



**Hogg Foundation
for Mental Health**
ADVANCING RECOVERY AND WELLNESS IN TEXAS

**Testimony
House Select Committee on Mental Health
February 18th, 2016**

The Hogg Foundation for Mental Health is part of the Division of Diversity and Community Engagement at the University of Texas at Austin and was founded 75 years ago by the children of former Governor Hogg. We have been asked by Chairman Price to do two things today. First, to provide you some information about the foundation and how we can assist you in your work on the select committee, and secondly, to offer you our perspective on what is working and can be built upon in the current system.

The foundation is celebrating 75 years of working to advance the mental wellness of Texans through research, education, service provision, and public policy. Our policy work includes providing information and technical assistance to legislators and staff and we hope that you will call on us during this select committee process. Every other year before the legislative session, we produce a mental health guide, *A Guide to Mental Health Systems and Services in Texas*. We develop this guide to help inform your decision-making related to mental health.

Foundation staff work closely with health and human services agencies to analyze mental health policies and develop recommendations for improvement. Hogg staff also participate on state level committees enabling us to contribute to the vision for the Texas behavioral health system, develop recommendations and monitor implementation of programs and services. Currently, our executive director, Dr. Octavio Martinez, chairs the SB 58 Behavioral Health Integration Advisory Committee. Additionally, our policy program officer, Colleen Horton, serves on the new Behavioral Health Advisory Committee, the state Medicaid Managed Care Advisory Committee, Promoting Independence Advisory Committee, and the Medical Care Advisory Committee. All of these committees we are privileged to serve on offer opportunities to work closely with a multitude of policymakers and stakeholders.

In addition to our policy efforts, through our grant making we have the ability to impact mental health service delivery, mental health research, health disparities, workforce and much more. Our staff have a wide range of expertise including psychiatry, social work, counseling, evaluation, juvenile justice, public policy, and more. We also have two consumer-family liaisons on staff who are invaluable to our work and ensure that consumer and family perspectives and interests are a part of everything we do.

The foundation appreciates the Speaker's continued interest in the mental health of Texans exhibited by the appointment of this committee and we appreciate the commitment of this committee to work to build on the progress made to date. As a result of additional funding, programmatic changes and a

heightened interest in behavior health, a number of positive changes are underway and need your continued support.

Continuing and building on the following initiatives can improve access to, and the quality of, behavioral health services.

1. High quality human resources working to improve the systems

One of the state's most valuable assets is the staff working on the various systems addressing mental health. The staff at the Health and Human Services Commission and the health and human services agencies have an enormous task. The amount of work they are charged with can be overwhelming, but those working to develop improved systems are dedicated to the people they are trying to serve and committed to serving the state well. They work long days and we often don't appreciate enough the work they do.

2. Maintain and grow our focus on recovery

A strong system of behavioral health supports begins with a clear focus on recovery. The Texas public mental health system has been moving to a recovery-based system for a number of years and has helped many escape the sometimes endless cycle in and out of mental health hospitals and jails.

Recovery is not a cure; it is a journey in which individuals with mental health or substance use conditions are able to manage their illness in a way that allows them to lead a meaningful life.

Recovery is much more than simply surviving. It is based on the belief that while symptoms of mental illness are not always under the individual's control, managing those symptoms and living their life can be.¹ A system built on anything less than the belief that recovery is possible will result in continuation of over-crowded jails and over-used psychiatric hospitals.

Recovery can break the cycle but it must be the guiding force for mental health and substance use services *across all state agencies*, not just the state mental health agency. The state should work to embed the culture of recovery in all agencies delivering behavioral health services and make opportunities for recovery available to populations that haven't had the benefit of recovery-oriented supports and services. This includes people with intellectual and developmental disabilities, children in our schools, those incarcerated in our criminal justice system, and likely more.

3. Health and Human Services Transformation

The HHSC transformation directed by the 84th Legislature offers significant opportunities for collaboration that have proven to be difficult under the separate agency structure. Mental health is one issue that interfaces with all health and human service agencies and beyond. Separate agencies have had difficulty in letting go of agency boundaries and working cooperatively. Funding silos, programs, services and staff have not been conducive to shared responsibility, accountability, or service provision. We are hopeful, and we believe, that the HHSC executive leadership envisions a transformed and consolidated commission that will break down those barriers and form a more person-centered system.

Breaking the silo barriers requires strong commitment to ongoing coordination, cooperation and a willingness to break the mold. True coordination can only occur if *joint accountability* is required of all agencies involved, including those outside the health and human services enterprise. There are likely many ways that this could be accomplished, but the foundation recommends the creation of a cross-agency **Office of Planning, Analysis and Evaluation for Mental Health**, expanding the scope and authority of the office of coordination of behavioral health services by increasing expectations and authority beyond coordination to include authority, responsibility, and accountability. Comprehensive cross-agency coordination, responsibility, and accountability for mental health services has the potential to avoid duplication of services, maximize resources, increase access to appropriate services, and improve quality.

Texas needs a system where agency leaders hold joint responsibility and accountability for mental health services, social supports, data collection and analysis, budgeting, evaluation, and implementation of needed system changes. A possible framework for the office includes:

a. Responsibilities of the Office of Planning, Analysis, and Evaluation for Mental Health include:

- i. Strategic planning with short, mid-range and long term goals and objectives;
- ii. Coordinated budgeting to reduce silos and offer opportunities for flexible use of mental health funding;
- iii. Meaningful data collection and data sharing with coordinated data analysis;
- iv. Monitoring and evaluating progress toward strategic goals;
- v. Performance measurement based on recovery outcome measures;
- vi. Joint legislative recommendations to remove barriers impeding efficiency;
- vii. Collecting and analyzing data to include projections and simulations beyond the typical two-year budget cycle;
- viii. Review and analysis of the data from the 1115 waiver behavioral health projects and make recommendations for future scaling or elimination; and
- ix. Reducing behavioral health needs by identifying social determinants leading to mental illness and substance use and developing solutions for prevention and early intervention.

b. In developing the comprehensive funding and program plans, the agency executives should analyze and consider:

- i. Data metrics needed to make meaningful policy decisions (standardizing data collection across agencies, identifying missing data needed to make well-informed policy decisions);
- ii. The need for communities to have flexibility in how funds are spent to reach the identified programmatic objectives;
- iii. How best to measure both provider and consumer satisfaction in service provision; and

- iv. Opportunities for decision-making based on simulation models that measure the impact of funding variations (e.g., how adjusting the funding in one agency may impact another agency).

4. Continue to build a truly integrated system of care

SB 58 (83rd) directed HHSC to integrate Medicaid behavioral health services into the managed care system. To date, most of what has been integrated has been the funding streams. Much work is needed to move to a truly integrated system of services and care. The SB 58 Integration of Behavioral Health Advisory Committee has developed significant recommendations that are being considered by HHSC.² The evidence supporting integrated healthcare is significant and research demonstrates that integrating mental health/substance use services with primary care can improve quality outcomes and reduce costs.³ Continued monitoring of integration efforts by the legislature will help to ensure continued movement toward truly integrated care.

5. Increase access to peer support services provided by certified peer specialists

Texas has a critical mental health workforce shortage.⁴ Peer services provided by certified peer specialists offer unique opportunities for helping individuals experiencing mental illness work toward recovery. Currently, reimbursement for peer services is limited to the local mental health authorities as mental health rehabilitative services. This limits opportunities for many to benefit from these services.

Peer services are not intended to supplant services offered by other mental health providers. Peer specialists offer services that other professionals often can't provide, services that their lived experiences add to the continuum of mental health services. Peer services should be available and reimbursable in multiple settings including hospitals, emergency departments, community clinics, local mental health authorities, criminal justice settings (including re-entry), supported housing, and more. Peer services have been shown to reduce hospital readmissions and improve engagement in recovery. HHSC is currently working with stakeholders to define and set standards for peer services statewide. The foundation applauds HHSC in their efforts to make these services more readily available to those who need them.

6. Address the mental health needs of individuals with intellectual/developmental disabilities (IDD)

It is estimated that the rate of mental health conditions for those with IDD is two to three times higher than for the general population.⁵ As mentioned earlier, Texas has not yet fully recognized the need to look beyond "challenging behaviors" to address the mental health and wellness of this population. Instead of supporting individuals with IDD to overcome trauma or work toward recovery, far too often we focus solely on managing behaviors, making people compliant, and controlling lives. People with intellectual disabilities should have access to quality mental health services, trauma-informed care, and opportunities for recovery. HHSC has agreed to begin looking for ways to address the lack of quality mental health treatment for adults and children with intellectual disabilities. This is no easy change. It will require new thinking, building awareness, capacity building, education, and training. The foundation is grateful for the commitment and will work closely with the commission to ensure that trauma-informed care and quality mental health treatment becomes a priority consideration when planning for the support needs of individuals with IDD.

7. Increase opportunities for self-directed services

While Texas has embraced opportunities for self-directed services in the disability long-term services and supports system, the option has not been widely available in the mental health system. This limits individuals to a prescribed package of services that may not help them to achieve their recovery goals. Using data and building on information gathered and lessons learned from the North Texas pilot, self-directed services should be expanded in the Texas mental health and managed care systems.

8. Enforce parity for mental health services

Parity for mental health services is not yet a reality in Texas. Unfortunately, it has been difficult to determine whether HHSC or the Department of Insurance has responsibility for monitoring and enforcing mental health parity. Texas needs stronger accountability measures for ensuring that individuals have access to mental health services through Medicaid or their private insurance plans as required by federal law.

9. Appropriate resources to effectively meet the need for mental health services

The Texas Legislature has increased mental health funding in both of the past two legislative sessions. Knowing that the need for these services will continue to grow, it is important to identify both the actual need for services and the most effective way to provide those services, and base appropriations accordingly. Particular attention should be paid to prevention of mental health conditions and early intervention.

10. Ensure that public schools have adequate resources and professionals to address the mental health needs of students

Mental illness often presents itself during adolescence.⁶ It is imperative to provide adequate resources and develop professionals with knowledge of behavioral health within the education system. Prevention and early detection can lead to better outcomes for children across the state.

11. Improve access to housing opportunities for individuals with serious mental illness

Access to affordable and integrated housing is necessary for recovery. Through appropriations, Texas has made some progress in addressing the need for housing for individuals with serious mental illness, yet many individuals with mental illness remain homeless or hospitalized. It is difficult to work to achieve recovery if you have no place to live. HHSC should build on the progress to date by exploring housing opportunities including the development of crisis intervention and restoration facilities to divert individuals from jails and hospitals.⁷

For more information, please contact our policy program officer, Colleen Horton, at colleen.horton@austin.utexas.edu, or Alison Boleware at Alison@austin.utexas.edu.

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¹ Substance Use and Mental Health Services Administration, Recovery and recovery support, Retrieved from <http://www.samhsa.gov/recovery>.

² Health and Human Services, Senate Bill 58 behavioral health integration advisory committee second report to the health and human services commission. July 8, 2015.

³ Mauer, B., Jarvis, D. (2010). The business case for bidirectional integrated care: mental health and substance use services in primary care settings and primary care services in specialty mental health and substance use settings. MCPP Healthcare Consulting, June 30, 2010.

⁴ Department of State Health Services, *The Mental Health Workforce Shortage in Texas, H.B. 1023 Report*, February 2014.

⁵ Department of Aging and Disability Services. Physical and behavioral health services in the home and community-based services and community living assistance and support services Medicaid waiver programs: Exploring the capacity to serve individuals with complex needs in the community. April 2012.

⁶ Ballageer, T. (2005). Is adolescent-onset first-episode psychosis different from adult onset? *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol. 44, Issue 8.

⁷ Center for Health Care Services, San Antonio Texas. Retrieved from: <http://chcsbc.org/innovation/restoration-center>