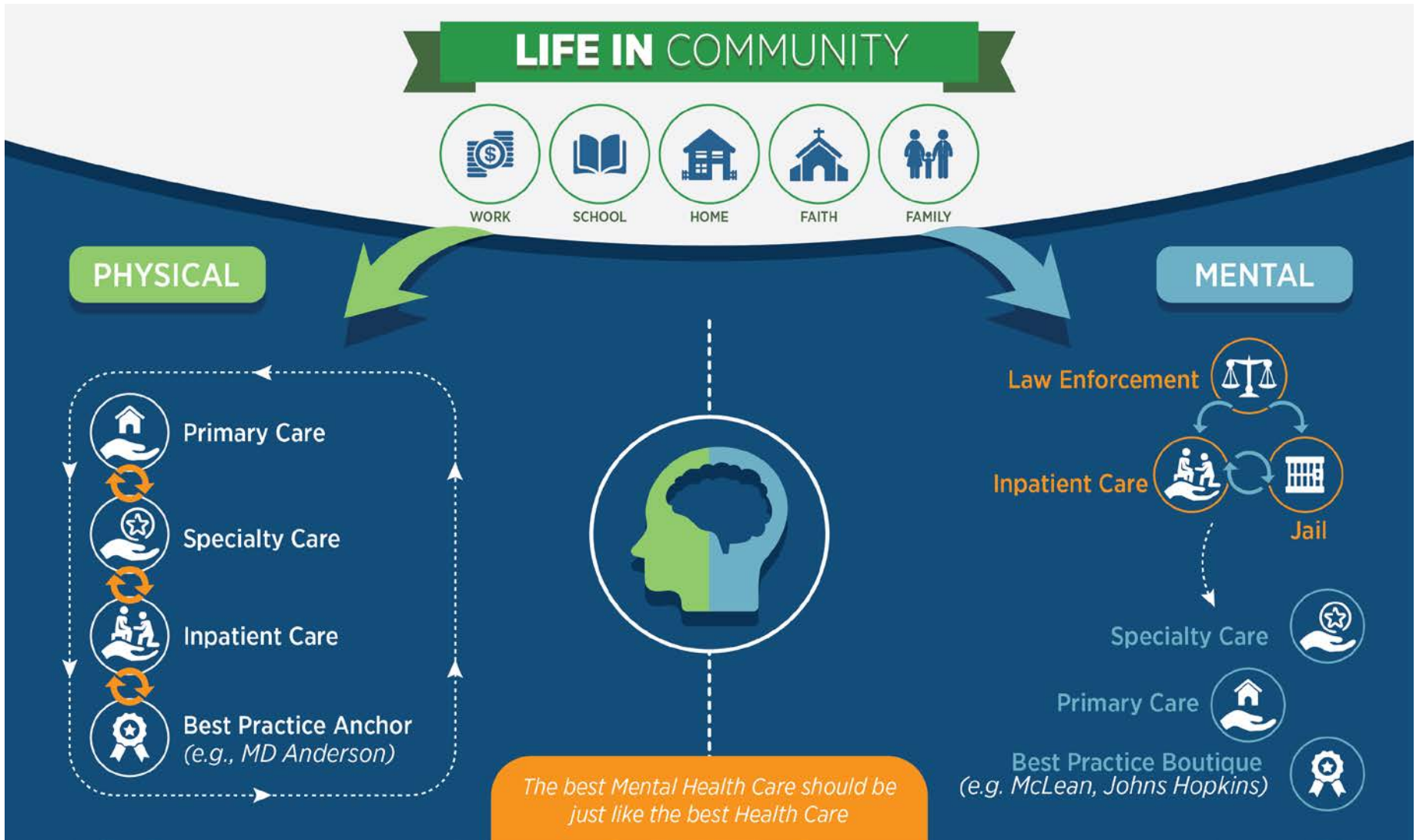
■ Key Principles

- Accessible & effective behavioral health care
- Accountability to taxpayers
- Delivery through local systems & collaboration
- Data driven quality outcomes
- Necessary robust workforce

A grid of 42 individual portraits of people from various ethnicities and ages, all smiling. The portraits are arranged in a 7x6 grid. A horizontal line runs across the middle of the grid, and the text "DEFINING THE CHALLENGE" is centered over this line in white, bold, sans-serif font.

DEFINING THE CHALLENGE

Health Care vs. Mental Health Care



How Many People Need Help?

| Population (2015) | Texas | Harris County | Dallas County | Bexar County | Travis County |
|--|-------------------|------------------|------------------|------------------|------------------|
| Total Population | 27,500,000 | 4,500,000 | 2,550,000 | 1,900,000 | 1,200,000 |
| All Mental Health Need | 7,250,000 | 1,200,000 | 670,000 | 500,000 | 310,000 |
| Serious Needs | 1,550,000 | 250,000 | 150,000 | 102,000 | 62,000 |
| Serious Mental Illness (SMI - Adult) | 1,000,000 | 150,000 | 95,000 | 62,000 | 41,000 |
| Adults with SMI below 200% FPL | 540,000 | 90,000 | 56,000 | 37,000 | 23,000 |
| "Super-Utilizers" (hospital, ER, jail) | 23,000 | 4,000 | 2,500 | 1,600 | 1,000 |
| Forensic (jail; high criminogenic) | 20,000 | 3,000 | 2,000 | 1,400 | 850 |
| All "Super-Utilizers" below 200% FPL | 38,000 | 6,500 | 4,000 | 2,600 | 1,600 |
| Severe Emotional Disturbance (SED-Child) | 550,000 | 100,000 | 55,000 | 40,000 | 21,000 |
| Children with SED below 200% FPL | 320,000 | 60,000 | 37,000 | 23,000 | 11,000 |
| High-Risk ("school-to-prison pipeline") | 32,000 | 6,000 | 3,700 | 2,300 | 1,100 |
| Common Diagnoses | | | | | |
| Schizophrenia | 100,000 | 16,000 | 9,000 | 7,000 | 4,500 |
| First Episode Psychosis (FEP) | 4,000 | 700 | 400 | 300 | 200 |
| Major Mood Disorders | 1,660,000 | 270,000 | 150,000 | 115,000 | 73,000 |
| Major Depression | 1,525,000 | 250,000 | 140,000 | 105,000 | 67,000 |
| Bipolar I Disorder | 135,000 | 20,000 | 10,000 | 10,000 | 6,000 |
| Post Traumatic Stress Disorder | 700,000 | 115,000 | 65,000 | 49,000 | 31,000 |
| Alcohol and Drug Dependence | 850,000 | 140,000 | 80,000 | 58,000 | 36,000 |
| Antisocial Personality Disorder | 120,000 | 20,000 | 10,000 | 8,000 | 5,000 |

Figures rounded for simplicity

How Many Are Served in Public System?

| Adults | Number | Percent |
|---|----------------|------------|
| Adults below 200% FPL with SMI | 536,875 | |
| Adults Receiving Mental Health Services | 338,234 | 63% |
| Total Unmet Need for Adults below 200% FPL with SMI | 198,641 | 37% |
| Adults with High Complexity (Hospital/Jail “Super Utilizers”) | Number | Percent |
| Adults with High Complexity below 200% FPL with SMI | 37,710 | |
| Adults with High Complexity Receiving ACT or FACT Treatment | 2,879 | 8% |
| Total Unmet Need for Adults with High Complexity | 34,831 | 92% |
| Children and Youth | Number | Percent |
| Children/Youth below 200% FPL with a Mental Health Need | 433,182 | |
| Children/Youth Receiving Mental Health Services | 331,604 | 77% |
| Total Unmet Need for Children/Youth below 200% FPL | 101,578 | 23% |



INTERIM HEARINGS & HAPPENINGS

House Select Committee

November 2015 – Speaker Straus creates the **House Select Committee on Mental Health**.

| | |
|-------------------------------------|--|
| Rep. Four Price (R-Amarillo), Chair | Rep. Joe Moody (D-El Paso), Vice Chair |
| Rep. Greg Bonnen (R-Friendswood) | Rep. Garnet Coleman (D-Houston) |
| Rep. Sarah Davis (R-Houston) | Rep. Rick Galindo (R-San Antonio) |
| Rep. Sergio Muñoz, Jr. (D-Edinburg) | Rep. Andy Murr (R-Kerrville) |
| Rep. Toni Rose (D-Dallas) | Rep. Kenneth Sheets (R-Dallas) |
| Rep. Senfronia Thompson (D-Houston) | Rep. Chris Turner (D-Arlington) |
| Rep. James White (R-Woodville) | |

House Select Committee

Hearings

| | |
|----------------|---|
| February 2016 | Texas Mental Health Landscape |
| March 2016 | Children |
| April 2016 | Access, Delivery of Care, Workforce |
| June 2016 | Insurance, Criminal Justice |
| August 2016 | Veterans, Substance Abuse, Homelessness, Public Testimony |
| September 2016 | Higher Education, State Hospitals |

January 5, 2017 – Speaker Straus releases interim report.

Other Important Work During Interim

Senate Committees

- Senate Committee on Finance – January 2016
- Senate Committee on Veterans Affairs – March 2016
- Senate Committee on Criminal Justice – May 2016
- Senate Committee on Health & Human Services – April 2016 (child welfare), June 2016 (forensic wait list)

Texas Judicial Council – Mental Health Committee

- Created via **resolution** in June.
- Chair - Justice **Bill Boyce** of 14th Court of Appeals in Houston.
- **October 28, 2016** – Texas Judicial Council unanimously adopts the **MHC Report & Recommendations**.



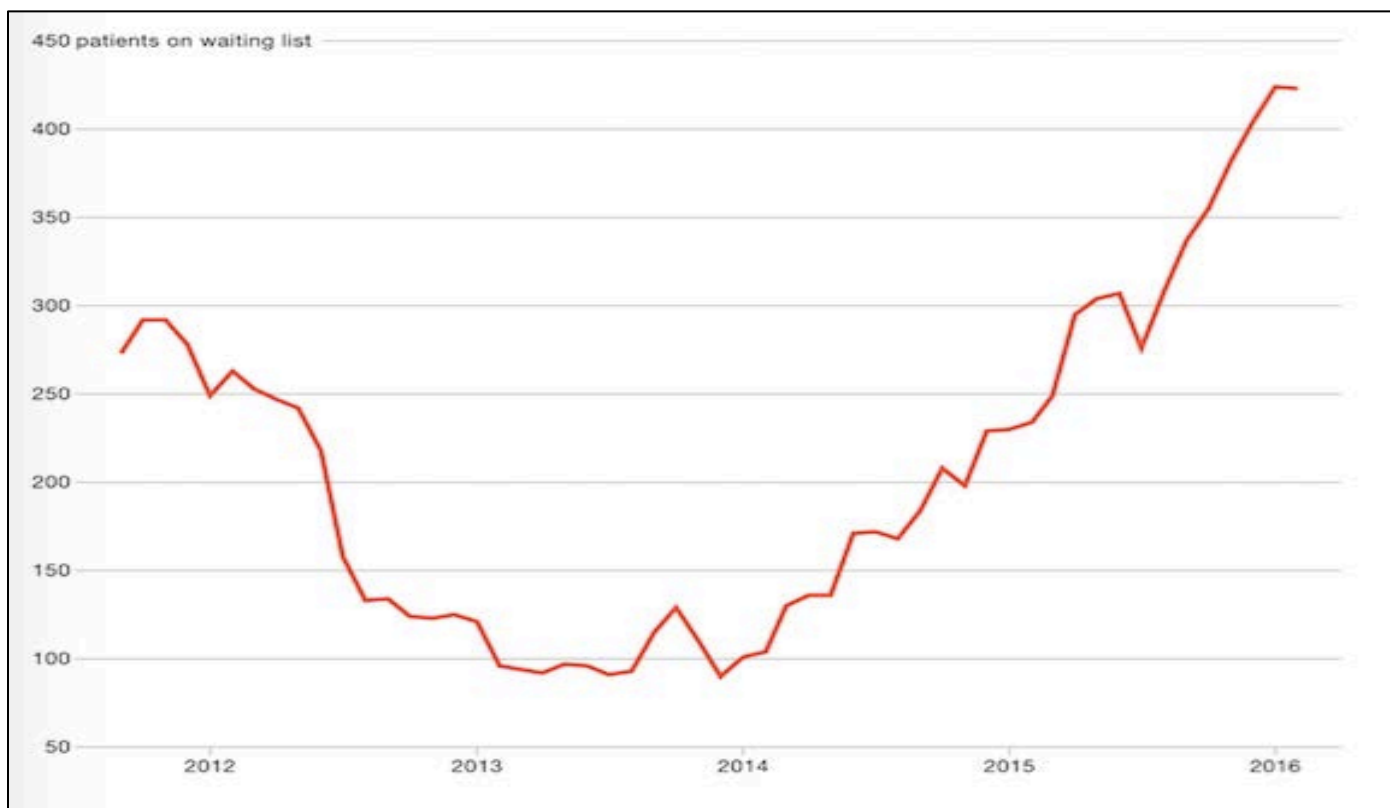
2017 POLICY OPPORTUNITIES

Population 1: High Complexity Adults (sometimes called “Super-Utilizers”)

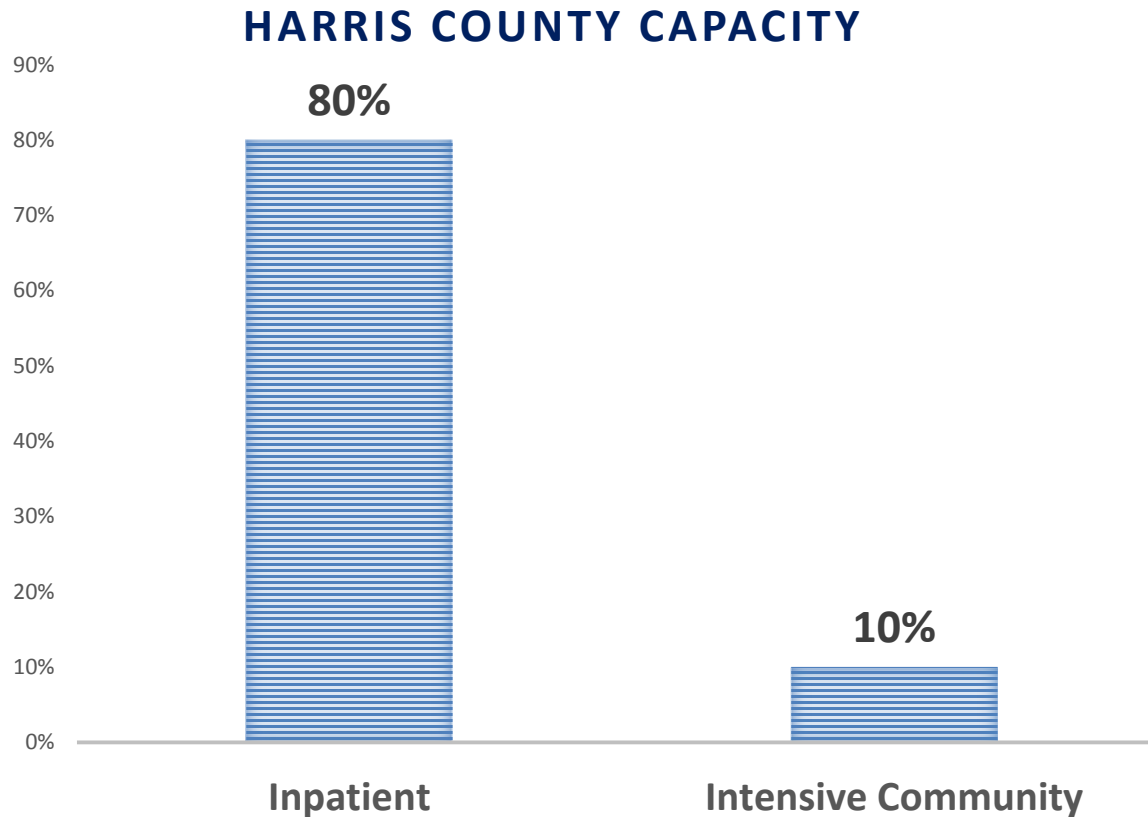
- Texas spends **\$1.4 billion** in emergency room (ER) costs + over **\$650 million** in local justice system costs **each year** due to inadequately treated mental illness and substance use disorders. These costs are disproportionately allocated to **people with complex health needs.**
- **How many?** In Texas, there are **38,000** people in poverty who suffer from mental illness and repeatedly **use jails, ERs, crisis services, EMS, and hospitals.**
- Services that work exist, but Texas currently only has the capacity to serve **1 in 7** and less than **1 in 10** of those with deeper criminal justice system use.

Forensic Commitment Waiting List

- **Increasing:** more than quadrupled since 2013.
- **Aren't we spending more now on treatment?** Yes, but the focus is on waitlists and overall numbers, not intensive care.



MMHPI Assessment: Harris County



- Harris County has 80% of the needed inpatient (bed) capacity.
- But it has less than 10% of the needed capacity for ongoing, intensive care.

We Expect Police to do Too Much the example of Dallas County.



I. Contact with Local Law Enforcement

15,593 behavioral health calls a year

Since 2012, increased 18% overall and 59% with ambulance sent



II. Jail

21% receive psycho-tropic medication

25% have past/current mental health system contact

58% rearrested



III. "Super-Utilizers"

More than 6,000 "super-utilizers" in Dallas, with 4,000 living in poverty

Less than 1 in 7 are in care

75% use jail repeatedly



IV. Community-Based and Inpatient Behavioral Health Care Services

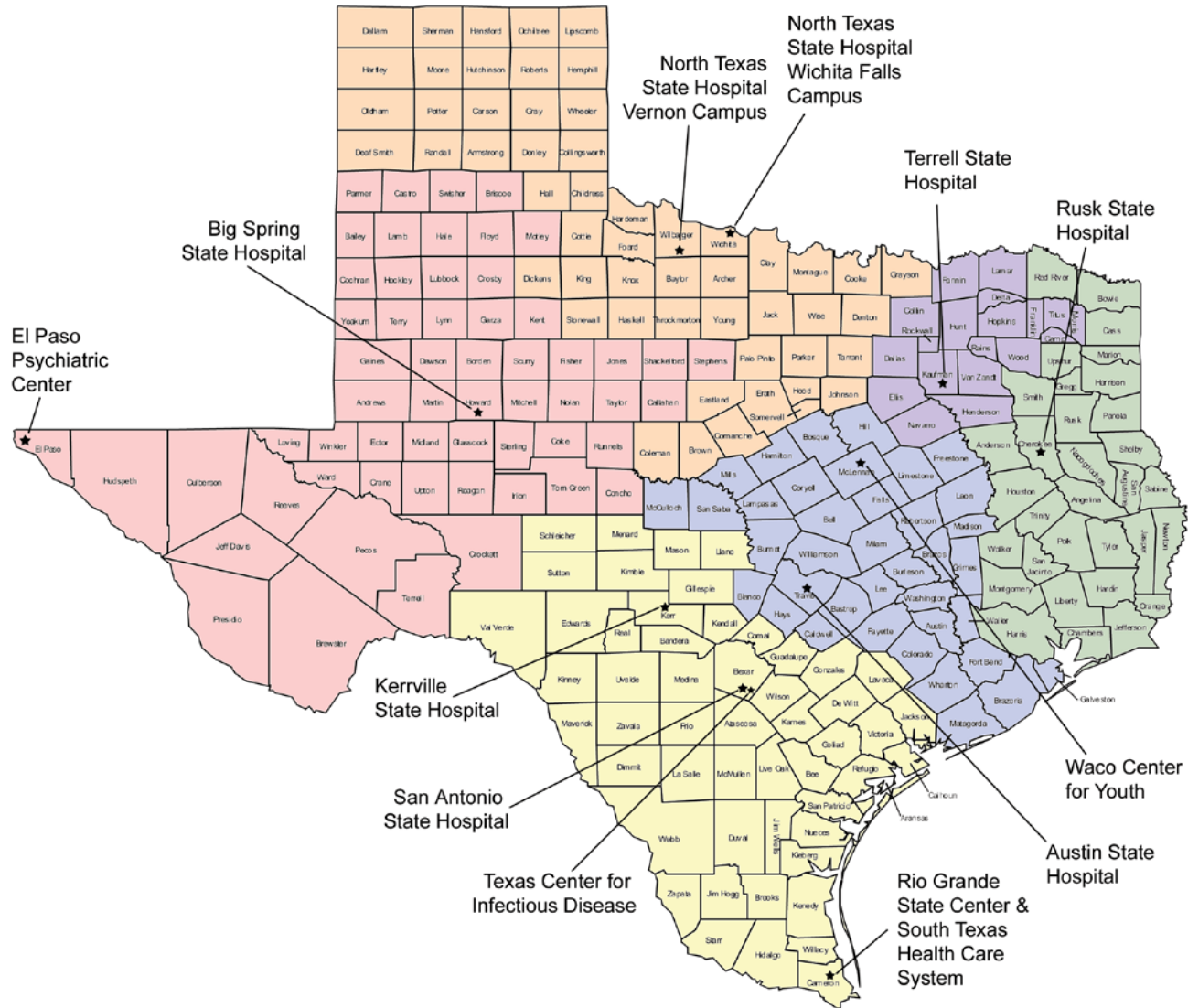
"Super-Utilizers" need ongoing intensive care, housing, and supervision

Opportunity: State Hospital System

We need to replace aging state hospitals with adequate medical facilities closer to the communities where people live.

| | |
|--|---|
| Austin State Hospital (1861) | Big Spring State Hospital (1938) |
| North Texas State Hospital – Wichita Falls (1922) | El Paso Psychiatric Center (1996) |
| Rusk State Hospital (1919) | Kerrville State Hospital (1951) |
| San Antonio State Hospital (1892) | North Texas State Hospital – Vernon (1969) |
| Terrell State Hospital (1885) | Rio Grande State Center (1962) |
| | Waco Center for Youth (1919) |

State Hospital System



Opportunity: Help Local Communities Better Manage People With Complex Health Needs

Partner with local governments to keep non-violent people with the most severe mental illnesses out of our jails and get those who end up in jails out, and into treatment, as fast as possible.

- 1. State Hospital System** – SB 1 (Nelson) includes a \$1 billion commitment for state hospital construction and deferred maintenance on other state facilities.
- 2. People with Complex Health Needs** – SB 292 (Huffman, Nelson, Schwertner) would fund partnerships with local governments to keep non-violent people with severe mental illnesses out of jail and help get those who end up in jail out, and into treatment, as fast as possible.

Population 2: Narrow the Prison Pipeline

- Texas A&M and the Council of State Governments Justice Center have shown the path to **reducing the school-to-prison pipeline**.
- **32,000 Texas children** with severe mental health needs are at high risk before entry into the juvenile justice system.
- **MMHPI local assessments** – Texas has little to offer children and families who need mental health services that are more intensive than a routine outpatient visit, but less intensive than residential care. **95%** of these children do not receive the **intensive mental health care** they need
- **Bexar County** – about 100 children a year out of the 2,300 who need this level of care receive it through the local mental health authority (LMHA).

Treatment Capacity

- **MMHPI local assessments** – Texas has little to offer children and families who need mental health services that are more intensive than a routine outpatient visit, but less intensive than residential care.
- **Bexar County** – about 100 children a year out of the 2,300 who need this level of care receive it through the local mental health authority (LMHA).
- **95%** of these children do not receive the **intensive mental health care** they need.

Opportunity: Develop Capacity for High-Needs Children in Foster Care

- We lack **adequate, high-quality capacity** in the child welfare system, particularly for **children with high needs**.
- There are about **4,000 high-needs children** in the system.
- Despite **83(R) SB 58**, in three years, **only three new child providers** have been added.

Texas communities need capacity-building help to fill this gap.

Child Protective Services – SB 11 and HB 914 are omnibus bills that would reform the Child Protective Services Division at the Department of Family and Protective Services and strengthen the delivery of services in the child welfare system. SB 74 (Nelson) / HB 1758 (Price) would help create high-quality treatment capacity for high-needs children in the system.

Population 3: First Episode Psychosis

- Each year, about **4,000** Texas adolescents and young adults **first experience a psychosis**. These are individuals who, without intervention, are likely to develop **complex health needs**.
- A **new treatment model (RAISE Early Treatment Program)** shows significant improvement for individuals if treatment is provided early enough.
- Texas has **small pilots based on RAISE** across the state. However, these pilots are currently only available to the uninsured, even though two-thirds of individuals first experiencing a psychosis have insurance.

Opportunity: Fight Mental Illness Like We Fight Cancer

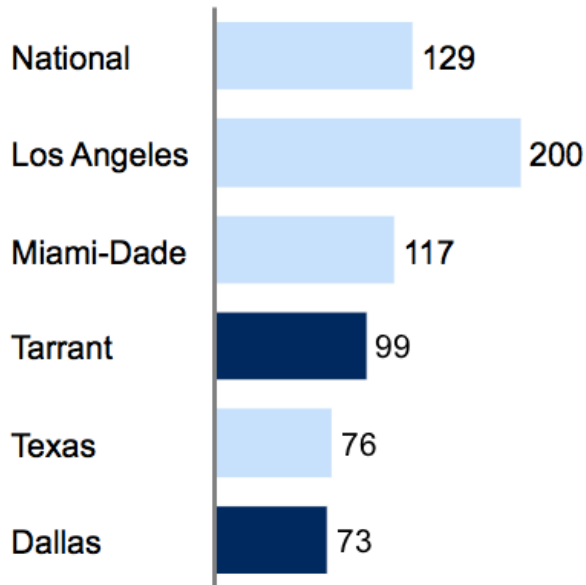
- **RESEARCH:** grounding treatment in science, including Basic, Translational, Applied Clinical, and Services.
- **WORKFORCE:** building a sufficient and skilled workforce in psychiatry, brain health, and behavioral health.
- **COMMUNITY BENEFIT:** bringing value to Texas communities to address pressing population health needs.

It is in the state's interest to leverage the broader capacity of our medical schools to deliver care. The chairs of the departments of psychiatry from public and private medical schools across the state have together adopted a budget rider that would fund six partnerships between psychiatry residency programs and LMHAs to expand access to public mental health providers.

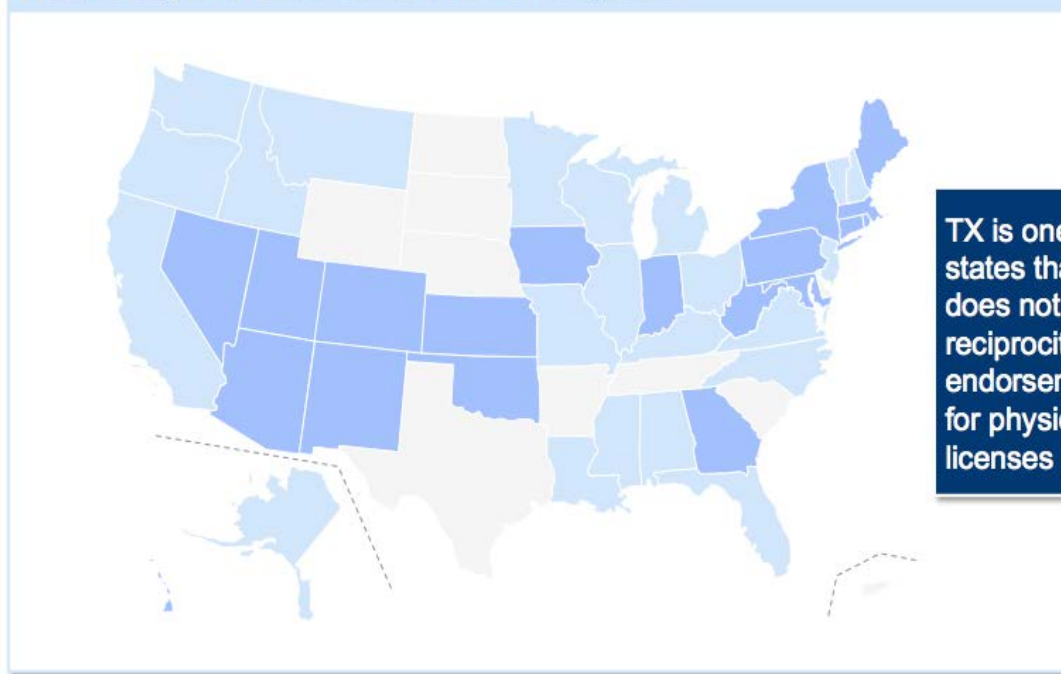
Opportunity: Continue to Address Our Behavioral Health Workforce Emergency

2013 psychiatrists

Number per MM population



Reciprocity and endorsement policies by state



Similar restrictions exist for other MH professionals. SB 674 (Schwertner) would create a fast-track licensure option for out-of-state psychiatrists moving to Texas. HB 1486 (Price) would establish training and certification requirements for peer specialists and authorize Medicaid reimbursement for their services.

Other Emerging Legislative Opportunities

- 1. Early Intervention** – HB 1600 (Thompson) require an adolescent mental health screening at an annual Texas Health Steps exam.
- 2. Integrated Care** – Legislation in drafting would require managed care organizations (MCOs) to offer integrated providers one contract with the MCO for physical and behavioral health services, even when the MCO subcontracts with a BH organization.
- 3. Insurance Parity** – HB 10 (Price) / SB 860 (Zaffirini) expands state parity enforcement authority and creates a streamlined complaint process to help Texas families get the parity they were promised.
- 4. Veterans** – HB 1 (Zerwas) and SB 1 (Nelson) both contain a \$10 million per year commitment to Texas Veterans + Family Alliance.
- 5. Transportation** – SB 344 (West) would allow licensed paramedics, who are trained health care professionals, to provide transport to mental health facilities in cases deemed safe by the peace officer.

21st Century Cures Act

- H.R. 34, the 21st Century Cures Act, was signed into law on December 13, 2016. This Act includes a variety of health-related policy issues and service initiatives, including cancer research, FDA approval processes for drug therapies, and many mental health and substance abuse policy and program changes.
- This legislation provides authority but is **not** an appropriations act. As such, it authorizes policy and spending for a variety of grant programs, including block grants for mental health and substance abuse as well as a variety of discretionary grant programs.
- However, the Continuing Resolution (CR) for FY 2017, which funds the federal government until April 28, 2017, passed out of the House and Senate on December 8 and 9, respectively. The CR included funding for portions of the Cures Act, most notably \$1 billion over FY 2017 and 2018 for opioid abuse prevention and treatment services to address the national opioid epidemic.

21st Century Cures Act: Longer Term

- **Strengthening Leadership and Accountability** – Creates an Assistant Secretary for Mental Health and Substance Abuse reporting to the Secretary of Health and Human Services (HHS). Also requires the Secretary to appoint a Chief Medical Officer.
- **Titles VII and VIII** – These promote use of evidence-based and promising programs, establishment of a “policy laboratory,” and authorization of grant programs. They also require states to spend no less than 10% of the mental health block grant on evidence-based programs to address early serious mental illness, including first episodes of psychosis.
- **Title IX – Promoting Access to Mental Health and Substance Use Disorder Care** - The sections under this title address grants for same services as SB 292 (e.g., treatment and recovery for homeless individuals; jail diversion programs; assisted outpatient treatment; assertive community treatment / ACT).

21st Century Cures Act: Immediate Impact

- SAMHSA has released the RFA that allows HHSC to apply for a formula-based allocation of funds to develop infrastructure and prevention and treatment services for opioid abuse. Texas is eligible to receive \$27,362,357 annually for two years should HHSC apply for this non-competitive award.
- Section 520K – Integration Incentive Grants and Cooperative Agreements – replaces previous legislation to make states eligible entities, in collaboration with one or more qualified community programs, to receive federal grants for integrated primary and behavioral health care. Previously, community programs were funded directly without state involvement.
- Title IX (Section 9007) amends Section 520F of the Public Health Service Act and authorizes HHS to award competitive grants to states to develop, enhance, or maintain a database on inpatient psychiatric beds.

TEXAS STATE
— of —
MIND

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The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
