About MMHPI

- **History**
  - The Meadows Mental Health Policy Institute traces its origins to the vision of The Meadows Foundation and its philanthropic leadership throughout the state of Texas on mental health and other vital public issues.

- **Mission**
  - To support the implementation of policies and programs that help Texans obtain effective, efficient mental health care when and where they need it.

- **Vision**
  - For Texas to be the national leader in treating people with mental health needs.

- **Key Principles**
  - Accessible & effective behavioral health care
  - Accountability to taxpayers
  - Delivery through local systems & collaboration
  - Data driven quality outcomes
  - Necessary robust workforce
The Local Burden of Unmet Mental Health Needs on Texas Counties

Texas children are at risk for entry into the “school to prison pipeline”

30,000

300,000

30,000

300,000

The COST of UNMET MENTAL HEALTH NEED

$2.2 billion
total cost to local Texas governments

$1.4 billion
in emergency room costs

$700 million
in local justice system costs

$100 million
other

“SUPER UTILIZATION”

92%
do not receive care adequate to break the cycle of “super utilization”

6 in 7
who need ACT do not receive it

9 in 10
who need FACT do not receive it

Jail Costs for Individuals with Mental Illness
$461 million

Juvenile Justice Costs for Youth with Serious Emotional Disturbances
$236 million

Psychiatric Emergency Department Costs
$965 million

Alcohol and Substance Abuse Emergency Department Costs
$457 million

Other Costs (e.g. shelter services to homeless individuals and school district costs)
$100 million

Total Costs to Local Governments
$2.2 billion
Average Length of Stay Trends

- **Increasing**: from 58 days in 2012 to 74 days in 2015.
- **Not long-term**: nearly everyone goes back to the community.

<table>
<thead>
<tr>
<th>State Hospital</th>
<th>Average Stay (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin State Hospital</td>
<td>49.3</td>
</tr>
<tr>
<td>Big Spring State Hospital</td>
<td>138.0</td>
</tr>
<tr>
<td>El Paso Psychiatric Center</td>
<td>27.5</td>
</tr>
<tr>
<td>Kerrville State Hospital</td>
<td>838.5</td>
</tr>
<tr>
<td>North Texas State Hospital (Vernon &amp; Wichita Falls)</td>
<td>116.3</td>
</tr>
<tr>
<td>Rio Grande State Center</td>
<td>25.5</td>
</tr>
<tr>
<td>Rusk State Hospital</td>
<td>137.3</td>
</tr>
<tr>
<td>San Antonio State Hospital</td>
<td>58.5</td>
</tr>
<tr>
<td>Terrell State Hospital</td>
<td>41.8</td>
</tr>
<tr>
<td>Waco Center for Youth</td>
<td>161.8</td>
</tr>
</tbody>
</table>
Forensic Commitment Waiting List

- **Increasing**: more than quadrupled since 2013.
- **Aren’t we spending more now on treatment?** Yes, but the focus was on waitlists and overall numbers, not intensive care.
MMHPI Assessment: Harris County

- **80%** of the needed inpatient (bed) capacity.
- **Less than 10%** of the needed capacity for ongoing, intensive care.
How Do We Address the Issue?

Focus on Two Areas:

1) **Front-end diversion** – prevent people from entering our jails and state hospitals through assertive diversion and intensive, community treatment.

2) **Ongoing intensive care for people exiting our state hospitals and inpatient beds** – need a step-down continuum of assertive, intensive, and ongoing community-based services (years, not months).
Success Addressing Complex Needs

Key Components:

☑ State-Local Cost Sharing
☑ Required Collaboration
☑ Best-Practices for Targeted Populations
☑ Outcome-Driven

83(R) SB 58 – Healthy Communities Homeless Collaboratives

83(R) SB 1185 – Harris County Jail Diversion Pilot

84(R) SB 55 – Texas Veterans + Family Alliance
SB 292 Opportunity: Jail Diversion

• Inadequately treated mental illness and substance use disorders cost taxpayers $1.4 billion in emergency room (ER) costs + over $700 million in local justice system costs each year.

• These costs are disproportionately driven by approximately 40,000 people with complex health needs trapped in “super utilization”, repeatedly cycling through jails, emergency rooms, hospitals, and homeless shelters.

• Bexar County found that 3,700 people are driving nearly $175 million in largely ineffective care, annually.

Services that work do exist, but Texas currently has the capacity to serve less than 1 in 7 overall and less than 1 in 10 of those with deeper criminal justice system use.
Dallas Example: Caruth Smart Justice Project

Countywide Planning Project

A five-year plan to reduce (and eventually eliminate) the use of the Dallas County Jail for treating people who primarily have mental health needs through three points of system transformation:

• Front-end diversion with first responders to prevent people with mental illness from entering (or re-entering) the justice system;
• Improved practice within the justice system; and
• Enhanced services in the community to keep people at highest risk of justice system entry/re-entry in care rather than in jail.
The truth is: mental illness affects more people than you may think, and we need to talk about it. It’s Okay to say...”  okaytosay.org