



An Affiliate of the National Mental Health Association

# Mental Health Association in Texas

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## Mental Illnesses are Common and are Commonly Untreated

	At Risk <sup>i</sup> and Eligible	Number Served	Statewide Percent Served
Adults	397,166	150,267	38%
Children	151,464	39,598	26%
<b>TOTAL</b>	<b>548,630</b>	<b>189,865</b>	<b>35%</b>

*Due to budget constraints in 2002, TDMHMR was only able to serve 26% of eligible children and 38% of eligible adults in 2002.*

### Access to Mental Health Care is already extremely limited.

While 9 counties on Texas served more than 90 percent of children in the county who are ‘At Risk’ and eligible for MHMR services in 2002, 33 counties in Texas served fewer than 10 percent of children needing mental health services in the county.

*Untreated mental health problems put young people on a trajectory toward jail rather than college. Approximately HALF of youth in the Juvenile Justice System have at least one mental disorder. (Juvenile Probation Commission, 2003; and Criminal Justice Policy Council, 2003)*

### Lack of access to services and proper medications can lead to tragic consequences including hospitalization, incarceration, and suicide.

- There are 1 ½ times more suicides than homicides with an average of 6 deaths each day by suicide in Texas.
- Of the suicides carried out, 90% are related to untreated or under-treated mental illness with the most common factor associated with suicide being depression.

**Inadequate treatment and lack of community support transfers the burden of mental health disorders to jails, hospitals, homeless shelters, foster homes, and mortuaries – at much higher costs to taxpayers –**

**Local communities are facing growing numbers of people in crisis with no place to go for help. The following budget items MUST be restored:**

⇒ **Children’s Mental Health Community Services (MHMR).** Children’s mental health services are cut in both the house (\$2.8 million) and the Senate (\$7.7 million) budget proposals. Lawmakers are assuming that they will save money on drug cost efficiencies, yet the number of children who lose services is estimated to be over 600. The savings assumptions could be incorrect and may not result in the savings anticipated—resulting in even more children losing services. *Cost to restore: \$2.8 in house and \$7.7 million in senate versions.*

⇒ **Adult Mental Health Community Services (MHMR)** Adult mental health services are cut in both the House (\$27.1 million) and the Senate (\$7.7 million plus \$4.6 million for NorthStar) budget proposals. Assumptions of drug cost efficiencies – tied to the numbers of adults estimated to lose services – are estimated to be 2,946 in the House and 5,883 in the Senate. The savings assumptions could be incorrect and may not result in the savings they anticipate—resulting in many more adults losing services. *Cost to restore: \$27.1 in the House and \$59.4 million in Senate versions.*

⇒ **Prescription drug coverage for SSI recipients who are not in a nursing home or a Medicaid waiver program (HHSC - Medicaid).** Currently the Senate version of the appropriations bill eliminates prescription drug coverage for SSI recipients living in the community. This provision would affect a total of 208,743 Texans

who need this benefit. MHMR estimates that this would eliminate drug benefits for 36,000 mental health consumers and 11,000 MR consumers. *Cost to fully restore: \$338.7 million.*

⇒ **Children’s Health Insurance Program. The mental health benefit, physical therapy, home health and other services have been eliminated from CHIP.** The Health and Human Services Commission, if it determines the benefit to be cost-effective, should be allowed to ensure that an enrolled child has access to mental health care through CHIP. As an alternative, MHAT supports giving HHSC flexibility to structure the CHIP benefit package within appropriated revenues.

⇒ **Mental Health Treatment Initiative: Adult and Juvenile Offenders (TCOMI).** The House version of the appropriations bill eliminates TCOMI mental health services for offenders. This would affect approximately 5,499 adult and juvenile offenders. The Senate version of the budget does not eliminate this funding. *Cost to restore: \$22 million (House).*

**In addition to these funding issues, there are several bills that we are still VERY concerned about:**

**HB2292 (Wohlgemuth) and its companion SB1330 (Nelson). Areas of concern:**

- **Stipulates that the MHMR centers SHALL provide disease management and jail diversion to people with Schizophrenia, Bipolar, and clinically severe Depression.** This section essentially re-defines the priority population for service to include only persons with Schizophrenia, Bipolar disorder, and/or ‘Clinically Severe’ Depression, thereby excluding close to 17,000 people currently served for other mental disorders. The Mental Health Association in Texas favors serving those most in need regardless of their diagnosis. The concepts of disease management and jail diversion should be implemented in pilot sites and evaluated with appropriate input from community stakeholders.
- **Sets up a preferred drug list with a preauthorization requirement, which could limit access to needed pharmaceuticals.** Timely access to medications is a crucial component of an effective treatment plan for persons with mental illness. Scientific research in conjunction with physician judgment and patient involvement should be what determines the preferred medication treatment for a consumer. The Mental Health Association in Texas believes that restricting access to psychotropic medications through prior authorization or other mechanisms is penny-wise and pound-foolish.

**HB3519 Wohlgemuth**

**One of many bills that ‘set the stage’ for HB1, HB3519 has much of the same language as HB2292 and proposes to save the state \$1.2 Billion by limiting access to medications and services by:**

- Establishing a preferred drug list with a preauthorization requirement
- Terminating funding for chemical dependency counseling and other substance abuse services
- Reducing CHIP eligibility from 200 to 150% of poverty
- Requiring MHMR to reduce spending by consolidating facilities providing services to persons with mental illness and mental retardation
- Reducing state funding for community hospitals

**Please Consider Consequences to Mental Health Consumers  
as You Deliberate These Important Budget and Policy Matters**

**For more information, please call (512) 454-3706,  
Melanie Gantt (ext 204) or Pam Gionfriddo (ext 203)**

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i At risk is defined as a significant impairment due to a mental disorder. Eligibility is based on prevalence and priority population assumptions in the MHMR strategic plan, 2003.