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

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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:

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

* 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

• 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.