

# **Presentation to the House Appropriations Subcommittee on Article II: Mental Health Coordination**

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# Texas Mental Health

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**The 83<sup>rd</sup> Legislature provided unprecedented funding for behavioral health.**

- Greater recognition of importance of meeting behavioral health needs.
- Understanding that investments in prevention and early intervention make good clinical sense and good financial sense.
- Development of specialized programs that meet unique needs.

# Mental Health Coordination

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Rider 59 (Senate Bill 1, 83<sup>rd</sup> Legislature, Regular Session) authorized the creation of a statewide mental health coordinator to consult and coordinate with other state agencies and local governments to ensure a strategic statewide approach to mental health.

## *Vision*

*To ensure that Texas has a unified approach to the delivery of behavioral health services that allows Texans to have access to care at the right time and place.*

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**Locally driven collaboratives and initiatives appear to yield the best results by meeting the unique needs of communities, minimizing duplication of efforts, and leveraging funding and community investments.**

- **Healthy Community Collaboratives** - Targets five communities across Texas that face the biggest challenges in assisting people who face homelessness and behavioral health disorders; Partnerships with counties, housing, criminal justice, LMHAs, public hospitals and FQHCs.
- **Statewide crisis infrastructure** - 24/7 hotline, crisis residential services in all urban and many suburban communities, unique approaches based on community size.
- **DSRIP Projects through the 1115 Waiver** – Approximately 400 behavioral health-related projects; Focus on rapid access to care, concentrated efforts to support unique populations such as IDD, integrated physical health projects, enhanced integration of substance use disorder and mental health.
- **YES Waiver** - service model to reach kids with severe emotional disturbance who might otherwise go to hospitals.

# Current Initiatives: Cross-Agency

**There are a number of collaborative efforts currently taking place across state agencies that serve clients with a behavioral health need. Examples include:**

- **Mental Health First Aid (MHFA)** - funding enabled LMHAs to reach out to educators and provide meaningful mental health training that other state agencies are now adopting.
  - Texas Education Agency has authorized Continuing Education Units for educators that complete the training, and DARS will offer MHFA training in 2015 to staff who serve individuals with behavioral health conditions.
- **Mental Health Stakeholder Workgroup** - cross-agency effort to obtain broad stakeholder participation in enhancing mental and behavioral health services for school-aged children and their families.
  - Includes representation from the Health and Human Services Commission, Texas Education Agency (TEA), Texas Juvenile Justice Department (TJJD), DARS, DSHS, DADS, and DFPS
- **Texas Systems of Care** – allows local organizations to work in teams, with families as partners, to provide a full range of services to children and adolescents with serious emotional disturbances; currently involved 7 communities (Austin/Travis County, Tarrant County, Harris County, Panhandle/Central Plains, El Paso, Bexar County and the lower Rio Grande/Tropical Texas).
  - Participating agencies include: DSHS, DFPS, TEA, TJJD, and Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI).
- **Applied Suicide Intervention Skills Training (ASIST)** - Suicide Prevention Officer at DSHS leads cross agency effort to train DADS staff on the suicide prevention/intervention best practice training.

# System Challenges

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- **The current system lacks a unified vision, system oversight and direction.**
  - Lack of long-range sustainability planning.
  - Absence of consistent, formalized, cross-agency approaches and processes.
  - Cumbersome performance and outcomes measures.
  - Questionable network service adequacy to meet present demands.
- **Current mental health funding is channeled through nearly a dozen state agencies contributing to fragmented and poorly integrated services.**
  - Accurate data is not maintained across state agencies on the number of people served with mental health or substance use disorder conditions.
  - Current systems and funding methods poorly address co-occurring issues for complex and at-risk populations.
  - No single information source to access mental health resources.
- **Access to mental health services in rural communities continues to be a challenge.**
- **Sufficient capacity of state hospital bed resources where needed.**

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## **Assess the current state of behavioral health care in Texas.**

- Assess the inventory of behavioral health services available statewide to determine effectiveness, needs, and potential opportunities for innovation and redesign.
- Evaluate performance measures and outcomes to focus on clinical well-being and efficiency outcomes vs. prescriptive metrics.
- Analyze current funding strategies and methodologies to identify barriers to access, opportunities for leveraging additional funds and delivery system efficiencies.

## **Strengthen System Oversight:**

- Conduct long range mental health sustainability planning.
- Facilitate cross-agency, hospital and community collaborations.
- Examine workforce shortage solutions across the behavioral healthcare system.

## **Process and Systems Improvements:**

- Expand use of efficient service practices such as rapid access to care and family partners.
- Utilize new technologies to improve access to resources.
- Improve cross-agency training, recovery focus and early prevention and intervention.