



Presentation to the House Select Committee on Mental Health: Substance Use Disorder and Homelessness

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August 16, 2016

Substance Use Disorder Prevalence in Texas

- An estimated 1.6 million adult Texans (nearly 6% of the total adult population) have a substance use disorder (SUD).
 - About 42% (or 679,228 persons) live at or below 200% of the federal poverty level (FPL).
- In 2014, 7.9 million U.S. adults had a co-occurring disorder.
 - This includes coexistence of mental illness and SUD or mental illness and Intellectual and Developmental Disabilities.
 - There is a higher prevalence among populations such as criminal justice, veterans, and homeless individuals.
- An estimated 181,938 children in Texas ages 12 to 17 have SUD.
 - 57% (or 103,559 children) live at or below 200% FPL.

Substance Use Disorder Prevalence in Texas

- One challenge to providing SUD services and treatment programs is the capacity of the current behavioral health system. Potentially eligible populations accessing services in fiscal year 2015:
 - 5.7% adults
 - 5.2% children
- DSHS Estimated Need: SUD (Alcohol or Illicit Drug Dependency) for Children and Adults in Texas Compared to Numbers Served, Fiscal Year 2015:

SUD Population	Adults (Age 18 and Above)	Children (Age 12 to 17)
Individuals Receiving Services through DSHS	39,387	5,258
Eligible Individuals*	689,803	92,071
Individuals in Need of Services	1,626,126	161,755

* Eligibility is based on income at or below 200 percent FPL.

Homelessness in Texas

- The U.S. Department of Housing and Urban Development's Point-in-Time survey seeks to measure the scope of homelessness on a single night in January each year.
- January 2015 results found nearly 24,000 Texans statewide who were homeless:
 - 18.7% had a serious mental illness, and
 - 15.7% had a chronic SUD.

Statewide Behavioral Health Coordinating Council

- HB 1 (84R), Article IX, Section 10.04, created the Statewide Behavioral Health Coordinating Council comprised of 18 state agencies charged with developing the:
 - Five-Year Statewide Behavioral Health Strategic Plan, and
 - Coordinated Expenditure Proposal for Fiscal Year 2017.
- Expected Outcomes:
 - Significant improvements in behavioral health coordination across state agencies;
 - Maximize use of existing resources and services;
 - Address behavioral health gaps identified through strategic approach;
 - More efficient and effective state government;
 - Ensure utilization of successful best, promising, and evidence-based behavioral health services and service delivery; and
 - Ensure prompt access to quality behavioral health services.

Statewide Behavioral Health Strategic Plan: Public Input

- As part of the Statewide Behavioral Health Strategic Plan development, in February 2016, 745 individuals responded to a survey of current Strengths, Weaknesses, Opportunities, and Threats related to behavioral health services in Texas.
- Geographic Location of Respondents:
 - 69% from large urban areas (population greater than 50,000),
 - 24% from small urban areas (population between 2,500 and 50,000), and
 - 7% from rural areas (population less than 2,500).
- Top responses for each survey category:

Strengths

- Availability of Peer Services
- Diverse array of available services; increased services available
- Availability of crisis response teams

Weaknesses

- Limited available services
- Shortage of psychiatrists, clinical staff, behavioral health providers and lack of substance use treatment
- Low coordination between providers; lack of follow-through, organization, and attention to effective outcomes

Opportunities

- Expand telemedicine/telehealth
- Increase stakeholder involvement and front line staff input
- Expand existing services

Threats

- Lack of appropriate and adequate funding; funding cuts
- Sustainability of innovative and grant-funded programs
- High costs of services; lack of insurance; claims and reimbursement issues

Statewide Behavioral Health Strategic Plan: Identified Gaps in Services

- Large investment and stewardship of the Governor and the Legislature to improve Texas' behavioral health service delivery system have made positive change.
 - Increased treatment alternatives to incarceration.
 - Enhances local community collaboration.
 - Coordinated funding efforts.
- However, gaps in services still remain:
 - Council member agencies and community stakeholder groups provided valuable insight to identify gaps and challenges related to coordination, access, and service provision.
 - Council members also identified specific populations that are underserved in the current behavioral health system.
- The Council identified 15 gaps, four of which relate specifically to substance use and homelessness.
 - Access to Appropriate Behavioral Health Services
 - Access to Timely Treatment Services
 - Use of Peer Services
 - Access to Housing

Access to Appropriate Behavioral Health Services

- Specific underserved populations include individuals with:
 - Substance Use Disorder (SUD),
 - Co-occurring psychiatric disorders and SUD,
 - Severe mental illness, and
 - Super-utilizers of jail, emergency room, and inpatient services.
- Lack of access to SUD treatment services include:
 - Provider shortages,
 - Waiting-lists for services, and
 - Common perception that an individual's mental health needs take priority over SUD needs when both should be treated at the same time.
- Inadequate availability of SUD treatment drives crisis and emergency room utilization and inpatient readmissions.

Addressing Access to Appropriate Behavioral Health Services

- Program and Service Coordination:
 - Increase statewide service coordination for special populations by fiscal year 2018.
 - Ensure service eligibility and integration into the community for those transitioning from governmental custody, foster care, and hospital settings.
- Program and Service Delivery:
 - Ensure prompt access to coordinated, quality behavioral health services by fiscal year 2021.
 - Implement strategies to improve service access and continuity of care, including outpatient and inpatient, substance use treatment, and crisis services.

Access to Timely Treatment Services

- The Texas Substance Use Disorder (SUD) treatment system has not evolved in parity with the mental health crisis system.
- Lengthy wait times may cause an individual with SUD to experience another crisis episode which results in a costly crisis or inpatient psychiatric stay that does not address the most pressing need: SUD treatment.
- When inpatient care is needed, access to a bed in a timely manner can be difficult.
 - Many wait for long periods of time in local emergency departments and jails.

Addressing Access to Timely Treatment Services

- Program and Service Delivery:
 - Strengthen the behavioral health workforce by fiscal year 2021.
 - Support and increase the competency of the workforce through joint training efforts, and continuing education in identified best, promising, and evidence-based practices.
- Financial Alignment:
 - Reduce utilization of high cost alternatives, such as institutional care, criminal juvenile justice incarceration, inpatient stays, emergency room visits, and foster care by fiscal year 2019.
 - Improve access to lower and flexible intensity service alternatives, e.g., crisis stabilization, crisis respite, intensive community treatment, and assisted living.

Use of Peer Services

- Current research shows that peer support Substance Use Disorder (SUD) treatment services provided by certified recovery coaches:
 - Decrease substance use,
 - Reduce utilization of inpatient and emergency room care, and
 - Increase consumer engagement in care.
- Increasing access to peer support services offers:
 - Cost-effective strategy for expanding the behavioral health workforce, and
 - Reducing reliance on crisis, inpatient, and other more restrictive types of care.
- Peers can play important role in crisis response and critical transitions, including community re-entry after hospitalization and incarceration.

Addressing Use of Peer Services

- Program and Service Delivery:
 - Develop clinical research and innovation in behavioral health by fiscal year 2021.
 - Promote research on current treatment methodologies to identify new and updated evidence-based practices and improve benchmarking.
- Financial Alignment:
 - Reduce utilization of high cost alternatives, such as institutional care, criminal juvenile justice incarceration, inpatient stays, emergency room visits, and foster care by fiscal year 2019.
 - Explore and promote alternative payment structures that reward or incentivize the provision of services that avert more costly care.

Access to Housing

- Behavioral health disorders can lead to or be a result of homelessness.
- Homeless individuals typically have more chronic physical, mental health, and substance use issues than the general population.
- Without secure housing and other support services, persons with behavioral health issues may cycle through more costly options such as emergency rooms, the criminal justice system, or service providers.
- Addressing Access to Housing
 - Program and Service Delivery: Address current behavioral health service gaps and needs across program and service agencies by fiscal year 2021.
 - Develop a coordinated approach to address the housing and employment needs of individuals with behavioral health issues.