



An Affiliate of the National Mental Health Association

# Mental Health Association in Texas

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## Schizophrenia, Bipolar, Major Depression: IN — All other mental illnesses are OUT?

The Texas Legislature is proposing to redefine the priorities of the Texas Department of Mental Health and Mental Retardation. Due to budget constraints, Texas community mental health centers could be told they can no longer serve people with such serious illnesses as Psychosis, non-suicidal Depression, Anxiety, Personality disorders, Drug and Alcohol abuse, and more.

*Due to historic budget constraints, TDMHMR was only able to serve 26% of eligible children and 38% of eligible adults in 2002. Proposed budget cuts will make a bad situation worse.*

Preliminary estimates of the number of people who will no longer be eligible for services through the Texas Department of Mental Health and Mental Retardation (TDMHMR) reveal that 122,000 adults with Schizophrenia, Bipolar, and/or Depression will continue to be served but **16,890 people with other serious mental illnesses who have been receiving services from TDMHMR will no longer be able to get help.** These 'unlucky others' make up 11 percent of all adults currently in the priority population of TDMHMR.

### Adults Served by Local Mental Health Authorities in 2002

Served using General Revenue Dollars (MHMR Priority Population)

	Schizophrenia	Bipolar	Major Depression	2 or more of these three diagnoses	OTHER diagnoses
Bexar	2,155	1,518	2,321	51	776
Dallas*	6,093	4,753	7,254	2,390	2,497
El Paso	1,284	661	2,133	571	718
Harris	4,933	3,239	4,663	147	2,068
Tarrant	2,104	2,441	2,649	59	685
Travis	1,350	956	1,979	41	616
TEXAS	35,069	29,100	53,052	4,875	16,890

Source: Texas Department of Mental Health and Mental Retardation, 2003 \*Dallas includes NorthSTAR

*Under the proposed redefinition of the priority population all those people with 'OTHER diagnoses' would be told they can no longer receive services from TDMHMR.*

People with these mental illnesses WILL NOT be served if HB2292 (and SB1330, the identical version in the Senate) passes in its current form:

- ANXIETY
- PERSONALITY DISORDER
- ADJUSTMENT DISORDER
- OTHER DEPRESSION
- OTHER PSYCHOSES
- ALCOHOL ABUSE
- DRUG ABUSE
- COGNITIVE DYSFUNCTION
- AUTISM

### Where will the people go who can no longer get mental health care?

- Local county hospitals will have to pick up the care of untreated people with mental illnesses at great cost to local taxpayers.
- **90% of suicides** are related to untreated or under-treated mental illness with the most common factor associated with suicide being depression.
- **Lack of adequate mental health care contributes to an overrepresentation of people with mental illness in our prison system.** An estimated **16%** of prisoners have mental illness and **50%** of youth in the Texas Youth Commission have a mental disorder.<sup>1</sup> More people will end up in our already overburdened prison system if their mental illnesses are not treated.
- In the course of one year a person who has been repeatedly jailed, hospitalized, or admitted to detoxification centers can cost the State an estimated \$55,000 each.<sup>2</sup>

**In tight budget times, MHMR should still serve those with the greatest level of need first—regardless of diagnosis.**

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**Disease Management is a good idea, but we can't afford it at current proposed funding levels.**

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HB2292 and SB1330 include a provision to redefine the priority population served by TDMHMR. The proposal is to provide disease management only for those with Schizophrenia, Bipolar, Major Depression. In 2002, TDMHMR served 122,000 people with these three diseases. If all of these people received disease management services, the cost would be more than \$902 million dollars—far more than any proposed appropriation being considered.

<b>122,000</b>	= people were treated for Schizophrenia, Bipolar, Major Depression by TDMHMR in 2002.
<b>x \$7,399</b>	= the estimated cost for disease management community services including: medications, counseling, supported housing, and supported employment. <sup>3</sup>
<b>\$902,678,000</b>	= the estimated cost of disease management for those currently receiving MHMR services.

**House and Senate Appropriations Proposals Can't Pay for HB2292 (SB1330)**

	House Appropriations Committee	Senate Finance Committee
Estimated cost of Disease Management for those currently served for Schizophrenia, Bipolar, and Major Depression	\$902,678,000	\$902,678,000
Proposed annual funding for TDMHMR adult community mental health services and community hospitals (HB1)	\$302,050,000	\$284,500,000
Difference in estimated cost of disease management for 122,000 people and proposed funding	\$600,628,000	\$618,178,000
People with Schizophrenia, Bipolar, Major Depression who lose due to lack of funding	81,177	83,549
People who lose services because they have mental illness <i>Other</i> than Schizophrenia, Bipolar, Major Depression	16,890	16,890
<b>People currently served by TDMHMR who would no longer receive services due to HB2292 (SB1330) and lack of funding.</b>	<b>98,067</b>	<b>100,439</b>

**Historically TDMHMR has only been able to serve around one in three adults who are at risk and eligible for mental health services. These proposed changes in funding and treatment focus would make an already bad situation much worse.**

**What can we do?**

Rather than limiting the priority population to three diseases, each person should be assessed to determine their level of need. Those with the greatest level of need are the first to be served. Level of need can be easily determined using criteria such as:

- Risk of harm to self and others
- Functional impairment
- Lack of environmental supports (e.g., family)
- Responsiveness to medications
- Unemployment
- Homelessness
- Hospitalizations
- Substance Use

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**Changing the priority population and the way people are served should only be considered once all the facts and potential consequences are examined. A strategic plan for providing services should be developed to serve those most in need. Strategic planning should include input from consumers, policy makers, service providers and other community stakeholders.**

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<sup>1</sup> Criminal Justice/Mental Health Consensus Project. <http://consensusproject.org/topics/gp/factsheet>; Overview of the Enhanced Mental Health Services Initiative. Criminal Justice Policy Council, May 2002 p. 10

<sup>2</sup> Criminal Justice/Mental Health Consensus Project. <http://consensusproject.org/topics/gp/factsheet>

<sup>3</sup> Cost figures based on expended dollars in 2001 as reported in Operating Budget for FY2002. The cost figure for counseling and med-related services are the average costs reported in the Preliminary Report on Key Measures for State Fiscal Year 2001 submitted to the Legislative Budget Board in October 2001.