Meadows Mental Health Policy Institute

Briefing: Opportunities to Improve Behavioral Health Care in Texas

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Texas Behavioral Health Care Successes

Texas is a leader on many fronts:

- Texas is a model for other states for crisis delivery.
- Texas also leads the nation in:
  - Established treatment courts,
  - Reduced prison population growth,
  - Substance abuse treatment and prevention, and
  - Expanded best practices (e.g., Crisis Intervention)
- Texas 1115 Waiver DSRIP projects funding behavioral health services innovation.

Texas Behavioral Health Care Challenges

Key behavioral health challenges that the state of Texas is facing include an inadequate behavioral healthcare workforce, service capacity constraints, cross-payer challenges, and a lack of meaningful involvement of local regions at the state level. An overarching challenge that the state is facing involves determining how to align ever-increasing health purchasing across multiple funding streams to control costs and improve health outcomes.

Opportunity #1: Primary Care and Behavioral Health Integration

Integration Challenges and Promise

Texans with serious mental illness (SMI) die by age 49.5 (on average). Research in other states tells us that deaths are primarily driven by preventable and/or treatable diseases:

- Metabolic diseases (e.g., diabetes, cardiovascular),
- Respiratory diseases (e.g., COPD),
- Infectious diseases.

These health care costs total billions of dollars annually, with per person health costs being three to ten times higher. MMHPI is funding a series of studies to determine costs in Texas:

- Total costs of care for adults with serious mental illness (SMI) in the Texas Medicaid Program. This is a collaboration with the Texas Institute for Health Care Quality and Efficiency, led Drs. Rowan and Begley of the University of Texas, Houston School of Public Health.
- Analysis of private and public costs for major Texas markets, beginning with Dallas and Tarrant Counties, using Truven and THCIC data by McKinsey and Company.

States nationally are developing initiatives to address these costs, including specialized health plans for adults with SMI (e.g., New York, Tennessee, Arizona, and Florida). Some states (New York) are targeting those at risk in state hospital, inpatient, and jail settings. First statewide results from Missouri, after just 18 months, showed improved diabetes, hypertension, and asthma/COPD outcomes; reduced inpatient (12.8%) and emergency department (ED) use (8.2%); and $2.4 million net savings for 12,000 people enrolled.

Opportunity #2: Cross-Payer Coordination

DSHS mental health funds total $1.16 billion a year, with nearly $500 million allocated for state-funded hospitals and $665 million allocated for community services ($400 million for adult mental health, $130 million for crisis services, and $135 million for children's services).

DSHS substance abuse funds total $160 million a year. Additional substance abuse funding comes from Medicaid (roughly $500 million a year), 1115 Waiver (more than $500 million a year in behavioral health DSRIP funding – see table, below), and hundreds of millions of dollars spent by counties (jails, probation, emergency departments) and other state and federal agencies.

Preliminary 1115 DSRIP Analysis

Summary Across All 20 RHPs	Number of Projects	Projected People Served FFY 2013-14	Proposed Project Valuation DY 2
Totals Across Category 1 and 2 Projects	**397**	**209,134**	**$516,763,319**
Projects Using Telehealth	78	27,461	$81,089,659
Projects Focused on Enhanced Crisis	109	43,041	$140,248,130
Projects Focused on Integrated PH/BH	137	107,003	$165,564,404
Projects Focused on Mental Health	227	98,396	$273,943,231
Projects Focused on Substance Abuse	58	20,829	$69,415,687
Projects Focused on Comorbid MH/SA	83	42,690	$160,114,338
Projects Focused on IDD	61	7,546	$52,147,410
Projects Focused on Technology	58	37,947	$78,840,522
Projects Focused on Other Behavioral Health	76	44,460	$126,512,942
Totals: Projects Serving Children	**146**	**62,300**	**$157,830,861**
Totals: Projects Serving Adults	**390**	**200,554**	**$479,948,624**

Most Texas behavioral health funding falls outside of DSHS (Medicaid, DSRIP and Texas counties). The biggest community challenges require cross-payer collaboration, such as homelessness (SB 58 community collaborative projects are just starting; Haven for Hope and The Bridge are national models); cycling through jails, EDs, and hospitals; school-based service delivery; and primary care and behavioral health integration. Solutions must be locally driven to work. For example, in the Rio Grande Valley:

- MMHPI is helping communities develop integrated primary care and behavioral health capacity; partners include:
  - The Meadows Foundation,
  - Methodist Healthcare Ministries of South Texas, and
  - The University of Texas-Rio Grande Valley Medical School.
- The core strategy involves engaging local communities in a data-driven planning process focused on prioritizing needs to target local effort and leveraging existing resources.

Opportunity #3: Improved Accountability and Effective Purchasing

State standards for purchasing outcomes and guiding locally developed solutions are needed. State policy would regulate standard of care (quality and outcomes) and local systems would have flexibility to deliver on them. Fair and achievable metrics can be realized through:

- State and local participation in setting metrics,
- Agreement on best way to measure outcomes and quality,
- Transparency,
- Consequences for non-performance, and
- Incentives for improved performance.

In working to build consensus regarding accountability, MMHPI is working with United Ways of Texas and Texans Care for Children in a Hogg Foundation-funded project to engage child service partners in identifying common outcomes metrics in the areas of mental health, juvenile justice, Medicaid, education, child welfare, and substance use. In addition, MMHPI is partnering with the Texas Conference of Urban Counties on a state-wide analysis of the costs of unmet mental health needs as part of a larger project to measure the effectiveness of mental health policy. This analysis is based on county-level outcome indicators to estimate human and financial impacts related to jail and probation use, emergency department use, broader health costs, and costs of untreated mental health.