

House Appropriations Committee: Behavioral Health in FY 2024-25

Andy Keller, PhD | February 15, 2023

Vision, Mission, Improvement Strategy

| 2

Vision: We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement: To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates equitable systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



Texas and Behavioral Health Funding

| 3

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	\$8.86B	\$2.27B	34%
88th (2023)	\$3.41B	\$9.00B	\$2.41B	37%

** -includes American Rescue Plan Act (ARPA) funds in 87(3) Senate Bill 8 and funding in the June 2022 budget execution order*

Behavioral health is a big winner in the base budgets:

- Behavioral health funding totals just **over \$9 billion**, an **increase of \$882 million (11%)** from the 2022-23 General Appropriations Act.
- The base budgets indicate the supplemental budget will include another **\$2.32 billion for inpatient facilities**.

Mental Health Workforce is the Critical Limiting Factor | 4

Texas has always faced a mental health professional workforce shortage. Due to COVID-19, inflation, and opportunities in other industries, the entire nation is facing a **historic workforce crisis** that must be addressed.

- HB 1 includes **\$95M for salary increases at state hospitals** to bring beds back online. **Public community providers - local mental health authorities (LMHAs) - also have a request to stabilize their workforce (\$155.8M). This funding is critical to the success of the additional programs funded in the base budget.**
- **Workforce requirements for LMHAs** should also be reviewed for outdated limits.
- **Licensing boards** should streamline requirements and embrace reciprocity.
- We must also build the workforce of tomorrow through **expanded graduate programs and training opportunities** and **reimbursement** (see 88(R) HB 1879). Adding **certification programs through community colleges** would also help.
- **Innovative partnerships with local hospital systems** (medical schools, hospital districts, etc.) can bring additional capacity to the state hospital system.

Addressing Gaps for Adults with High-Level Needs

| 5

HB 1 builds on previous investments to continue to address gaps:

- **\$331.4M** to expand **community inpatient bed capacity**, which will bring beds online quickly while new facilities are being constructed.
- **\$36M** for **crisis stabilization units**, a short-term alternative to inpatient care.
- **\$22M** to **transition people from hospitals** to community settings, designed to avoid costly state hospital readmissions.
- **\$30M** increase for the **Mental Health Program for Justice-Involved Individuals** (85(R) SB 292), which communities can leverage to help law enforcement respond to mental health crises and keep people with mental illness out of jails and **off the forensic waitlist**.

We applaud these additions and believe even more can be done through community purchasing to address unmet inpatient needs, including more non-MSU forensic capacity.

The Progression of Mental Health Conditions | 6

HALF
OF ALL
MENTAL
HEALTH
CONDITIONS
MANIFEST BY
AGE 14

BY YOUNG
ADULTHOOD
75% OF
LIFETIME
CASES
HAVE PRESENTED

Addressing Gaps for Children, Youth & Families

| 7

Texas is a national leader in children's mental health with commitments like the **Texas Child Mental Health Care Consortium**. HB 1 builds on recent gains:

- **\$43.2M** overall increase for the **Consortium** to expand programs, such as **TCHATT**. **\$56.5M more is needed for the full Consortium request.**
- **\$8M** for **Youth Mobile Crisis Outreach Teams** to assist children and families in crisis. **Additional funding should be considered to develop more capacity as these teams can alleviate pressure on hospitals and our foster care system.** Expanding partners beyond LMHAs is key, given workforce gaps.
- Continued funding for **school-based mental health services** through funding for the **School Safety Allotment**. **SHARS funds (see 88(R) HB 1571) can help schools mitigate the Elementary and Second School Emergency Relief (ESSER) cliff and increased mental health needs due to COVID-19.**

Targeted Interventions for High-Risk Populations

| 8

- **Multisystemic Therapy (MST)** is a proven, evidenced-based program for at-risk youth (ages 12 to 17) with intensive needs and their families.
 - HB 1 adds **\$30.5M to expand MST capacity**, building on the June 2022 budget execution order. **Workforce is the limiting factor for more.**
- **Coordinated Specialty Care (CSC)** is a team-based approach that starts intensive treatment immediately during an initial episode of psychosis.
 - HB 1 provides **\$4.2M to expand CSC capacity**, building on the June 2022 budget execution order. **Earlier outreach is essential.**

As the state builds capacity for **evidence-based practices**, **consider leveraging additional providers** who can begin operating quickly (medical schools, child placing agencies, and nonprofit providers).

Opportunities to Build on the Base Budget

| 9

- Fund the workforce request for our local mental health authorities. *Every other community mental health enhancement depends on this.*
- Provide funding for 88(R) HB 1879 to help our new mental health professionals obtain full licensure.
- Fund additional Youth Mobile Crisis Outreach Team capacity to reduce demand on the foster care system and hospital emergency rooms.
- Authorize reimbursement for Multisystemic Therapy in the Medicaid program to leverage the General Revenue investment.
- Fully fund the Texas Child Mental Health Care Consortium's request.
- When finalizing the \$2.32 billion for inpatient facilities, consider where capacity is needed and what size facility is feasible from a staffing perspective, *including community partners able to provide beds.*

Thank You!

For more information, visit mmhpi.org.



THE HACKETT CENTER
FOR MENTAL HEALTH

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

PASO *del* NORTE CENTER
Meadows Mental Health Policy Institute

TRAUMA & GRIEF CENTER AT
THE HACKETT CENTER

CENTER FOR CHILD AND FAMILY WELLNESS

CENTER FOR JUSTICE AND HEALTH

APPENDIX

85(R) SB 292 Grant Program

| 12

SB 292 (Huffman/Price) created the Mental Health Grant Program for Justice-Involved Individuals.

- Designed to reduce: (1) **recidivism rates, arrests, and incarceration** for people with mental illness; and (2) the **wait time for forensic commitments** to a state hospital.
- HB 1 increases total funding to **\$80 million for the biennium**.
- With no competitive process since 2018, many communities are left out or underfunded. **Pre-arrest diversion (Intercept 0) should be prioritized.**
- **Multidisciplinary Response Team (MDRTs)** are designed to divert people with mental illness from unnecessary arrest and connect them with community-based treatment, while reducing law enforcement's role in the provision of crisis services.

Texas Child Mental Health Care Consortium

| 13

In 2019, 86(R) SB 11 (Taylor/Bonnen) included language establishing the Texas Child Mental Health Care Consortium. The Consortium is funded to implement five key initiatives:

- 1) **Child Psychiatry Access Network (CPAN)**
- 2) **Texas Child Health Access Through Telemedicine (TCHATT)**, in direct response to the Santa Fe High School tragedy
- 3) **Community Psychiatry Workforce Expansion (CPWE)**
- 4) **Child and Adolescent Psychiatry (CAP) Fellowships**
- 5) **Research** to improve the delivery of mental health services

Youth Mobile Crisis Outreach Teams

| 14

Youth Mobile Crisis Outreach Teams are designed to stabilize high-risk situations (urgent and emergent) and provide a 30-to-90-day bridge to engage in ongoing care. They are also proven to reduce demand on foster care and hospital emergency rooms.

Teams differ from traditional Mobile Crisis Outreach Teams (MCOTs) in two major ways:

1. Staffed exclusively by professionals **who know how to work with families and child-serving systems**; and
2. Staffed **much more intensively** to not just **stabilize crises**, but also to **engage pre-crisis** and **provide follow-up**.

Multisystemic Therapy

| 15

Multisystemic Therapy (MST) is a well-established, evidence-based program for at-risk youth with intensive needs.

- MST is most effective for treating **youth (ages 12 to 17)** who have committed **violent offenses**, have **serious mental health or substance use concerns**, are at risk of **out-of-home placement**, or have experienced **abuse and neglect**.
- Proven to **reduce violent crimes by 75%**, compared to routine congregate and other care as usual, including residential treatment centers.
- Until June 2022, Texas had **seven total teams**.
- ***The June budget execution order added seven additional teams.***

Coordinated Specialty Care

| 16

The “gold standard” of care for psychosis is Coordinated Specialty Care (CSC), a team-based approach that starts intensive treatment as soon after an initial psychosis as possible.

- An **untreated psychosis** makes a person 15 times more likely to **commit homicide**. Treatment eliminates this higher risk.
- Texas currently has **43 CSC teams** located at **29 local mental health authorities** across the state. These have traditionally been funded through federal (SAMHSA) block grant funding.
- *The June budget execution order added two CSC teams, funded exclusively through General Revenue for the first time.*