



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

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**House Select Committee on Mental Health:  
The Current Texas Mental Health Landscape and Opportunities for Improvement**

Andy Keller, PhD | February 18, 2016

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# About MMHPI

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## ■ 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

# How Many People Need Help?

Population (2013)	Texas
<b>Total Population</b>	<b>26,400,000</b>
<b>All Mental Illness</b>	7,000,000
Mild	3,000,000
Moderate	2,500,000
Severe	1,500,000
Serious Mental Illness (SMI - Adults)	1,000,000
Adults with SMI below 200% FPL	500,000
Super-Utilizers of Hospitals, ERs, Jails	40,000
Super-Utilizers below 200% FPL	<b>22,000</b>
Severe Emotional Disturbance (SED - Children)	500,000
Children with SED below 200% FPL	300,000
<b>Annual Incidence</b>	
First Episode Psychosis (FEP)	<b>3,900</b>
<b>Common Diagnoses</b>	
Schizophrenia	97,000
All Mood Disorders	2,500,000
Major Depression	1,400,000
Bipolar Disorder	270,000
All Anxiety Disorders	4,800,000
Post Traumatic Stress Disorder	680,000
Alcohol and Drug Dependence	45,000
Antisocial Personality Disorder	120,000

*Figures rounded for simplicity*

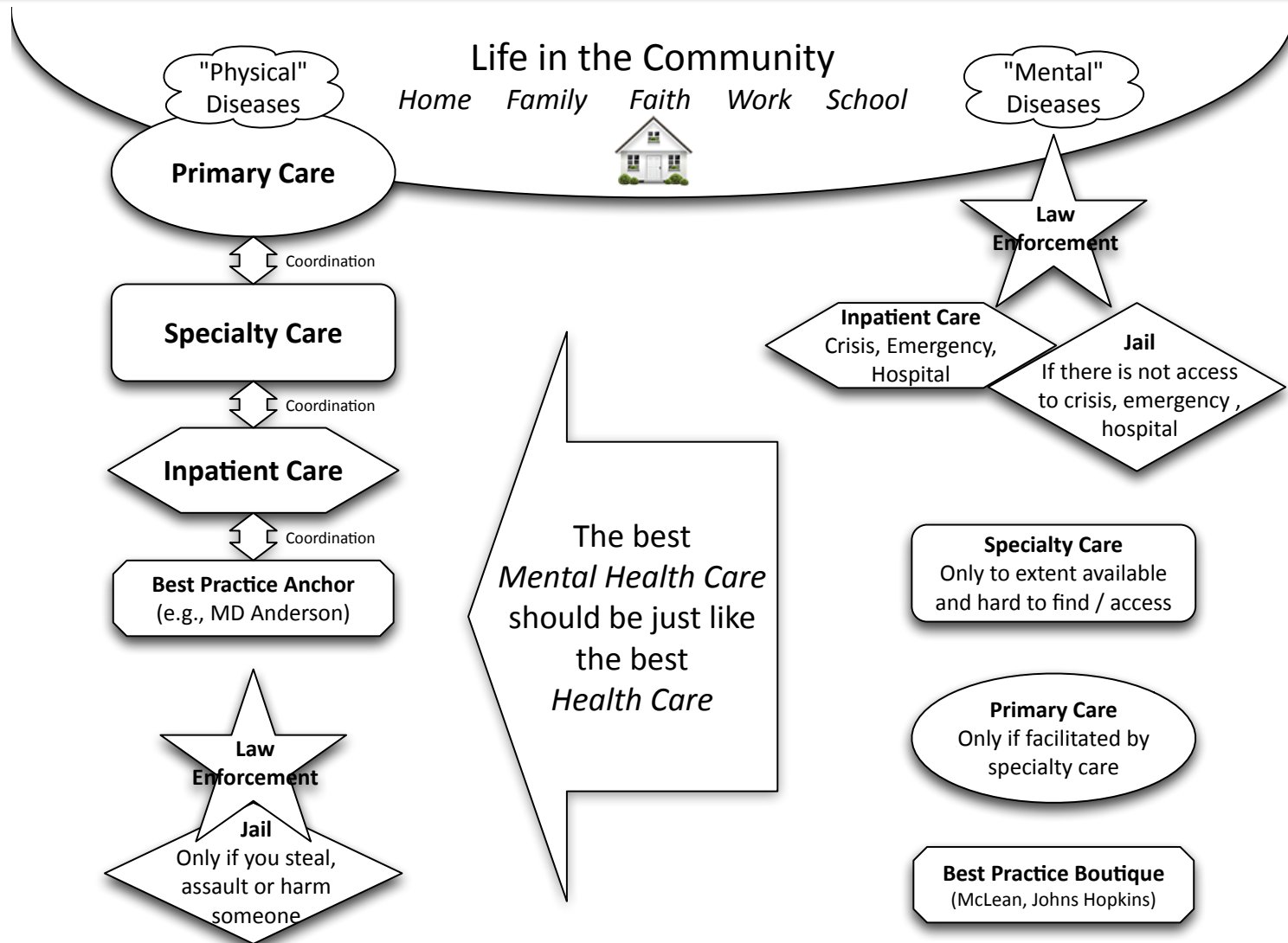
# Breakouts Across Major Regions

Population (2013)	Texas	Harris County	Dallas County	Tarrant County	Bexar County	Travis County	El Paso County	Tropical TX BH (RGV)	Burke Ctr (East TX)	TX Panhandle
<b>Total Population</b>	<b>26,400,000</b>	<b>4,300,000</b>	<b>2,500,000</b>	<b>1,900,000</b>	<b>1,800,000</b>	<b>1,100,000</b>	<b>830,000</b>	<b>1,250,000</b>	<b>385,000</b>	<b>400,000</b>
<b>All Mental Illness</b>	7,000,000	1,100,000	650,000	500,000	475,000	290,000	215,000	325,000	100,000	105,000
Mild	3,000,000	460,000	265,000	210,000	195,000	120,000	90,000	130,000	40,000	45,000
Moderate	2,500,000	400,000	240,000	185,000	175,000	110,000	80,000	120,000	35,000	37,000
Severe	1,500,000	240,000	145,000	105,000	105,000	60,000	45,000	80,000	25,000	23,000
Serious Mental Illness (SMI - Adults)	1,000,000	150,000	90,000	65,000	67,000	40,000	28,000	43,000	18,000	15,500
Adults with SMI below 200% FPL	500,000	85,000	55,000	35,000	35,000	22,000	15,000	33,000	9,800	8,200
Super-Utilizers of Hospitals, ERs, Jails	40,000	6,200	3,800	2,700	2,600	1,600	1,100	1,900	600	625
Super-Utilizers below 200% FPL	<b>22,000</b>	<b>3,700</b>	<b>2,300</b>	<b>1,600</b>	<b>1,500</b>	<b>950</b>	<b>650</b>	<b>1,100</b>	<b>350</b>	<b>365</b>
Severe Emotional Disturbance (SED - Children)	500,000	90,000	55,000	40,000	38,000	20,000	17,000	37,000	7,000	8,500
Children with SED below 200% FPL	300,000	55,000	36,000	22,000	21,500	11,000	9,000	28,000	4,500	4,750
<b>Annual Incidence</b>										
First Episode Psychosis (FEP)	<b>3,900</b>	<b>700</b>	<b>400</b>	<b>300</b>	<b>280</b>	<b>175</b>	<b>125</b>	<b>185</b>	<b>55</b>	<b>60</b>
<b>Common Diagnoses</b>										
Schizophrenia	97,000	16,000	9,000	5,800	4,000	3,400	2,000	4,200	1,450	1,500
All Mood Disorders	2,500,000	400,000	230,000	182,000	172,000	105,000	79,000	119,000	36,500	38,000
Major Depression	1,400,000	200,000	130,000	100,000	96,000	58,000	44,000	60,000	20,500	21,000
Bipolar Disorder	270,000	40,000	25,000	19,000	19,000	11,000	8,500	11,500	3,900	4,000
All Anxiety Disorders	4,800,000	780,000	445,000	346,000	328,000	200,000	150,000	225,000	70,000	72,500
Post Traumatic Stress Disorder	680,000	110,000	62,000	49,000	47,000	28,000	21,000	29,000	10,000	10,500
Alcohol and Drug Dependence	45,000	73,000	42,500	32,500	30,500	19,000	14,000	6,500	21,500	7,000
Antisocial Personality Disorder	120,000	20,000	11,000	8,400	8,000	5,000	4,000	5,500	1,700	1,750

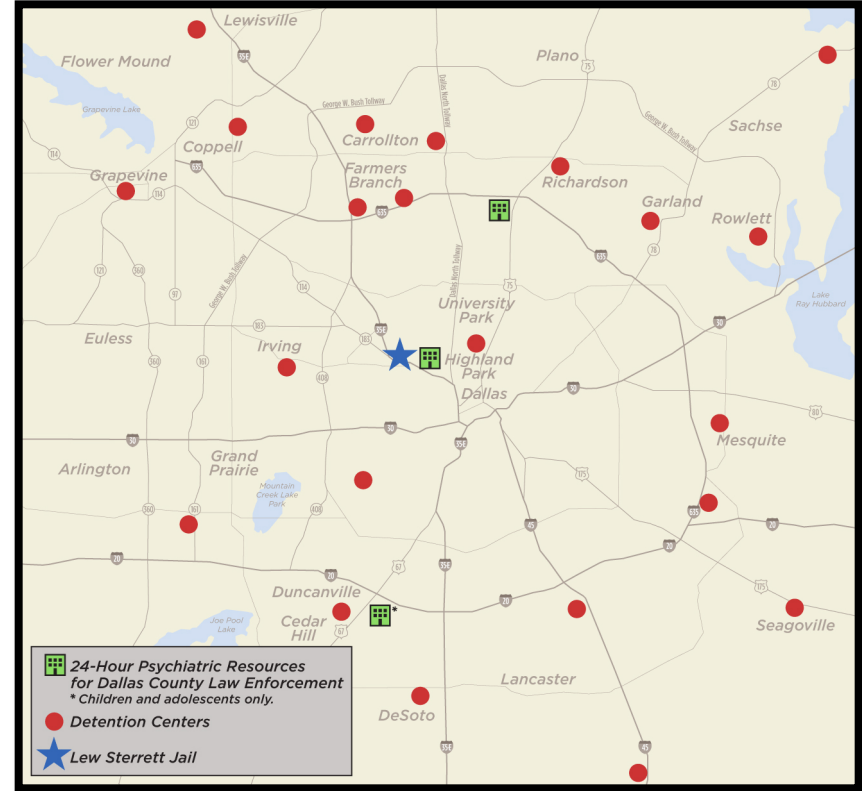
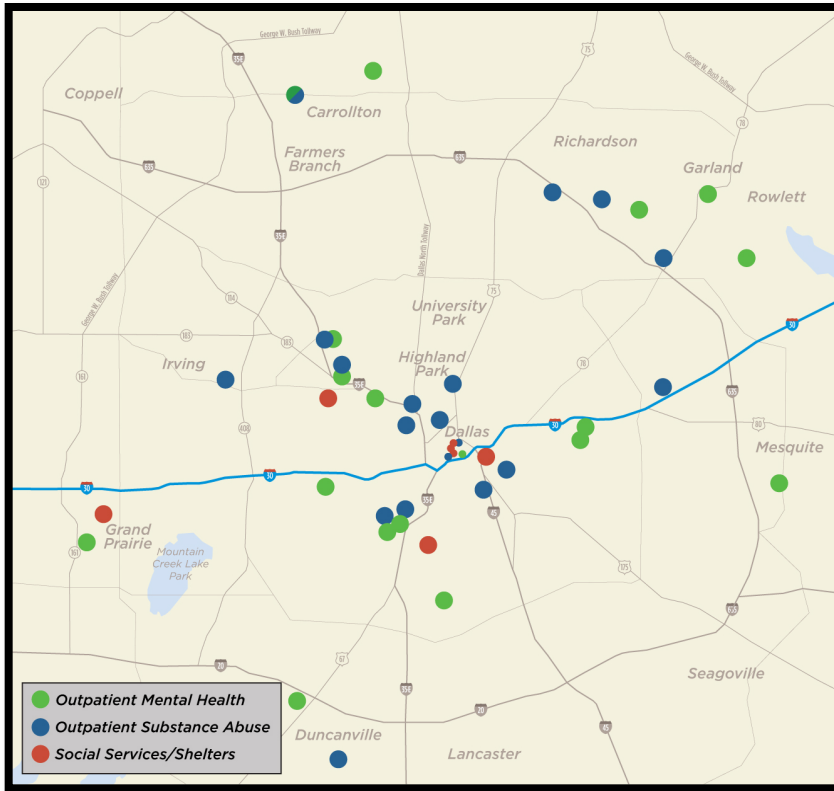
*Note: Figures subject to additional review before being finalized*

*Figures rounded for simplicity*

# Health Care vs. Mental Health Care



# How This Looks in One County: Dallas



# Where Have We Been? A Decade of Progress

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## CRISIS REDESIGN

- Investment in crisis redesign began with the 80th Legislature.
- Additional investments have been made each session since then as well as through the Medicaid 1115 Waiver (\$195M in Demonstration Year 4).
- Texas crisis redesign has become a national model (*e.g.*, Colorado implemented the Texas model post-Aurora).

# Where Have We Been? A Decade of Progress

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## COMMUNITY MENTAL HEALTH AND ADDICTION SERVICES

- 81st Legislature added funding for Transitional / Intensive Services (\$55M), Medicaid Substance Abuse benefit.
- 83rd Legislature funded waitlists (\$160M), initial 1915i SPA.
- 84th Legislature kept pace with population growth (\$9M), provided a per capita adjustment (\$37M), and expanded 1915i risk groups (jail, inpatient).

*Note: All figures biennial unless otherwise noted*



# Where Have We Been? A Decade of Progress

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## INPATIENT SERVICES

- 83rd and 84th Legislatures expanded community inpatient services.

## TARGETED POPULATIONS

- 83(R) SB 58 – Healthy Communities Homeless Collaboratives
- 83(R) SB 1185 – Harris County Jail Diversion Pilot
- 84(R) SB 55 – Texas Veterans + Family Alliance
- 84(R) SB 1630 – Juvenile Justice “Closer-to-Home”

# Public System: How Many Served Today?

	Texas	Harris County	Dallas County	Tarrant County	Bexar County	Travis County	El Paso County	Tropical TX BH (RGV)	Burke Ctr (East TX)	TX Panhandle
<b>Total Population (2013)</b>	<b>26,400,000</b>	<b>4,300,000</b>	<b>2,500,000</b>	<b>1,900,000</b>	<b>1,800,000</b>	<b>1,100,000</b>	<b>830,000</b>	<b>1,250,000</b>	<b>385,000</b>	<b>400,000</b>
<b>Total Need in Public Mental Health System</b>										
Adults with SMI below 200% FPL (2013)	500,000	85,000	55,000	35,000	34,871	22,000	15,000	33,000	9,800	8,200
<b>Number Served in Public Mental Health System</b>										
Adults with SMI Served by LMHAs (2014)	135,000	15,000	36,700	9,500	7,600	6,500	5,100	7,400	2,850	2,200
Adults with SMI Served by Medicaid (2012)	175,000	28,000	9,300	11,000	17,500	5,800	4,200	13,000	3,300	2,500
Total Adults with SMI Served by Public MH System	310,000	43,000	46,000	20,500	25,100	12,300	9,300	20,400	6,150	4,700
Estimated Adults with SMI Not Served	190,000	42,000	9,000	14,500	9,770	9,700	5,700	12,600	3,650	3,500
<b>Costs of Unmet Needs (2013)</b>										
Cost of Serving Adults with MI in Jail	\$450,000,000	\$49,000,000	\$47,500,000	\$30,000,000	\$18,000,000	\$19,500,000	\$14,500,000	\$22,300,000	\$10,000,000	\$8,500,000
Local Juvenile Justice Costs for Youth with SED	\$230,000,000	\$19,000,000	\$18,500,000	\$15,500,000	\$17,500,000	\$9,300,000	\$5,600,000	\$16,500,000	\$3,900,000	\$4,500,000

**Note: Figures subject to additional review before being finalized**

*Figures rounded for simplicity*

# State Behavioral Health Spending

State Agency BH-Related Spending per Biennium	FY16-17 GR	FY16-17 All Funds
<b>From LBB 84R Cross-Article BH-Related Summary</b>		
Department of State Health Services (DSHS)	\$1.966 Billion	\$2.712 Billion
Department of Criminal Justice (TDCJ)	\$491 Million	\$500 Million
Juvenile Justice Department (TJJD)	\$231 Million	\$250 Million
Health and Human Services Commission (HHSC) Non-Medicaid	\$32 Million	\$80 Million
Department of Family and Protective Services (DFPS)	\$23 Million	\$30 Million
Department of Aging and Disability Services (DADS)	\$18 Million	\$20 Million
All Other Agencies	\$28 Million	\$40 Million
<b>SUB-TOTAL: LBB 84R Cross-Article BH-Related Summary</b>	<b>\$2.789 Billion</b>	<b>\$3.63 Billion</b>
<b>From Additional MMHPI Analysis</b>		
HHSC Medicaid	Not Available	~\$2.0 to \$4.0 Billion
1115 DSRIP BH Projects	Not Available	~\$750 Million
<b>SUB-TOTAL: Additional MMHPI Analysis</b>	Not Available	<b>\$2.75 to \$4.75 Billion</b>
<b>GRAND TOTAL</b>		<b>\$6.4 to \$8.4 Billion</b>

# Costs to Texas Taxpayers

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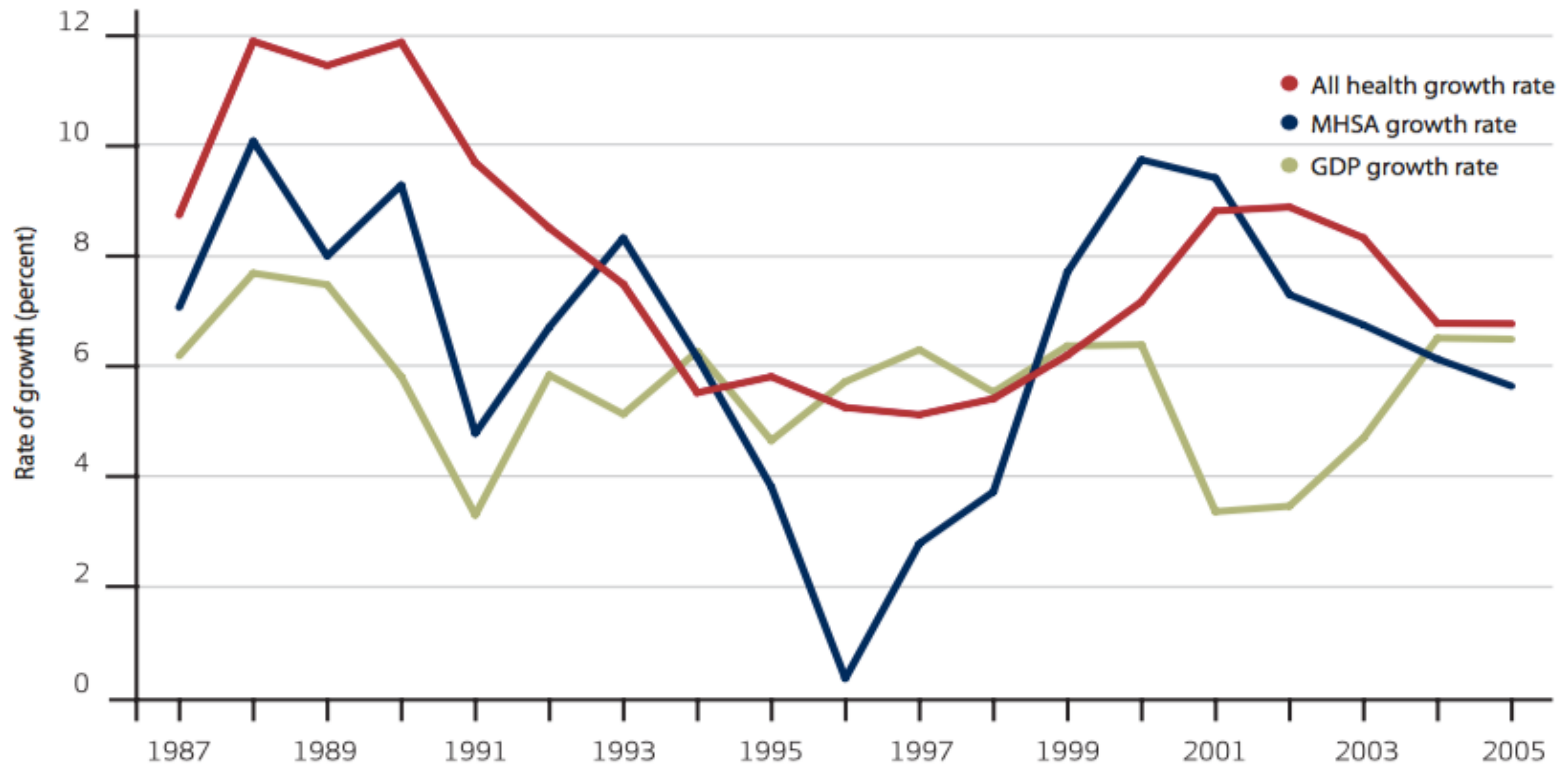
Texas taxpayers incur the following annual costs for people with severe needs:

- At least \$1.4 billion in **emergency room costs**;
- At least \$450 million in **local jail costs**;
- At least \$230 million in **local juvenile justice system costs**;  
and
- Billions of dollars of potential Medicaid **physical health spending** (*study in progress*).

# Two Decades of Cost Cutting

Exhibit 2

Annual Expenditure Growth Rates, All Health, Mental Health And Substance Abuse, And Gross Domestic Product (GDP), 1986–2005



SOURCE Substance Abuse and Mental Health Services Administration, Center for Mental Health Services and Center for Substance Abuse Treatment. NOTE MHSAs is mental health and substance abuse.

**Note: National Trend**

# Leveraging Scarce Resources

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## Key Components:

- ✓ State-Local Cost Sharing
- ✓ Collaboration Required
- ✓ Best-Practices for Targeted Populations
- ✓ Outcome-Driven

**83(R) SB 58 – Healthy Communities Homeless Collaboratives**

**83(R) SB 1185 – Harris County Jail Diversion Pilot**

**84(R) SB 55 – Texas Veterans + Family Alliance**

# Where Might We Go Next?

## Cost-Driven, Targeted Populations

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Population 1: Manage Crisis Super-Utilizers

Population 2: Address First Episode Psychosis

Population 3: Narrow the Prison Pipeline

# Population 1: Manage Crisis Super-Utilizers

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- **Super-utilizers** – in Texas, there are **22,000** people in poverty who suffer from mental illness and repeatedly use jails, ERs, crisis services, EMS, and hospitals.
- Texas currently spends **\$1.4 billion** in ER costs + over **\$650 million** in local justice system costs each year due to mental illness and substance use disorders. These costs are disproportionately allocated to **super-utilizers**.
- Services that work exist, but Texas currently only has the capacity to serve 1 in 7 (3,400 super-utilizers).

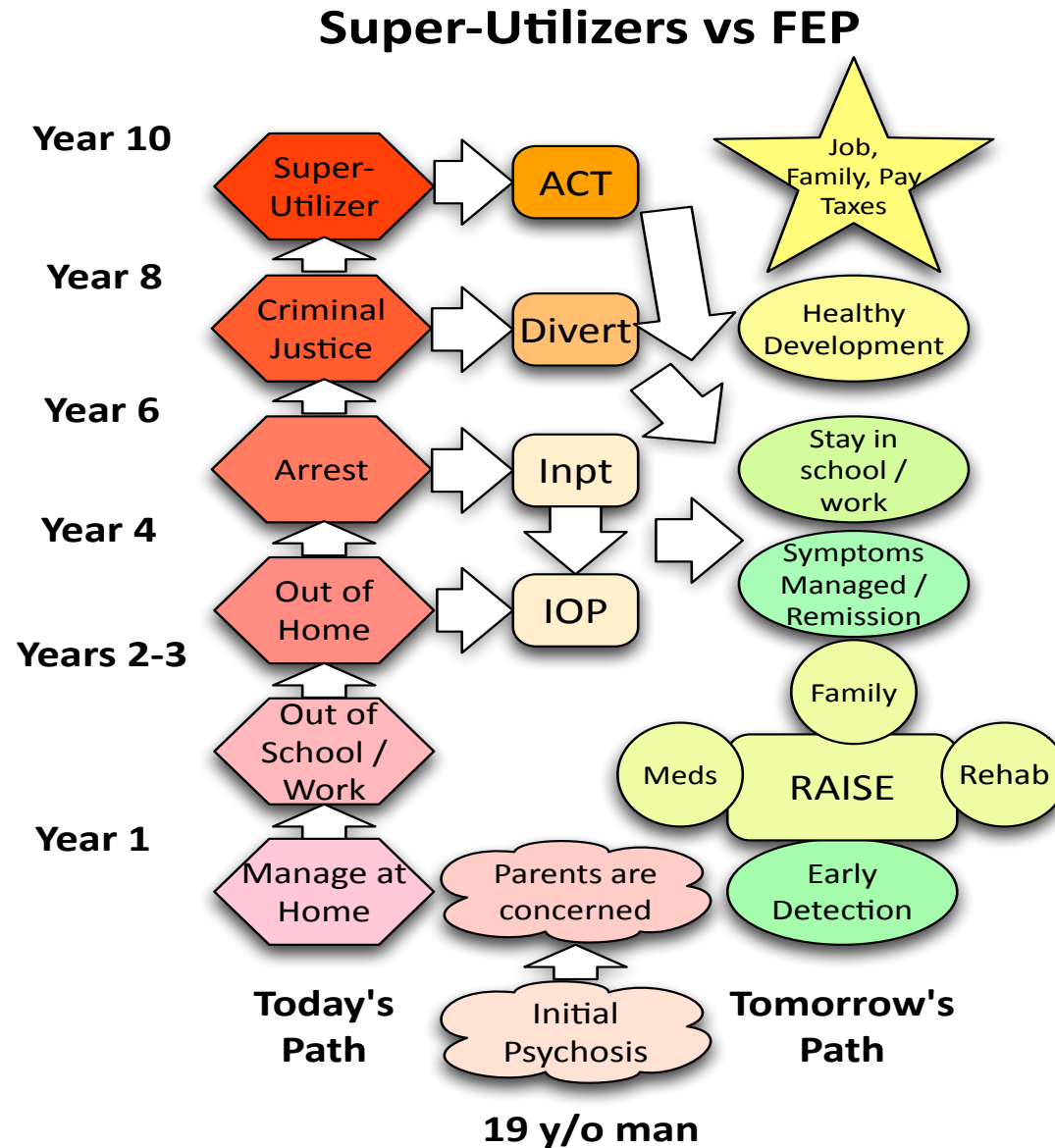


## Population 2: Address First Episode Psychosis

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- Each year, about **3,900** Texas adolescents and young adults first experience a psychosis. These are individuals that, without intervention, are very likely to become super-utilizers.
- 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 (Dallas, Houston) and a few small programs (UTHSC-SA) to build on.

# Current System & Barriers to Care



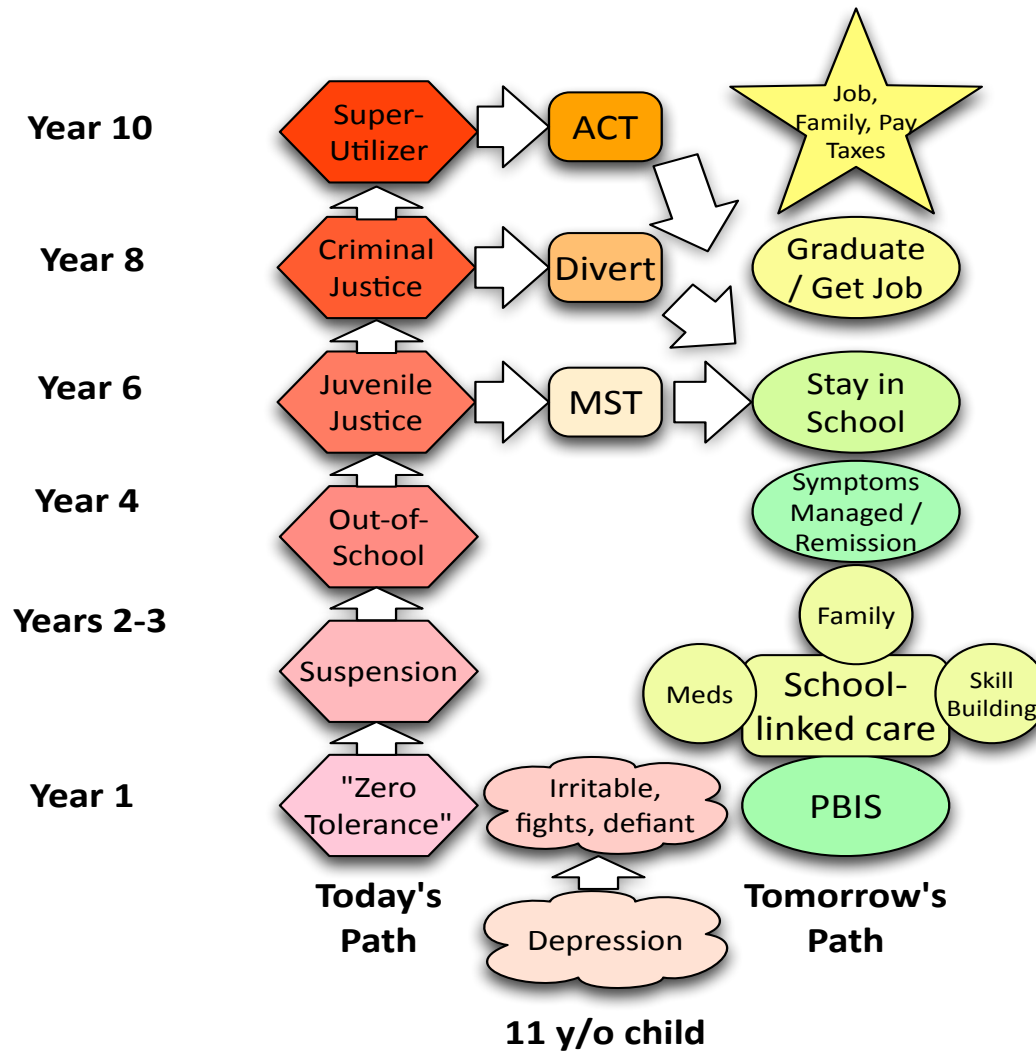
# Population 3: Narrow the Prison Pipeline

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- Texas A&M and the Council of State Governments Justice Center have shown the path to reducing the pipeline.
- 84(R) SB 1630 continued TJJD reforms, but a gap prior to juvenile justice system entry remains. **Thirty thousand (30,000)** Texas children with severe mental health needs are at high risk before entry.
- Our current mental health systems can serve only a few hundred at the needed level of intensity.

# Current System & Barriers to Care

## Narrowing the "School to Prison Pipeline"

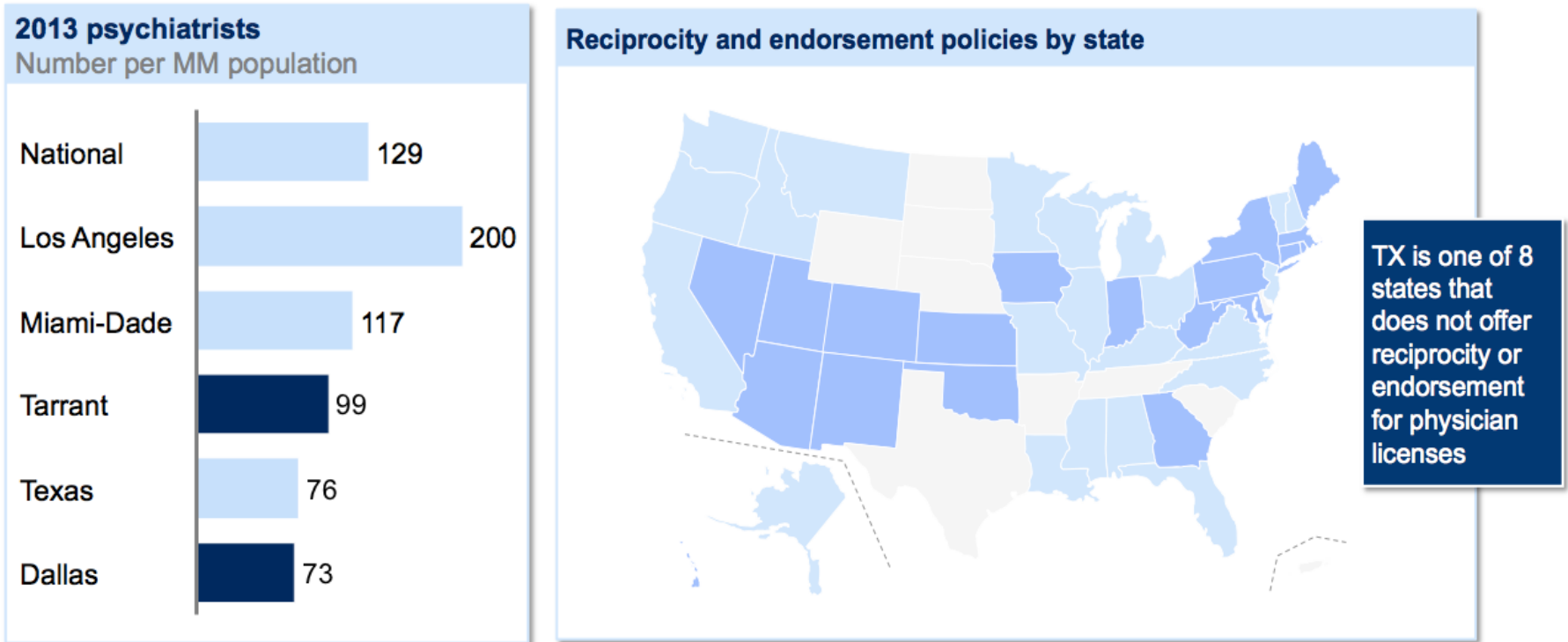


# Mental Health Workforce: A Public Health Crisis

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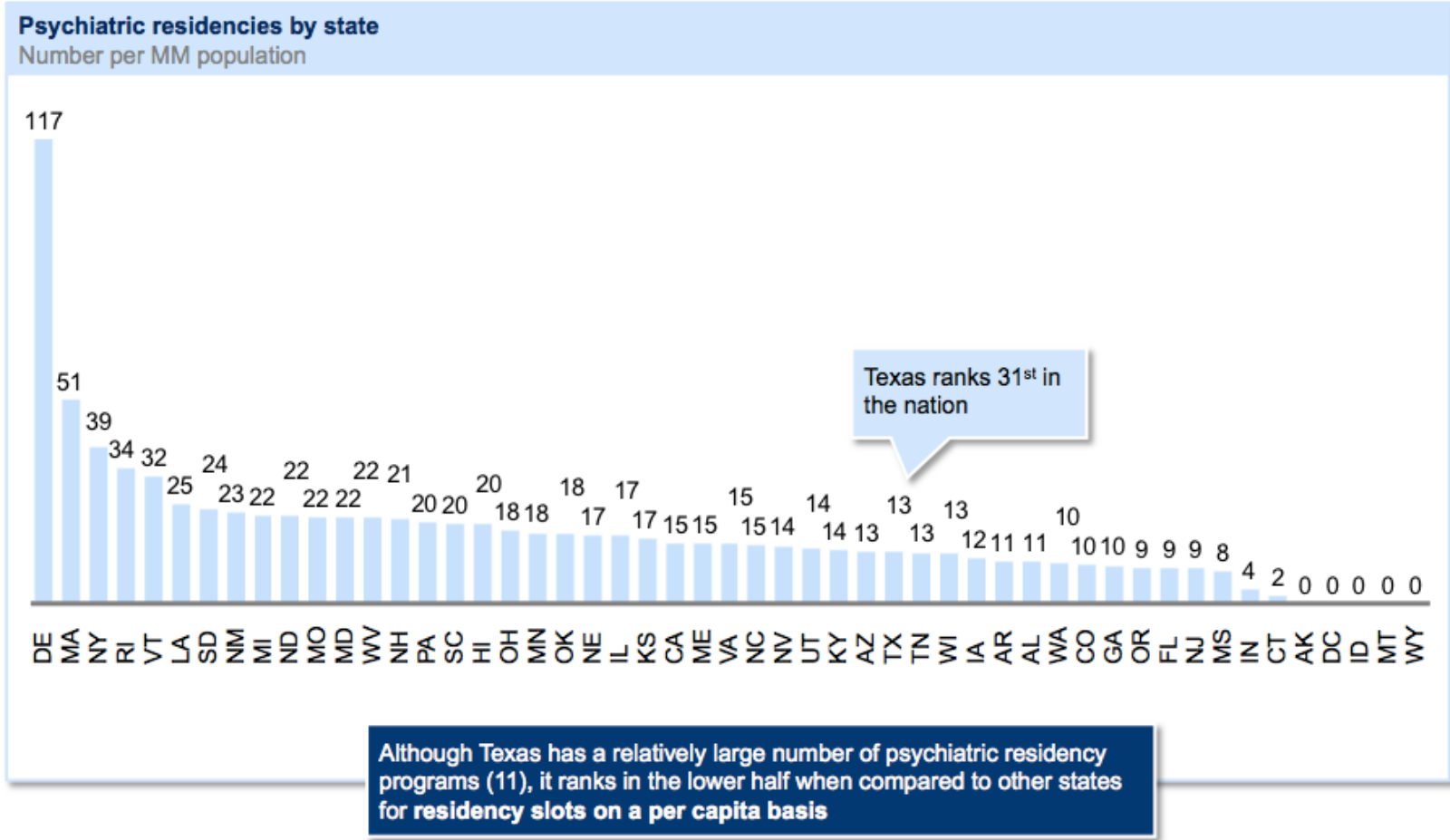
- An overwhelming majority of Texas counties are designated as Mental Health Professional Shortage Areas, defined as more than **30,000 Texans per clinician**.
- Texas has **1,460 psychiatrists** (532 over the age of 55) and can train **only 370** in Texas residencies each year (including just over 50 child psychiatrists).
- Texas needs at least **1,000 more adult and 200 more child psychiatrists** today.

# Key Drivers of Professional Shortage



Similar restrictions exist for other mental health professionals.

# Key Drivers of Professional Shortage



Similar capacity needs exist for other mental health professionals.

# System-wide Points of Additional Leverage

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- ***Account for Medicaid behavioral health spending.*** Texas spends at least \$1.0 billion per year and potentially as much as \$2.0 billion per year for the health care of people with behavioral health needs within Medicaid.
- ***Improve specificity of Medicaid contract requirements*** to achieve state priorities like other states do (e.g., Florida).
- ***Create one crisis system*** rather than a separate Medicaid system.



# System-wide Points of Additional Leverage

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- *Use cross-payer outcome metrics* to hold local systems accountable.
- *Unlock local innovation* and allow local governments that agree to work together to waive non-statutory requirements.

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