

**Mental Illness
In
Harris County**

*Prevalence
Issues of Concern
Recommendations*



**A Report of the
Mental Health Needs Council, Inc.
2015**

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Harris County is the 3rd most populous county in the United States and is projected to reach 5 million residents by 2020.

The poverty level is estimated to increase from 12.5% to 19%.

Texas has the highest rate of medically uninsured citizens among any state at 25.2%.

Harris County has the second highest rate of medically uninsured citizens among Texas counties at 25.4%.

45% of individuals with mental health needs are medically uninsured in Harris County.

Texas is rated second to last in per capita mental health funding compared to other U.S. states.

HARRIS COUNTY POPULATION GROWTH

2000	2010	2011	2012	2013
3,400,578	4,092,459	4,181,000	4,275,000	4,336,853

Harris County is ranked 30th out of 34 among local mental health authorities in per capita mental health funding.

According to a Neilson health survey commissioned by the Texas Medical Center, 1000 Texans over age 18 were surveyed and half expressed that health insurance was “absolutely essential” for themselves and their families. Additionally, 70% of those Texans polled believed that universal health care coverage was important for the nation.

The disparity between availability and need for public mental health services for the growing Harris County

population will widen without sufficient resources and funding.

MENTAL ILLNESS IN CHILDREN AND ADOLESCENTS



- There are 760,000 children and adolescents in Harris County between 6 and 18 years old:
 - 152,000 are estimated to have mental illness
 - 91,414 likely have a serious emotional disturbance
 - 174,568 youth are expected to have a substance abuse disorder.
- Approximately 19,787 children and adolescents with serious emotional disturbance required services from the public mental health system in 2013, yet 76% received no care.
- There were 9,500 children referred to the Harris County Juvenile Probation Department in 2014, and 71% in detention were diagnosed with mental illness. About 36% of probation youth reported witnessing or experiencing family or community violence.
- Harris County **CPS** completed 19,996 investigations in FY 2013. There were 5,929 confirmed cases of child abuse or neglect.
- In 2013, there were 24 child abuse or neglect related fatalities in Harris County.
- Victims of child abuse often develop mental health and behavioral issues, possess academic difficulties, and are more likely to enter the criminal justice system compared to their non-abused peers.



PREVALENCE OF MENTAL ILLNESS IN HOUSTON INDEPENDENT SCHOOL DISTRICT (HISD)

- In 2013-2014, HISD reported 14,149 students experienced suicidal thoughts, homicidal threats, and/or incidents of self-harm, depression, and anxiety.
- Reduced funding to HISD has decreased treatment of mental health issues. HISD students increasingly rely on the public mental health system.

PREVALENCE OF MENTAL ILLNESS IN ADULTS

- Nearly 46 million adults age 18 and older (20% of Americans) had mental illness in the past year (SAMHSA, 2012).
- Nationally, 4.5% of the adult population experienced serious mental illness (SMI), although only 58.7%, just over half, received treatment. The young adult population, 18-25 years, is even less likely to receive treatment. Less than half, 40.4%, of the young adult population received treatment for an SMI (SAMHSA National Survey on Drug Use and Health).
- The Texas Health and Human Services Commission (HHSC), through the Department of State Health Services (DSHS), estimated there are 500,000 adults and 175,000 children in Texas with the most severe mental health needs (Meadows Mental Health Policy Institute).
- In 2013, 41,149 Americans died by suicide. In Texas, 3,059 died by suicide (American Association of Suicidology, 2013).

- Of the 3.1 million adults in Harris County (2012 Census):
 - 516,362 were estimated to have a mental illness
 - 142,930 had a serious mental illness
 - 89,579 individuals with serious mental illness had no public (Medicaid or Medicare) or private health insurance and were exclusively dependent on the public mental health service system for treatment.
- In 2013, approximately 75,475 Harris County adults with serious mental illness did not have access to treatment from the public or private mental health systems.
- In 2014, 20% of the county residents in jail had a current or prior diagnosis of mental illness.



HOMELESSNESS

- Of the 5,351 individuals experiencing homelessness in Harris County, two-thirds reported prior psychiatric hospitalization, required mental health treatment, and/or had to leave their homes due to mental illness.
- Additionally, one-half of the unsheltered homeless reported current mental health disorders. In previous surveys, 40% received no treatment during the past year.
- Among homeless youth ages 13-24 (n=436), 60.8% reported having a diagnosis of bipolar, depression or a psychotic disorder.
 - Of these, 53.9% reported they required treatment at some point but did not receive it.

- 47.3% met criteria for serious mental distress in the past month based on an assessment tool predictive of mental health status.



VETERANS

Michael E. DeBakey Veterans Administration (VA)
Medical Center Mental Health Services

- Texas is home to over 1.6 million veterans. Harris County is one of the most veteran-populous areas in the nation.
- Over half of the eligible returning Iraq and Afghanistan veterans and the aging veteran population access mental health services at the VA.
- 20% of veterans deployed to Iraq and Afghanistan have been diagnosed with Post-Traumatic Stress Disorder (PTSD) and/or depression.
- More than 2 out of 10 veterans with PTSD also have Substance Use Disorder (SUD). About 1 out of 3 veterans seeking treatment for SUD also experiences PTSD.
- Veterans with PTSD and alcohol issues have higher rates of binge drinking.
- Veterans account for 20% of suicides in the U.S.; the youngest (18-24 years) having a greater risk than other veteran age groups.
- Nationally, 1 in 4 women and 1 in 100 men have reported that they have experienced military sexual trauma when screened by their VA provider.

- The DeBakey VA reports an increase in veterans from Harris County who received mental health services. In 2010, there were 3,172 veterans who received services, in 2014 there were 5,383. Screening of veterans also grew, from 1,261 in 2011 to 1,543 in 2014.
- Federal budgetary support funded the rising demand for mental health services, although expanding the collaboration between the public and private system remains a good alternative for timely, accessible care.
- The U.S. Office of Inspector General recommends hiring additional mental health personnel; however, nationally, less than half of the recommended number of psychiatrists, less than 70% of the suggested psychologists, and less than the optimal number of social workers and psychiatric nurses have been hired.

MENTAL HEALTH NEEDS COUNCIL

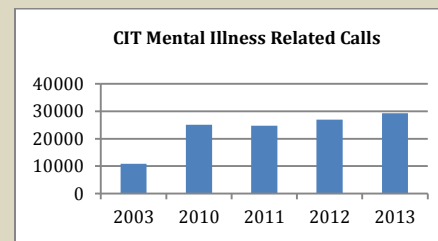
PRIORITY ISSUES :



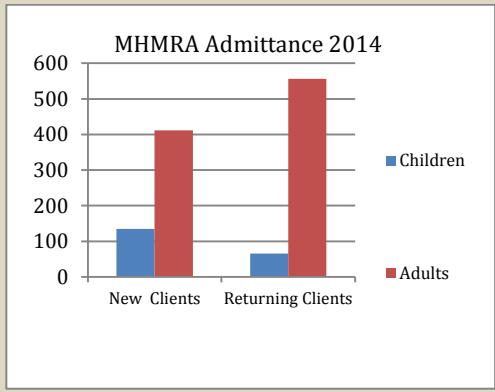
Consequences of untreated mental illness cause many difficulties, including school disengagement and failure, juvenile or criminal justice involvement, victimization, acute psychiatric crises, unemployment, homelessness, and suicide.

CRISIS-ORIENTED SYSTEM

- Limitations in the Harris County public mental health service capacity, especially outpatient services, have resulted in an over-reliance on psychiatric crisis services to the detriment of “upstream” preventive and mental health maintenance services.
- Due to funding limitations, children and adults without insurance receive few or no services, often resulting in decompensation into crises or incarceration.
- Emergency services can meet immediate needs but cannot support long-term community stabilization.
- For effective and efficient care, a larger, adequately funded, more responsive, and accessible outpatient system is required.
- The MHMRA NeuroPsychiatric Center (NPC) currently treats over 17,000 crisis episodes per year. Demand has frequently exceeded capacity, forcing the facility to reject new admissions (go on drive-by status) more than 145 times in 2014.
- Ben Taub General Hospital’s Emergency Room recorded more than 10,000 psychiatric crisis episodes in 2014.
- The number of mental illness-related calls received by the Houston Police Department Crisis Intervention Team (CIT) increased from 10,800 in 2003 to 29,272 in 2013.



- In 2014, about 135 children and 412 adults entered MHMRA of Harris County services each month for the first time. During the same time, 66 children and 556 adults were readmitted.



- An increasing number of children and adults, previously unknown to the public mental health system, request services each year.
- In 2014, DSHS funding for adults was \$25,566,356; funding for children was \$7,473,792 (MHMRA of Harris County).

INSUFFICIENT FUNDING FOR THE MEDICALLY UNINSURED

- The Kaiser Family Foundation ranked Texas 51st in the per capita funding devoted to mental health funding. Texas annual spending for public mental health services is \$38 per capita, which is only 30% of the national average of \$123 per capita.
- Harris County has more children and adults who have serious mental illness than any other Texas county, yet per capita funding is below the state average for public mental health outpatient services.

- Federal and state reimbursement rates for mental health services are so poor that most private providers are unwilling to participate in Medicaid, Medicare, and **CHIP** programs.
- Funding for public mental health services has not kept pace with population growth and has been further eroded by inflation. As a result, per capita total DSHS funding, with adjustment for inflation, has fallen from \$14.98 in 2000 to \$13.72 in 2013.
- Over one in four Texas residents (26%) is without any form of health insurance, compared to 17% of U.S. residents overall. Rates of uninsurance are higher in the Houston region, Harris County, and in the city of Houston than in other areas of Texas (American Community Survey Data, 2010).

LIMITED SERVICE CAPACITY

- The private and public sectors must collaborate to provide an adequate array of services and supports to address the needs of individuals without public or private insurance.

LOSS OF ACCESS TO STATE- FUNDED INPATIENT CARE

- There were 2,963 Texas-funded psychiatric beds (Maples, M., July 2012, Texas DSHS), which is 18.1 psychiatric beds per 100,000 adults compared to the national average of 23.7 beds (Menninger Community Health Needs Assessment, June 2013).
- Houston has 23 beds per 100,000 individuals, **7** of which are public beds. The suggested national standards suggest 50-70 inpatient beds per 100, 000 people (Menninger Community Health Needs Assessment, June 2013).

- The University of Texas Harris County Psychiatric Center continues to be insufficiently funded to operate its 250 beds, thus curtailing capacity for more people to receive timely inpatient care.
- About 70% of Harris County's allocated state hospital beds goes to forensic cases. Harris County is pressured to provide inpatient services for voluntary and civil commitment cases.

LESS ACCESS TO PRIVATE CARE

- At least 16 of Harris County's private inpatient facilities closed within the last 12 years and this is due in part to restricted access and failure to receive appropriate and timely reimbursement for insurance claims to care for insured patients.
- Private psychiatric hospitals have suffered from the increasing burden of indigent care.
- Children and adults with psychiatric insurance benefits have difficulty accessing needed services due to shrinking provider rolls and professional shortages.

LACK OF ACCESS TO INTEGRATED CARE

- Many adults and youth who experience mental illnesses may also abuse substances and require coordinated treatment for both disorders.
- Although coordinated health, mental health, and substance abuse services may produce better health outcomes, economic barriers and resources may not be available for integrated care. Individuals may experience significantly shortened life expectancies and higher rates of physical diseases and disorders.

LACK OF ACCESS TO RESIDENTIAL TREATMENT AND HOUSING SUPPORTS

- Many people with severe mental illnesses lose their jobs, family ties, and homes.
- At least 14,000 Harris County adults with a mental illness lack appropriate housing.
- Residential treatment services for children and adults with mental illness are in short supply, even for those with insurance benefits.

MENTAL HEALTH WORKFORCE

- Work force shortages may represent the single largest barrier for access to mental health care. In Harris County, 23.3% of the 2013 population resides in areas designated as Federal *Mental Health (Professionals) Shortage Areas*.
- Due to reductions in the capacity of training programs and continuing population growth, there are fewer mental health professionals relative to the county's population.
- There is an overall shortage of qualified mental health professionals working in community health settings.
- The supply ratio of psychologists is only 60% of the national average. Psychologists have a vacancy rate as high as 15%. The supply of Texas psychiatrists is 58% of the national average, although the shortage of child and adolescent psychiatrists has slightly improved.
- Harris County public mental health agencies report serious challenges in recruiting and retaining psychiatrists and nurses.



COLLABORATIVE CARE/ POTENTIALLY PREVENTABLE HOSPITAL READMISSIONS

- Individuals with serious mental illness are estimated to have a life span shortened by 9-20 years.
- Mental illness is a significant contributor to rising health care costs.
- Mental health disorders and substance use problems are complex and significant factors in potentially preventable readmissions to Texas hospitals.
- For those admitted with a surgical or medical condition as well as a secondary mental health disorder, the chance of readmission was 70% greater for adults and 90% higher for pediatric patients than those without mental disorders.

ACCOMPLISHMENTS



- In 2013, 1,700 adults with serious mental illness were on a waiting list to receive public mental health services at MHMRA. Through the use of new funds, the waiting list was eliminated.
- MHMRA, in collaboration with Houston Council on Alcohol and Drugs, successfully implemented dual disorder treatment for approximately 1,000 adults.
- MHMRA developed and implemented 27 new projects to expand mental health and Intellectual Developmental Disabilities (IDD) services through the Medicaid 1115 Waiver program. These projects will bring more than \$30

million new federal dollars per year to the local mental health authority, but more is required.

- Harris Health System has significantly expanded psychiatric and related comprehensive services, providing 27,000 outpatient psychiatric visits in 2013.
- HCPC has added to its limited bed capacity and has increased programs addressing critical needs.

RECOMMENDATIONS



The Governor of Texas, members of the Legislature, Harris County Commissioners Court, and the Health and Human Services Commission should:

1. Enhance Funding and Restrict Vital Cuts

- ❖ Under the Affordable Care Act, create and expand coverage for the uninsured with adequate service packages, reimbursement rates, and supports to address clinical needs for people with mental health issues.
- ❖ Maintain a 'safety net' for those who need public psychiatric services and are not covered by other funding sources.
- ❖ Establish mechanisms and procedures that promote, expedite, and maintain enrollment in CHIP and Medicaid programs.
- ❖ Align resources with the prevalence rates for mental disorders.
- ❖ Continue the SB1185 Harris County Jail Diversion pilot.

2. Expand Service Capacity

- ❖ Support a cost-effective public mental health system by sufficiently funding community-based Resiliency and Disease Management.
- ❖ Support the continuation of Medicaid 1115 Waiver projects to expand and improve mental health services.

- ❖ Oppose supplanting current funding with Medicaid 1115 Waiver revenues.
- ❖ Expand public mental health capacity to serve all those with functional impairments due to a mental illness.
- ❖ Insure prompt and adequate Medicaid reimbursement.

3. Balance Resources Between Crisis Services and Ongoing Care

- ❖ Direct additional mental health General Revenue dollars for outpatient services to minimize the crisis driven character of the current system.
- ❖ Sufficiently fund Harris County's programs to prevent or divert individuals with mental illness from entering the juvenile and adult criminal justice systems.

4. Ensure Adequate Care for Iraq and Afghanistan Veterans

- ❖ Enhance, support and supplement federal (VA) initiatives to provide ongoing mental health support to returning veterans and their families.
- ❖ Advocate for public and private collaboration possibilities.

5. Expand Current Psychiatric Hospital Capacity

- ❖ Increase Home and Community Based Services (HCBS) funding for chronically institutionalized adults.
- ❖ Sufficiently fund public psychiatric hospitals for care of voluntary and civil commitments, as well as forensic cases.
- ❖ Sufficiently fund UTHCPC to operate at its full 250-bed capacity to locally treat Harris County citizens.

6. Support Indigent Care by Private Providers

- ❖ Support continuation of the STAR and STAR PLUS programs that offer integrated medical and behavioral health to program participants.

7. Support Integrated Care for Individuals with Behavioral Disorders

- ❖ End discrimination for behavioral health (mental health and substance abuse) insurance coverage.
- ❖ Sufficiently fund collaborative and holistic rehabilitation services to address social, vocational, psychiatric, and health care needs.
- ❖ Fund electronic health records and health information exchanges to improve integrated health care, promote coordination of care and reduce duplication of services.
- ❖ Support recovery-oriented initiatives that will enhance care.

8. Prioritize Housing and Residential Services

- ❖ Sufficiently fund appropriate living options with supports tailored to clinical needs.
- ❖ Support policies that promote collaborative health care and medical homes.

9. Support Professional Workforce Development

- ❖ Fund higher education programs that will increase the number of mental health professionals in the Texas workforce.
- ❖ Support expanding the ratio of mental health care providers to one provider for every 9,000 residents.
- ❖ Increase funding for mental health professional training programs.
- ❖ Expand Medicaid reimbursement for mental health services provided by supervised advanced professional trainees.
- ❖ Offer student loan forgiveness in return for public health service.

10. Increase Funding in Public Schools to Prevent, Evaluate, Treat, and Refer Students.

- ❖ Fund restoration and expansion of behavioral health services in public schools.

11. Support Local Control and Accountability for Public Mental Health Services.

- ❖ Support efforts towards accountability in service delivery to reduce costs, improve consumer satisfaction, and produce improved patient outcomes.

THESE KEY RECOMMENDATIONS SET FORTH BY THE MENTAL HEALTH NEEDS COUNCIL ARE NECESSARY TO PROVIDE OPTIMAL, EFFECTIVE, AND EFFICIENT SERVICES TO THE CITIZENS OF HARRIS COUNTY.