

Testimony to the Legislative Budget Board (LBB) and Governor's Budget and Policy Division

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Support Exceptional Items that appropriately finance Medicaid

WHAT?

Provide appropriate funding for the Medicaid/CHIP system

WHY?

Medicaid - the single most important funding source for mental health services - should be appropriately financed to offer the full range of mental health services and supports. When funding doesn't keep up with caseload growth, overly restrictive cost containment is required, and provider rate cuts are implemented, those served by Medicaid are adversely affected.

Support HHSC Exceptional Items 7, 8, 16, and 27: Inpatient Infrastructure, Workforce, and Capacity

WHAT?

- E.I. 7: Funding expanded capacity at renovated inpatient psychiatric facilities (\$27.6M)
- E.I. 8: Funding State Hospital Planning and Construction (amount contingent upon legislative direction)
- E.I. 16: state facility workforce (state hospital portion is \$12.5M)
- E.I. 27: improve capacity for contracted community inpatient psychiatric beds (\$39.4M)

WHY?

- Hundreds of people on waitlist for hospital beds. Many wait in jail or ER, which is detrimental (and a liability).
- Various state hospitals are beyond and must be replaced.
- Lack of bed accessibility is a burden on counties, law enforcement, and local budgets.
- Investing in psychiatric infrastructure, services, and continuum of care around those services will transform care for patients, facilitate recovery, and make Texas a leader in the delivery of care.

Support HHSC Exceptional Item 19: Services for Early Psychosis

WHAT?

-E.I. 19: Funding to make the early psychosis treatment 'gold standard' – Coordinated Specialty Care - available in every county in Texas. (\$15.9 million)

WHY?

- First episode of psychosis – when not properly treated – is heavily associated with elevated suicide risk, other mortality, criminal justice involvement, and violence.**
- 3000 new cases of psychosis per year, mostly among 15-34 year olds**
- Longer the delay in care, the worse the outcomes**
- Coordinated Specialty Care is proven to improve quality of life, increase school completion, improve relationships, reduce violence, etc.**
- Though federal Block Grant dollars are increasing CSC availability, far too many young Texans lack access.**

Support HHSC Exceptional Item 11: Enhance Mental Health Capacity

WHAT?

E.I. 11: enhance outpatient mental health services capacity to maintain current service levels, reduce likelihood of community mental health waitlists, enhance per capita funding for LMHAs with rates below the statewide average

WHY?

- Demand outpaces supply in community mental health services; 1.6% annual population growth**
- 2018 State of Mental Health report: Texas ranks 49th in access to care**
- Many clients don't receive appropriate Level of Care due to resource limitations**
- Failing to keep up with indigent demand means frequent visits to emergency rooms, hospitalizations, homelessness, entanglement with juvenile and criminal justice systems, the loss of critical developmental years, premature deaths and suicides**

Support HHSC Exceptional Item 37: Mental Health Grant Programs

WHAT?

E.I. 37: maintain fiscal year 2019 funding and service levels for the Community Mental Health Grant Program and the Mental Health Grant Program for Justice-Involved Individuals, established in 2018 as directed by House Bill 13 (85R) and Senate Bill 292 (85R)

WHY?

- Funded projects are required to address gaps identified in the Statewide Behavioral Health Strategic Plan.
- No-one-size-fits-all: locally-driven, collaborative solutions make sense as a strategy for addressing gaps
- 17-34% of jail inmates have a mental health disorder, resulting in hundreds of millions each year in local justice system costs
- Significant ongoing need for additional resources to implement evidence-based, programming in the community and for jail diversion / forensic waitlist reduction purposes

Priority to consider: Housing Services for people with serious mental illness

What?

- Build upon Healthy Community Collaboratives program
- Increase Rental and Utility Assistance for Clients at LMHAs
- Invest in small group home model for those with high needs

WHY?

Denver study found that 50 percent of supportive housing residents experienced improved health status, 43 percent had better mental health outcomes and 15 percent reduced substance use

Roughly 23.5 thousand Texans experiencing homelessness; 20-30% have an SMI

Chicago study found that supportive housing saved Medicaid over \$22,000 per person, per year

Independent evaluation of Housing First program in Fort Worth: participants reduced their number of visits to psychiatric emergency rooms (ER) by 50 percent, medical ER by 55 percent, and urgent care by 64 percent. This produced net expenditure diversion of \$274,179 over six months, with further savings anticipated.

Priority to consider: Clubhouses

WHAT?

The Community Mental Health Services-Adults (Outpatient) services program includes funding for mental health Clubhouses. Clubhouses receive \$1.7M in funding through this program in FY 2018-19. Due to increased demand and the critical gap in the continuum of care that Clubhouses fill, \$5 million in funding for Clubhouses should be allocated in FY 2020-21, and that funding should be available for both new and established Clubhouses.

WHY?

- Clubhouses address gaps in the Statewide Behavioral Health Strategic Plan: implementation of evidence-based practices, use of peer services, continuity of care for criminal justice, etc.
- Clubhouses provides a community and meaningful work to provide long-term support of people with a mental illness
- Participation in the Clubhouse can stop crises, frequent calls to law enforcement and emergency responders, rushed trips to emergency rooms, and urgent psychiatric hospitalizations.
- Cost-effective and reduce utilization of expensive settings.

Priority to consider: integrated care and specialty populations

WHAT?

- Integrate mental health services and SUD into primary care systems by establishing a Collaborative Care Benefit in Medicaid
- Increase services for co-occurring mental health and substance use disorders
- Support Exceptional Item 22: Maintain and Expand IDD Crisis Continuum of Care, including providing mental health services

WHY?

- Integration of behavioral health and general medical services has been shown to improve patient outcomes, save money, and reduce stigma related to mental health
- Texas youth with mental and behavioral health challenges waited an average of 80 days on a waitlist to be part of Co-Occurring Psychiatric and Substance Abuse Disorders (COPSD) services
- Treatment practices have yet to catch up with the reality that people with IDD live with serious mental health conditions.