

MATTERS OF FACT

"Americans must understand and send this message: mental disability is not a scandal - it is an illness. And like physical illness, it is treatable, especially when the treatment comes early."

-President George W. Bush

Q: CAN MENTAL ILLNESS BE CURED?

A: Treatment success rates for serious mental illnesses range from 60-80 percent, while treatment success for heart disease ranges from 41-52 percent.

Q: HOW MANY PEOPLE WITH MENTAL ILLNESS ACTUALLY SEEK TREATMENT?

A: Nearly two-thirds of all people with a diagnosable mental disorder do not seek treatment. Lack of knowledge and fear of discrimination are the culprits.

Q: HOW MANY PEOPLE HAVE A MENTAL ILLNESS?

A: Estimates vary, but experts report that some 23 to 30 percent of the population experience some symptoms of a behavioral health disorder in any given year. About 5 percent of the population has a "serious mental illness," and 3 percent a "severe and persistent mental illness."

Q: WHAT KINDS OF TREATMENT ARE AVAILABLE FOR PEOPLE WITH MENTAL ILLNESS?

A: Treatments that are evidence- or research-based have proven to be most effective for helping individuals with mental illness recover and live productive lives. These include integrating substance abuse treatment with mental health care, supported employment, medication, family education, and "assertive community treatment" for rehabilitation and support.

Q: IS IT COST EFFECTIVE TO SPEND MONEY ON EXPENSIVE PSYCHOTROPIC MEDICATIONS FOR PEOPLE WITH MENTAL ILLNESS?

A: Some of the "new generation" medications developed in recent years are more expensive than older mental health drugs. However, because these newer medications are more effective and have less negative side effects, individuals are more likely to remain on their treatment. Numerous studies show that any short-term savings realized by restricting access to medications are more than offset by additional costs for hospital stays and emergency room visits.

Q: IS OUT-OF-HOME RESIDENTIAL PLACEMENT COMMON FOR TEXAS CHILDREN WITH EMOTIONAL DISTURBANCES?

A: The Texas Department of Family and Protective Services (DFPS) estimates that families of some 244 children relinquished custody in 2002 to obtain mental health services. This is about average for any recent year. This number does not include children who are in the care of our juvenile justice system as a result of no or inadequate access to mental health care in their home and community.

Q: WHY IS IT IMPORTANT TO GIVE CHILDREN WITH EMOTIONAL DISTURBANCES, AND THEIR FAMILIES, INDIVIDUALIZED "WRAPAROUND" CARE?

A: Left untreated, a child's emotional disturbance may very well deteriorate into full-blown mental illness in adulthood. Research has shown that individualized care delivered in the child's home and school environment -- that incorporates the child's natural community support system of family and friends -- is the most effective approach to treating a child's emotional disorder, far outweighing out-of-home residential placements for long-term success.



Mental Health Association in Texas
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TURNING THE CORNER

TOWARD BALANCE AND REFORM IN TEXAS' MENTAL HEALTH SERVICES

TEXAS IS A BIG STATE WITH BIG OPPORTUNITIES AND BIG CHALLENGES.

There is no room for small talk when it comes to finding solutions to help the state's 4.2 million people with a mental illness recover and lead productive and fulfilled lives.

THE TIME IS NOW. The Governor is anticipating a budget surplus. The Comptroller is forecasting a continued economic recovery.

THE TIME IS NOW. Legislators in 2003 demanded more accountability from providers to help people with mental illnesses recover and get on with the business of living their lives.

THE TIME IS NOW. Ignoring opportunities to stabilize the state's mental health system cost the state \$1.5 billion in lost state and local government revenue in 2003.

THE TIME IS NOW. The cost to squander what is in our reach is too high. The fiscal and economic impact on Texas economy and the human toll on its citizens and families is enormous unless we embrace the opportunities before us.

THE TIME IS NOW. Texas is turning the corner, and we have it within our reach to combine our economic opportunity with our moral obligation to do right by Texas and Texans with a mental illness. Will we do the right thing? Or will Texans with mental illnesses be left behind?



THE TIME IS NOW To Do THE RIGHT THING!

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THE STATE OF TEXAS MENTAL HEALTH

TEXAS' PUBLIC MENTAL HEALTH SYSTEM IS, AND HAS BEEN, CHRONICALLY UNDER-FUNDED.

- ★ After adjusting for inflation, Texas spent nearly 15 percent less on mental health in fiscal 2002 than it did two decades earlier in 1981.
- ★ In fiscal 2002, Texas spent \$38.46 per client on mental health services, placing us 49th in the nation.

THE CHRONIC UNDER-FUNDING OF TEXAS' MENTAL HEALTH SYSTEM CREATES NEGATIVE CONSEQUENCES FOR THE ECONOMY AND STATE AND LOCAL GOVERNMENTS

- ★ The total economic cost of mental illness in Texas during 2003 was \$16.6 billion, which includes \$13.3 billion in lost income due to reduced workforce participation, \$2.6 billion for mortality costs and more than \$700 million for lost income due to family care giving.
- ★ The total fiscal impact to state and local governments of mental illness in Texas during 2003 was \$1.5 billion, including \$934.5 million in cost shifting and unrealized state revenue and \$620.9 million in cost shifting and unrealized local government revenue.

"It seems like we're constantly 'on diversion'-being sent out of area to take a mental patient to a hospital because this one (Austin State Hospital in Travis County) is full...This isn't good for our budget and isn't good for the mental health consumer."

Sergeant Darren Long, Crisis Intervention Team
Travis County Sheriff's Office

TURNING THE CORNER TOWARD BALANCE AND REFORM

State leaders have the opportunity to reform the mental health system, improving the care and treatment of people with mental illness. The following recommendations provide a road map for change:

- Restore the "priority" population served by the public mental health system to one based on need rather than diagnosis alone.
- Remove restrictions on the use of cutting-edge psychotropic drugs.
- Fully restore the mental health benefit to the Children's Health Insurance Program, and remove the 90-day waiting period for CHIP services.
- Reinstate Medicaid coverage for individuals who need therapy from a licensed professional other than a psychiatrist.
- Resist further funding cuts and restrictions to mental health services.
- Restore funding cuts to mental health services made by the 78th Legislature in 2003.



"Burke Center is at capacity. The patients who we've stabilized through our outpatient program could be discharged to their family doctor, but there are no payment sources to cover that care. So we're running the "Hotel California" here. You can check in, but you can't check out and get the care you need. Texas can do better."

Susan Rushing
East Texas, CMHMRC Director



"In the last ten years, the proportion of youth with serious mental health problems at time of commitment to the Texas Youth Commission (TYC) has increased from 27 percent to 42 percent."

Linda Reyes, Deputy Director
Texas Youth Commission



"The current situation results in inequitable funding allocations, a revolving door between emergency services and outpatient waiting list, growing numbers of consumers turning up in our jail, and fewer services to meet these growing needs."

Judge Robert Eckels
Harris County

- Increase funding for mental health services.
- Invest in "jail diversion" programs which will divert offenders with mental illness to community-based treatment rather than incarceration.

OTHER RECOMMENDATIONS:

- Explore ways to increase Medicaid funding of mental health services.
- Create purchasing cooperatives for mental health services.
- Expand behavioral health managed care.
- Consolidate reporting for mental health expenditures by all state and local agencies.

ECONOMIC AND FISCAL IMPACTS ON SELECT TEXAS COUNTIES IN 2003 DUE TO MENTAL ILLNESS

COUNTY	ECONOMIC IMPACT (BILLIONS)	LOCAL TAXES (MILLIONS)
Bexar	\$1.1	\$41.0
Dallas	\$1.8	\$66.0
El Paso	\$0.5	\$19.3
Harris	\$2.7	\$100.3
Tarrant	\$1.1	\$43.0
Travis	\$0.7	\$25.7
Other Areas	\$8.7	\$325.6
Total	\$16.6	\$620.9

Source: TXP, Inc., 2004

THE STATE OF TEXAS MENTAL HEALTH

THE CHRONIC UNDER-FUNDING OF TEXAS' MENTAL HEALTH SYSTEM SHIFTS UNFUNDED MANDATES TO LOCAL GOVERNMENT, ESPECIALLY IN CRIMINAL JUSTICE.

- ★ Inadequate treatment leads to an increase in indirect public costs related to crime and criminal justice, homelessness and uncompensated health care.
- ★ Local agencies, especially emergency rooms and jails, are already reporting a sharp increase in patients with mental illness that have nowhere else to turn.

TEXAS LAGS IN CRITICAL POLICY AREAS.

- ★ The savings produced by restrictive medication formularies, such as Texas' Preferred Drug List, are short-term and are more than offset by other expenses, including the cost of increased hospitalizations.
- ★ An estimated 14,000 Texans with mental illnesses other than bipolar disorder, schizophrenia, or clinically severe depression became ineligible for most public mental health services due to changes to the state's eligibility criteria made in 2003.
- ★ Children eligible for CHIP lost access to full mental health benefits. Evidence shows children with untreated mental health conditions incur higher physical health costs than those who receive timely mental health services.

This report was prepared for the Mental Health Association in Texas by MGT of America, and its partners TXP, Inc. and RH2 Consulting to evaluate and quantify the impact of current and past public mental health policy and funding decisions.