Senate Committee on Finance:
Mental Health in the Wake of Hurricane Harvey

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

**Mission Statement**
To provide independent, non-partisan, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.

- State Policy
- Local Systems
Leveraging New Grant Programs

SB 292 (Huffman, Nelson, Schwertner) created the **Mental Health Grant Program for Justice-Involved Individuals** to *reduce recidivism, arrest, and incarceration among individuals with mental illness*.

HB 13 (Price) created the **Community Mental Health Grant Program** to provide incentives for state-local collaborations to *help Texas communities tailor solutions to fit the mental health challenges they face*.
Mental Health Needs, Post-Harvey

What do we expect the needs to be?

• We expected rates to begin to increase 60 – 90 days out (and they have). Needs are building, now.

• For children and adolescents: We expect needs to peak at 18 months, then slowly reduce after 24 months.
  - Estimated costs of new school-related mental health needs will exceed $85 million in 2018.

• For adults: We expect needs to continue to trend higher even after 24 months.

• New cases will continue to emerge four years post-disaster.

This is driven by both dramatic increases in posttraumatic stress disorder but also by worsened depression and anxiety.
Philanthropy is Stepping Up for Initial Needs

• Hurricane Harvey Relief Fund (Greater Houston Community Foundation) has invested millions to expand mental health care for Harvey-related needs in Houston and Harris County.

• Rebuild Texas is also beginning to ramp up to meet mental health needs beyond Harris County.

• American Red Cross is organizing a multi-million dollar relief effort to fill other mental health gaps.

These efforts can only meet costs over the near term, and new needs and costs will continue to emerge for years.
What Should We Do?

• Focus on:
  - Early identification and supports in primary care;
  - Increased access to trauma-informed care; and
  - Additional supports (e.g., housing) for those with more severe needs (federal Community Development Block Grant (CDBG) funds are key).

• New needs will require ramped-up capacity using:
  - Philanthropy to meet immediate needs;
  - Maximized federal funding, as available; and
  - State funding to sustain and meet other prioritized needs.
Two-Thirds of Need Can Be Met in Primary Care

THE IDEAL MENTAL HEALTH SYSTEM

HEALTH CARE

LIFE IN COMMUNITY

MENTAL HEALTH CARE

Integrated Primary Care

VitalSigns → Collaborative Care for Depression

The best Mental Health Care is like the best Health Care

Specialty Care (Other)
Rehabilitative Care
Inpatient Care

Best Practice Anchor
e.g., UT SW Simmons Cancer Center, MD Anderson

Specialty Care (Psychiatry)
Rehabilitative Care
Inpatient Care

Best Practice Anchor
e.g., UT SW O’Donnell Brain Institute, New York Presbyterian Hospital
Leveraging Primary Care: The Opportunity

75% of children with mental health issues that receive care, receive it in a primary care setting.

- Most would not need a specialist referral with the right support.
- Primary care providers should treat behavioral health issues as they would any other health issue – treat mild and moderate conditions, referring only the more complex or severe cases to a specialist.

Current Barriers

- **limited time** during each patient visit;
- **minimal training** and **knowledge** of behavioral health disorders; and
- **limited access** to behavioral health specialists and consultations.
Leveraging Primary Care: Best Practices

- Twenty-five states have implemented consultation programs.
- The Massachusetts Child Psychiatry Access Project (MCPAP), established in 2004, is the longest-running program.

A statewide system of regional children’s behavioral health consultation hubs.

Each hub is located at an academic medical center.

Each hub can support the primary care needs of 250,000 children and youth for $2 a year per child.
Leveraging Primary Care: A Path for Texas

• Local philanthropy in Houston and the broader region is developing a MCPAP-type model in Harris County and key communities across the region through:
  -- Baylor College of Medicine;
  -- Harris Health; and
  -- Texas Children’s Hospital.

While a great start, philanthropy alone cannot sustain it.

Expanding the MCPAP model in Texas will help address multiple gaps in the Statewide Behavioral Health Strategic Plan, including access to appropriate behavioral health services, implementation of evidence-based practices, early intervention services, and behavioral health workforce shortages.
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