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Invited Testimony to the Texas House Select Committee on Mental Health
Written Testimony sent to Committee Clerk on August 15, 2016
Oral Remarks delivered on August 16, 2016

Mental Health America of Greater Dallas is very grateful to Speaker Straus for appointing the Select Committee on Mental Health, and to each of you for serving on it.

As you review mental health in Texas and make recommendations to the 85th Legislature, I encourage you to build a robust recovery-oriented system of care for people with mental illnesses and substance use disorders, just as we all expect for any other illness.
Picture someone with another chronic illness such as diabetes, arthritis, or heart disease.

- Ideally, the illness is diagnosed by a primary care physician early in the onset of symptoms.
- The person may be referred to specialty care, provided with individual and family education regarding the illness, the importance self-care like proper diet, exercise, lifestyle adjustments, and peer support groups to promote wellness.
- If medications are needed, we expect that any side-effects are fully explained and monitored in regular office visits, and medications adjusted so that the implications of the illness on school, work and family life are minimized.
- We expect that the person's health care professionals collaborate with respect to complications or co-occurring health conditions.
- If the person experiences acute changes in health, outpatient or urgent care services are available, and emergency medical personnel are trained in responding to crises, and that the person will be transported in an ambulance if hospitalization is needed.

We do not expect:

- that most people with other chronic diseases are routinely transported to the emergency room in handcuffs in the back of a police car.
- Or that only people with certain illnesses would be eligible for care, while others are excluded.
- Or that there would be waiting lists for routine outpatient care.
- Or that for particular intensive services, a person would have to go to jail a certain number of times before being deemed eligible for services that, had the person had those services earlier, might have avoided jail in the first place.

Although Texas has elements of a system of care in place for people with mental illness, it remains inconsistent and lacks the capacity across the state. It should be easier for people with mental illness and their families to access care 'before stage 4'

In the past ten years, Texas has strengthened the system of care by initiating mobile crisis teams, outpatient competency restoration, promotion of Mental Health First Aid, and many innovative 1115 Wavier projects aimed at transforming our behavioral health system. Texas should evaluate the efficacy of those projects, and bring to scale those which improved outcomes for people with mental illness and system efficiency. In the last two sessions, the legislature has integrated behavioral health with the rest of health care in Texas Medicaid. We want to be optimistic, but caution that just because the same Managed Care Organization (MCO) that pays a patient's cardiologist also pays his/her mental health professional, does not necessarily mean that those clinicians are communicating and collaborating with each other, and <u>that</u> is the evidence-based best practice that truly improves outcomes and reduces costly re-hospitalization, etc. We urge the legislature and this committee to insist on rigorous transparency and to monitor the performance of the individual MCOs and the system as a whole, for outcomes that are meaningful to people with mental illness, their families and communities.

On a local level, I am proud to say that the Dallas Police Department has some of the best mental health crisis intervention training in the country, and leads the nation in the use of de-escalation techniques, a fact that was noted in the national press after the tragedy of July 7. Thanks to Representative Coleman, Texas requires 16 hours of crisis intervention training for police officers. DPD requires 40 hours, and shares that training free-of-charge to any department in our region. This level of training is proven to keep both officers and people with mental illness safer, and we would like to see it more widespread across our state. Incidentally, the Texas CIT Association will have its statewide conference here in Austin next week, and State Representative Garnet Coleman will be the keynote speaker. I think most police officers will agree that strengthening the mental health care system in our state is critical. We need to build the capacity of a continuum of community-based resources so that wellness and recovery are maximized, that crises can be avoided, and that mental health professionals rather than law

enforcement officers are the usual first responders, and that people in crisis can be transported to a hospital in an ambulance rather than a police vehicle when it can be safely done.

Dallas Fire and Rescue deserves mention too. It has initiated a special mobile integrated health care service—a home visiting program for citizens who frequently callers 911, including those with mental illness. This program has had significant success in improving the health status of the citizens it serves. It is an example of working across silos to improve behavioral health.

In an additional local note, Mental Health America of Greater Dallas remains concerned about the transition from NorthSTAR mandated by the 84th Legislature. We have seen numbers that indicate DSHS projects that 2,164 fewer people will be served monthly in 2018 than were seen in 2015 in our new 6-county region, and that Collin County will see the same number of people in 2018 as it did in 2015. With the Texas population growing at approximately 1000 net new Texans daily, we think neither projection is reasonable, and fear that DSHS is planning waiting lists for us, in a region that has not seen them for over 17 years.

Further, there remain significant differences in funding among regions that, to us, just don't make sense. We hope that you as a committee will really dig deep into the rationale for how mental health resources are distributed in our state.

We also believe that the numbers reported by DSHS and HHSC to you and the Legislative Budget Board should reflect the total number of individual Texans receiving services per year, not just the almost useless number of people served per month that is currently used. We also believe that outcomes measures should be focused not only on processes but on meaningful improvements in individual functioning and wellness. It is not enough to measure what we do, we need to know if what we are doing is actually helping.

I appreciate the invitation and your attention, and look forward to working with you in the upcoming months and in the 85th Session. Thank you