

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

**Senate Committee on Finance:
State Hospital Redesign and the Forensic Population**

Andy Keller, PhD | June 28, 2022

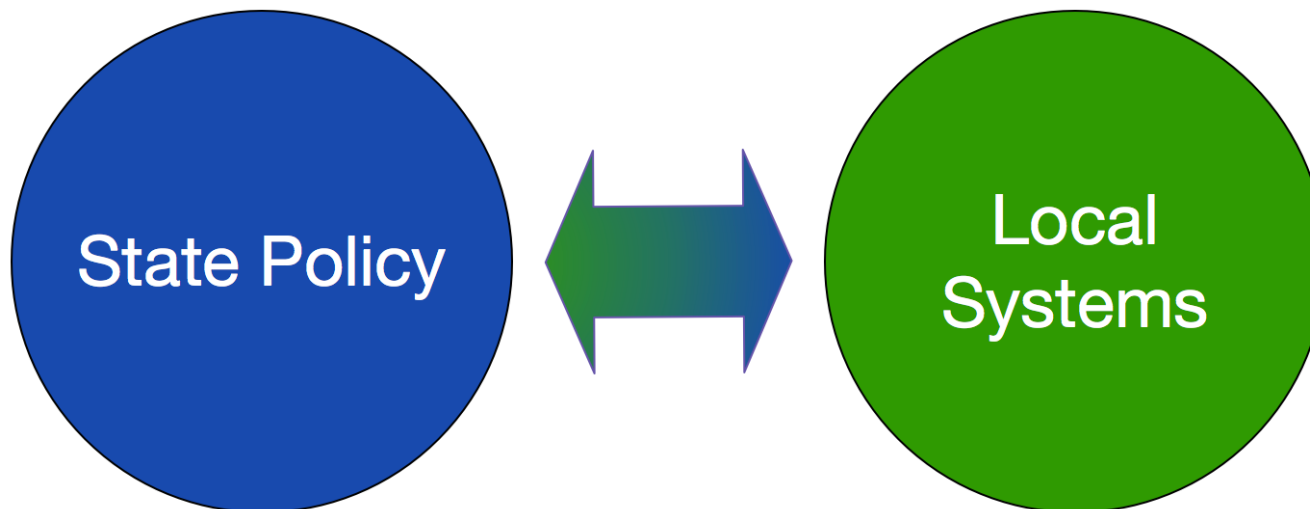
Meadows Mental Health Policy Institute

Vision

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

Mission Statement

To provide independent, nonpartisan, 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.



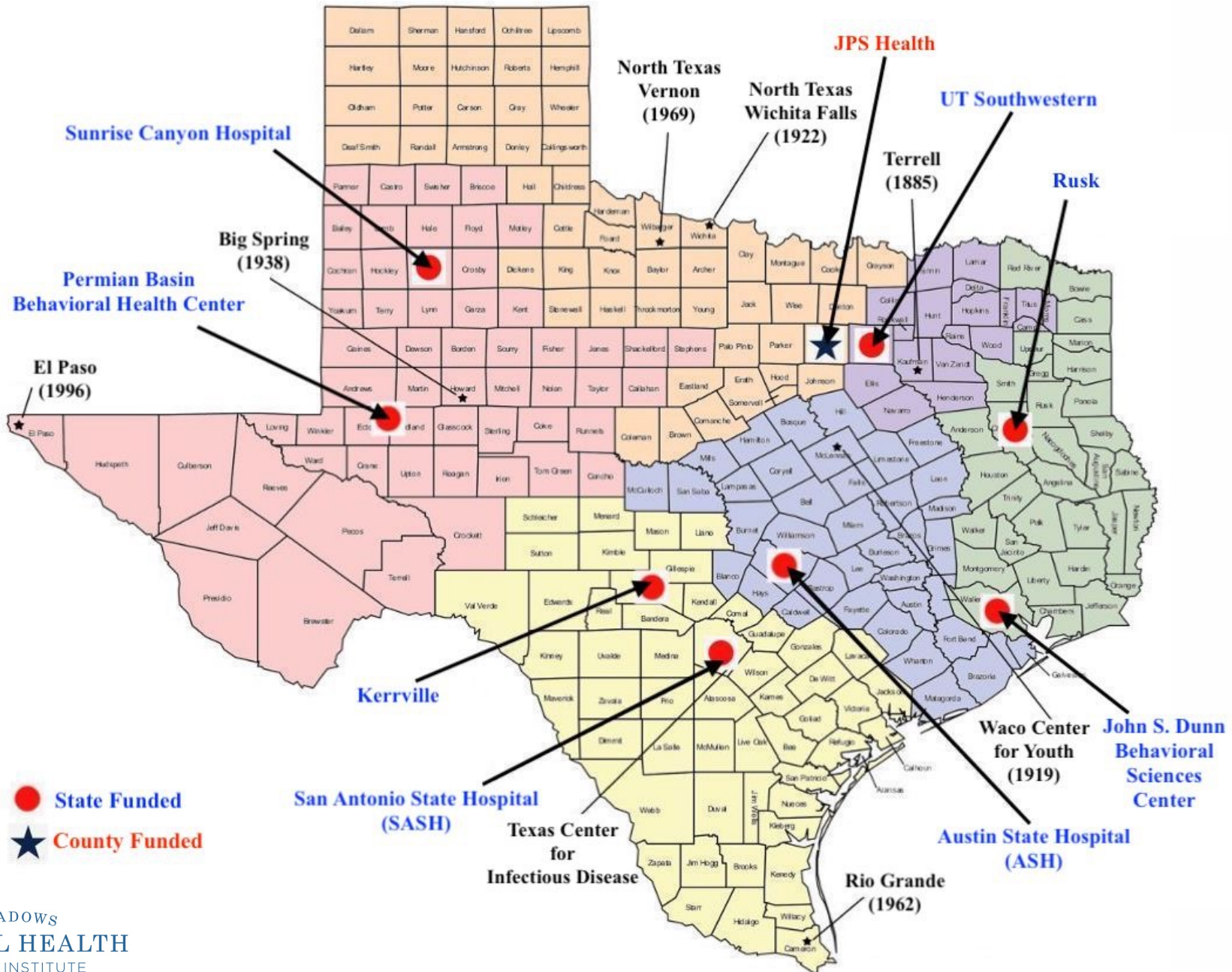
Texas and Behavioral Health Rankings

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 behavioral health funds appropriated in Senate Bill 8 in the 87th Third Called Session

- Rankings, while well intended, do not provide a complete and accurate picture of a state’s commitment to mental health.
- The much quoted “Texas is 49th” claim is based on a 2015 report from the Substance Abuse and Mental Health Services Administration (SAMHSA).
 - Not all expenditures are included in the 2015 report.
 - SAMHSA has never issued an updated report.

State Hospital System Redesign



The Forensic Population and Waitlist

A person cannot join the forensic waitlist without first interacting with our criminal justice system (i.e., being found incompetent to stand trial or not guilty by reason of insanity).

CHALLENGES

- State Hospital Capacity and Staffing (700+ beds offline)
- 365+ Commitments (more than 50% of current beds)
- Class B Misdemeanors
- Jail-Based Mental Health Services
- Jail Diversion Program Design

85(R) SB 292

SB 292 (Huffman, Nelson, Schwertner) 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.
- **Funding** has been **\$25 million per fiscal year since** fiscal year 2019, plus **\$5 million per fiscal year** for Harris County.
- With no **competitive process** since 2018, many communities are left out or underfunded. **Pre-arrest diversion (Intercept 0)** should be *prioritized for new awardees and funding*.

MDRT: The Best Practice Model

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.

- MDRTs are co-response teams that deploy a **paramedic**, a **police officer**, and a **behavioral health clinician** to respond as one unit to mental health calls, *including those posing an active public safety risk.*
- MDRTs are available in **Dallas**, **San Antonio**, **Abilene**, and being launched in **Galveston**.
- **RIGHT Care**, in Dallas, is available citywide with 10 units. Less than 5% of calls result in arrest, and only 5% are involuntarily committed to hospitals.

The Progression of Mental Health Conditions

HALF
OF ALL
MENTAL
HEALTH
CONDITIONS
MANIFEST BY
AGE 14

BY YOUNG
ADULTHOOD
75% OF
LIFETIME
CASES
HAVE PRESENTED

Juvenile Justice Response for At-Risk Youth

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 (RTCs).
- Texas has seven total teams (Harris, El Paso, Nueces counties) operating primarily through juvenile justice funding.

87(R) SB 1 gave \$2 million to establish two of these teams: pre-arrest diversion teams in El Paso and Houston.

MST Expansion Options

- **Expand MST through general revenue.**
 - Estimate: \$575,000 per team, per year, plus \$100,000 in first-year training costs.
- **Add MST as a Medicaid benefit to offset general revenue.**
 - Approximately 7,000 Texas youth and their families would benefit and are Medicaid eligible.
- **Fully implement 86(R) SB 1177, which would allow MST to be offered “in-lieu-of” an alternative Medicaid service.**

Responding to Children and Youth in Crisis

Pediatric Crisis Stabilization and Response Teams (PCSRTs) 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.

PCSRTs 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.

PCSRT Expansion Options

- **Establish PCSRTs through general revenue.**
 - Estimate: \$1.1 million per full team, per year, plus \$275,000 in start-up costs for vehicles and equipment.
- **Consider a State Plan Amendment for mobile mental health crisis teams services in Medicaid.**
 - The American Rescue Plan Act (ARPA) establishes an **enhanced 85%** federal medical assistance percentage (FMAP) opportunity.

Additional Considerations

- Make the **Texas Child Health Access Through Telemedicine (TCHATT)** program available to every school in the state.
- Expand **Coordinated Specialty Care (CSC) capacity** to ensure access for youth experiencing a first episode of psychosis.
- Ensure **community-based inpatient capacity** is available, when needed. Current capacity is limited.
- **Workforce** is the major limitation.
 - Higher wages in health and other industries have hired away employees from **the mental health workforce**, particularly at our local mental health authorities, which must be addressed.
 - **Licensing boards** should also identify strategies to help.



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THE HACKETT CENTER
FOR MENTAL HEALTH



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
