



THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**House Committee on Public Health:
Invited Testimony on House Bill 13**

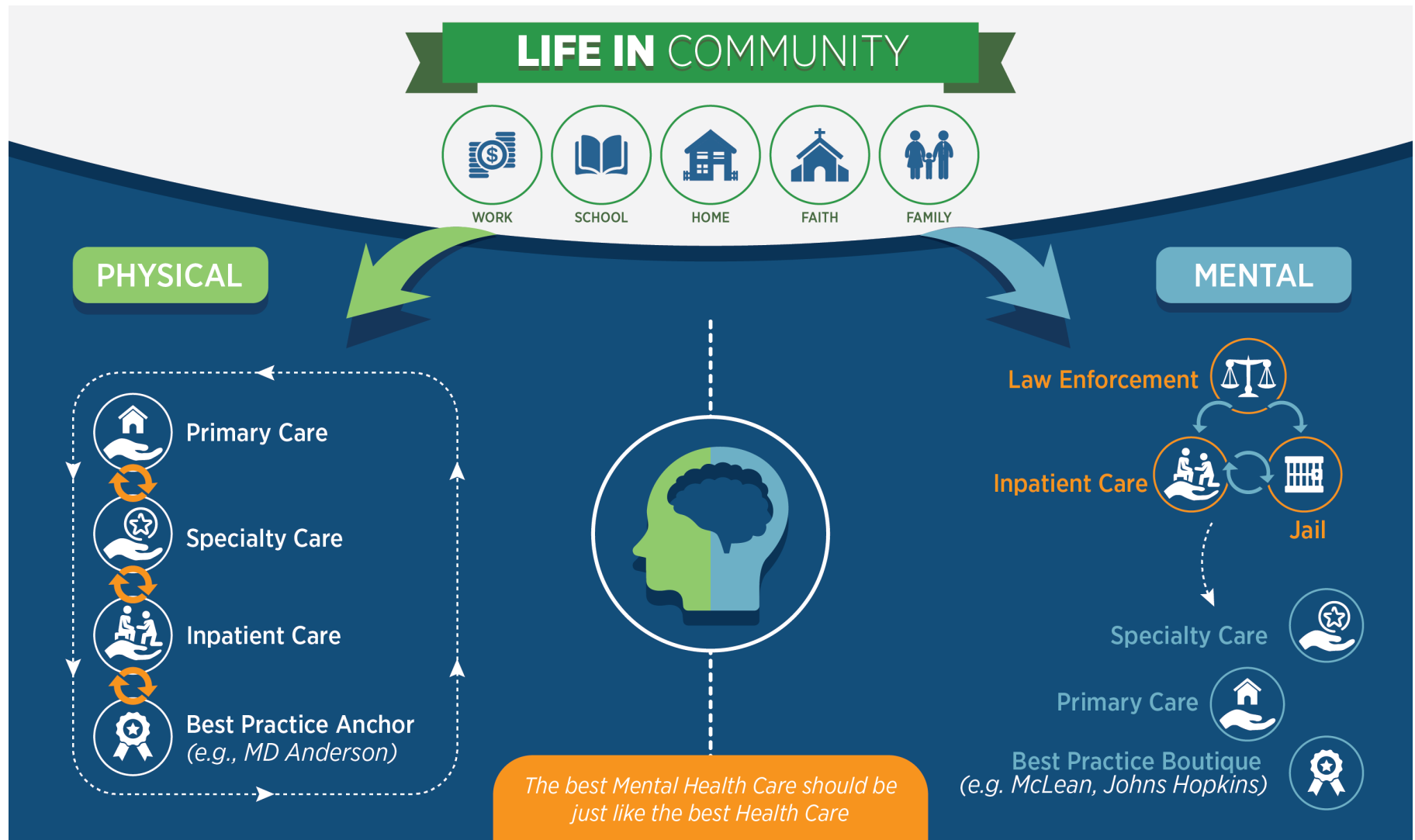
Andy Keller, PhD | March 21, 2017

HB 13 Overview

- Establishes the **statutory framework** to let **local communities** determine how best to work together to meet the **most complex local needs**.
- Builds on other proven **legislative collaborative models** (SB 55, SB 1185).
- Leverages **state / local dollars** to expand behavioral health services in ready communities.



Health Care vs. Mental Health Care





POSSIBILITIES FOR HB 13

Texans Can and Do Collaborate

The Legislature has built successful collaborations:

- 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

HB 13 takes the next logical step by positioning organized communities to focus on outcomes and work together across payer lines for populations requiring cross-system collaboration.

HB 13 Opportunity: Early Psychosis

- Each year, about **4,000** Texas adolescents and young adults **first experience a psychosis**. These are people who, without intervention, are at the highest risk to develop **complex health needs**.
- A **new treatment model (RAISE Early Treatment Program)** shows significant improvement for individuals if treatment is provided early enough.

HB 13 could provide the collaborative impetus to accelerate the integration of RAISE in local communities across Texas.

HB 13 Opportunity: School-to-Prison Pipeline

- Texas A&M and the Council of State Governments Justice Center have shown **the path to reducing the school-to-prison pipeline.**
- 84(R) SB 1630 continued TJJD reforms, but there is still a **gap in available services** prior to juvenile justice system entry.
- **32,000 Texas children** with severe mental health needs are **at high risk** before entry into the juvenile justice system.

HB 13 could promote collaboration among intensive services providers, child protective services, juvenile justice agencies, schools, foster care providers, and payers to combine resources and work on early intervention.

HB 13 Opportunity: Jail Diversion

- Inadequately treated mental illness and substance use disorders cost taxpayers **\$1.4 billion** in emergency room (ER) costs + over **\$700 million** in local justice system costs **each year**.
- These costs are disproportionately driven by approximately **40,000 people with complex health needs** trapped in “super utilization”, repeatedly cycling through **jails, emergency rooms, hospitals, and homeless shelters**.
- Services that work do exist, but Texas currently has the capacity to serve **less than 1 in 7 overall** and **less than 1 in 10** of those with deeper criminal justice system use.
- The Legislature is currently considering multiple other bills, including **HB 12**, to expand jail diversion.

HB 13 could allow diversion expansion through local collaboratives.

Organized / Organizing Communities



Engage & Excel Community Teams





ADDITIONAL BACKGROUND INFORMATION
DATA SUPPORTING PRESENTATION

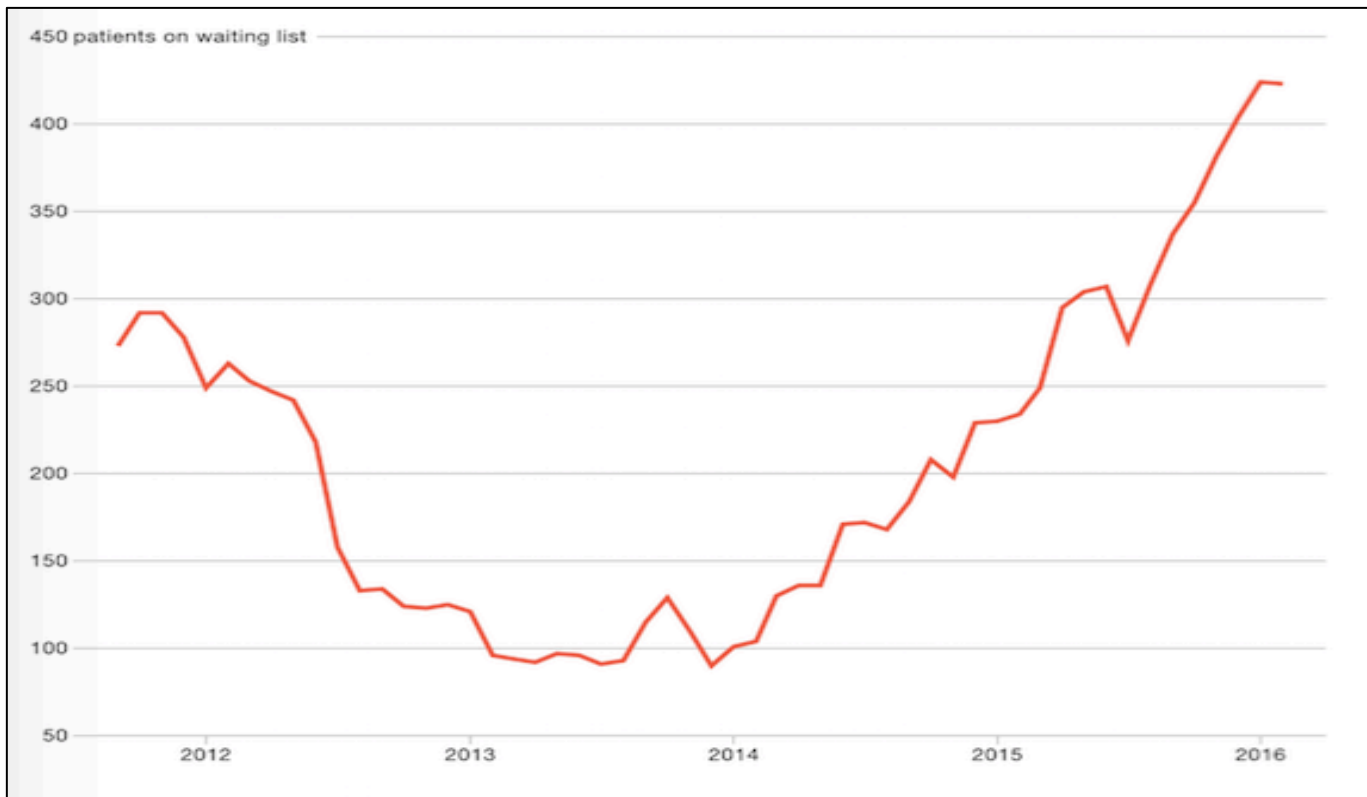
How Many People Need Help?

Population (2015)	Texas	Harris County	Dallas County	Bexar County	Travis County
Total Population	27,500,000	4,500,000	2,550,000	1,900,000	1,200,000
All Mental Health Need	7,250,000	1,200,000	670,000	500,000	310,000
Serious Needs	1,550,000	250,000	150,000	102,000	62,000
Serious Mental Illness (SMI - Adult)	1,000,000	150,000	95,000	62,000	41,000
Adults with SMI below 200% FPL	540,000	90,000	56,000	37,000	23,000
"Super-Utilizers" (hospital, ER, jail)	23,000	4,000	2,500	1,600	1,000
Forensic (jail; high criminogenic)	20,000	3,000	2,000	1,400	850
All "Super-Utilizers" below 200% FPL	38,000	6,500	4,000	2,600	1,600
Severe Emotional Disturbance (SED-Child)	550,000	100,000	55,000	40,000	21,000
Children with SED below 200% FPL	320,000	60,000	37,000	23,000	11,000
High-Risk ("school-to-prison pipeline")	32,000	6,000	3,700	2,300	1,100
Common Diagnoses					
Schizophrenia	100,000	16,000	9,000	7,000	4,500
First Episode Psychosis (FEP)	4,000	700	400	300	200
Major Mood Disorders	1,660,000	270,000	150,000	115,000	73,000
Major Depression	1,525,000	250,000	140,000	105,000	67,000
Bipolar I Disorder	135,000	20,000	10,000	10,000	6,000
Post Traumatic Stress Disorder	700,000	115,000	65,000	49,000	31,000
Alcohol and Drug Dependence	850,000	140,000	80,000	58,000	36,000
Antisocial Personality Disorder	120,000	20,000	10,000	8,000	5,000

Figures rounded for simplicity

Forensic Commitment Waiting List

- **Increasing:** more than quadrupled since 2013.
- **Aren't we spending more now on treatment?** Yes, but the focus is on waitlists and overall numbers, not intensive care.



TEXAS STATE
— of —
MIND

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okay
to say

The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..." okaytosay.org
