

## Meadows Mental Health Policy Institute

### Texas and Behavioral Health Rankings – September 2022

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#### Well Intentioned, but Misleading if Misused

Despite their seeming precision, national rankings of states' mental health service spending and quality by national organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA) and Mental Health America (MHA) are designed and intended to offer comparisons between states to inform future policy efforts.

For example, the very detailed and comprehensive [2022 MHA report on mental health needs and access issues](#) notes that its goal is to “provide a snapshot of mental health status among youth and adults for policy and program planning, analysis, and evaluation.” It cautions that the 15 measures used to create their rankings “are not a complete picture of the mental health system” and should instead be used as a “foundation for understanding” of mental health needs overall, insurance availability, and access to care. MHA further cautions that the 2022 report is based primarily on 2018-19 data, and, accordingly, none of these findings account for the dramatic increase in services for children implemented through the Texas Child Mental Health Care Consortium, beginning in 2020.

The [2015 SAMHSA expenditure rankings](#) are even more cautious in their caveats. Because of these limitations, SAMHSA has not issued an update since then. The primary cautions (found on page 11) are (emphasis added):

- **“The reader should not assume that the revenues and expenditures reported include all expenditures** for mental health services within a state government. State governments expend considerable resources for mental health services through other state government agencies that are not included in this report.”
- **“The majority of state government expenditures not fully depicted in this report are from Medicaid . . .”**
- **“A further limitation on the scope of SSA and SMHA reporting across states is that additional funding for mental health and SUD services occurs through other health and human services agencies.”**

Both reports clearly stated that they were never intended to serve as a measure of a state's commitment to mental health and caution that findings can be misleading when taken out of context. Additionally, both reports are limited in their ability to capture Texas' recent commitment to advancing the state's mental health system, because their data pre-date recent increases in expenditures.

## Making Sense of the Reports

The 2015 SAMHSA report is the one most often misused and is the source for the much quoted “Texas ranks 49th” claim. This claim is based on the report’s calculation that Texas behavioral health expenditures totaled \$51.26 per person in 2015, putting Texas 49th out of all states, the District of Columbia, and Puerto Rico. However, as the caveats stated in this report warned, this calculation did not include Medicaid spending on behavioral health, conservatively estimated by the Meadows Mental Health Policy Institute (Meadows Institute) at \$1.5 billion for 2015. When Medicaid spending is included, per capita expenditures increase to \$107.16, moving Texas’ ranking to 33rd. The SAMHSA calculation also failed to include behavioral health payments from the Delivery System Reform Improvement Program (DSRIP), which totaled \$535.6 million that year. When DSRIP payments are included, per capita expenditures increase to \$127.12, and Texas moves to 27th in the rankings.

The 2022 MHA report is a very useful report overall, if used within the clear methodological guidance provided by its author, specifically that findings should be used as a “foundation for understanding” of mental health needs overall, insurance availability, and access to care. While the report is sound, media sources have failed to use it as intended in the wake of the Uvalde tragedy.

Most problematically, many reporters have focused exclusively on just one of the many statistics reported, specifically that Texas is ranked 51st (out of 50 states and the District of Columbia) on their “Access to Care Ranking.” The primary problem with focusing on this single statistic is that it fails to factor in other helpful data points included in the report, while creating a false picture of problematic access overall and obscuring more focal opportunities to improve.

When looking more specifically at the nine (9) components of the access rankings underlying the single ranking quoted by the media, one can see that the central MHA caveat that the rankings are “not a complete picture of the mental health system” is well taken:

- First, the detail underlying the ratings paints a more complex picture that reflects well on Texas’s overall need for care, relatively well on unmet mental health needs, and low on structural factors such as providing insurance to adults in poverty.
  - Four items represent the context of care and indicators of need for care in schools: uninsured rates for adults; the quantity of mental health providers in the state; the types of insurance available to children; and the number of children who are identified by schools as having emotional disturbances. Most notably, Texas’s bottom-rung ranking on the number of uninsured adults is the primary driver of the overall low access ranking. Similar to the 2015 SAMHSA expenditure rankings, the report does not incorporate data on Texas’s county-funded health systems such as

- Harris Health, JPS Health, Parkland Health, and University Health System, all of which provide billions of dollars per year in care for uninsured Texas adults at the expense of local taxpayers, nor does it incorporate the hundreds of millions of dollars in federal funding for the mental health care of uninsured adults that Texas receives through its 1115 waiver. While this is an important policy question to consider (whether care for uninsured adults should be paid through local tax funds and the 1115 waiver versus Medicaid expansion), given the state’s other tools for providing access to care for uninsured adults, it is not clear how well it correlates with access to mental health care in Texas. Furthermore, to the extent that this is an issue, it only applies to adults, as Texas provides broad coverage for children through Medicaid and CHIP.
- Three items focus on adult access:
    - For adults with a mental illness reporting an unmet need, Texas ranks 19th best. This is a relatively positive finding, which the media fail to report.
    - For adults with mental illness who did not receive treatment, Texas ranks 46th. However, the report also notes that Texas has a much lower need for treatment than other states, ranking 2nd on overall need for care (the prevalence of adults with any mental illness) and 3rd lowest for suicidal ideation.
    - A third item was extrapolated from two questions that were jointly used to identify an unmet need for care among people with cognitive challenges (i.e., reported having “serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition”). The actual question about need was, “Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?” This question is not specific to mental health needs or service availability (and the report is clear about this).
  - Two items represent access to care for children ages 12- to 17-years-old:
    - One item captured whether youth with major depression received any mental health treatment, and Texas was ranked 51st. However, similar to adults, the need for depression care is lower in Texas (14th lowest overall and 15th lowest for severe depression).
    - The second item measured “consistent treatment” for “major depression,” which was defined as more than seven care visits. Texas ranked 44th on this metric. This measure focuses on severe depression and is based on practice standards that prioritize consistent access to care, so there may be room to improve.

Again, MHA never intended for one point to be elevated above all the others as a “complete picture of the mental health system.” Rather, MHA compiled a thoughtful, detailed report that was intended to be used “for policy and program planning, analysis, and evaluation.”

In summary, we would argue that these rankings tell us one good thing, two complicated things that MHA documented clearly, and one additional thing that policymakers should explore further about access to mental health care in Texas:

- **The good thing:** Fewer Texas adults report unmet mental health needs than adults in most other states. Texas ranks 19th best on this overall, and 2nd best in overall mental health needs (prevalence of adults with any mental illness).
- **The two complicated things:**
  - More adult Texans with a mental illness reported not receiving treatment than adults in other states (Texas ranked 46th). However, Texas ranks 2nd lowest on overall mental health needs, so we would expect the number to be lower.
  - More Texas youth with major depression reported not receiving treatment than youth in other states (Texas ranked 51st). However, Texas ranks 14th lowest on overall need for depression care, so we would expect the number to be lower.
  - **The one thing that policymakers should explore further:**
    - Fewer Texas youth with severe major depression received seven (or more) care visits than in other states (Texas ranked 44th). This may be an opportunity for improvement, though the ranking is based on data from 2018-19. With the creation of the Texas Child Mental Health Care Consortium in 2019, the Texas Legislature has been working to specifically improve such access. It would be helpful if reporters noted that we will need more time before we know the effects of these initiatives.

## Texas Behavioral Health Spending

The Texas Legislature has made a sustained commitment to behavioral health funding over the past four biennia; increasing total spending by more than \$2.2 billion or 34 percent since 2015.

Session	Medicaid Behavioral Health Budget	Total Behavioral Health Budget	Cumulative Increase	% Increase from 84th
84th (2015)	\$3.00B	\$6.59B	-	-
85th (2017)	\$3.52B	\$7.60B	\$1.01B	15%
86th (2019)	\$3.32B	\$8.20B	\$1.61B	24%
87th (2021)*	\$3.68B	\$8.85B	\$2.25B	34%

\* Includes funding appropriated in Senate Bill 8 in the 87th Legislature Third Called Special Session