Texas

Innovations

- Mental health crisis services redesign
- Local Planning and Network Development
- Bexar County Jail Diversion Program

Urgent Needs

- Equitable funding for Local Mental Health Authorities
- Improve access to services in all areas
- Expand health insurance coverage to uninsured persons
- Address cultural competence and workforce shortage

Consumer and Family Comments

- *"The NorthStar indigent program [is the best service] because otherwise I would not be able to afford my psychiatrist/meds."*
- *"Lack of continuity from one provider to the next [is the worst part of the system]. There needs to be a continuum of care—much like with the military—where records are carried with the consumer or centralized for better continuity and more effective health care management."*
- *"Too much money is spent reactively: i.e., for consumers in crisis. If more money was put into proactive use for consumers, the money would be used more productively."*
- *"Services were inadequate. Services were non-existent. Language access was NOT available. Access to any psychiatrist is extremely difficult—usually a two month wait. We are in distress with no help available."*

Texas' mental health care system is dwindling and faces a multitude of challenges. In 2006, it received a C grade. Three years later, it has dropped to a D.

Among the reasons for its decline are its low commitment to supported housing, lack of efforts to reduce the use of restraints and seclusions, and lack of cultural competence—to name only a few.

Texas has the second-highest population in the nation, with large percentages of foreign-born and uninsured residents, and the highest uninsured population—almost 25 percent. It has remote rural and frontier areas and is positioned in the hurricane-prone Gulf region. Those factors all affect the need for mental health services.

Historically, Texas has under-funded mental health care. It ranks 49th in mental health expenditures per capita. The Department of State Health Services (DSHS) administers mental health services through contracts with 39 Local Mental Health Authorities (LMHAs) and NorthSTAR, the state's Medicaid managed care plan. In 2004, DSHS established Resiliency and Disease Management (RDM) as a statewide component for system transformation to better match the intensity of services with individual needs for recovery. DSHS conducts fidelity assessments of LMHAs to ensure adherence to evidence-based practices (EBPs) as part of RDM.

In 2007, five DSHS on-site fidelity reviews revealed lack of appropriate training of staff in EBPs. In addition, LMHA self-assessments showed some decline in statewide fidelity averages. Overall, inadequate data collection and reporting impede the state's ability to accurately measure program performance and outcomes.

In 2005, Texas received a five-year federal mental health transformation grant of $92.5 million. In 2007, the legislature granted $82 million to redesign mental health and substance abuse crisis services through 2009. The focus on crisis services is commendable, but does not address the need for an overall continuum of care that can help avert crises in the first place.

The state is moving to address structural conflicts in the mental health system, in which community mental health centers both manage and distribute funds to providers, while also providing direct services themselves. In 2008, LMHAs began a Local Planning and Network Development initiative involving negotiated rulemaking with providers. So far, the basic process seems to be working, but it remains to be seen whether the initiative will successfully open the system to additional providers.

Unfortunately, an equity issue exists within the system. Funding for the LMHAs is not related to population density, which results in inadequate capacity. In turn, lack of community services results in significantly overcrowded emergency rooms and inappropriate use of prisons as warehouses for people with mental illness.

One notable strength is the Bexar County Jail Diversion Program of the Center for Health Care Services in San Antonio, which is recognized as both a state and national model. It is particularly innovative due to its community collaboration and increased access to care.

For the seventh most diverse state in the nation, Texas is extremely deficient in cultural competence. It is a glaring weakness. Furthermore, Texas has no plan or activities geared toward recruiting and developing a competent workforce, and significant shortages of mental health professionals exist in rural areas.

Texas has not demonstrated reductions in the use of restraints and seclusion in state hospitals, and inpatient conditions continue to generate reports of abuse. Moreover, the state's failure to publicly report data on seclusion and restraints limits the system's transparency and accountability.

Greater investment is needed in order for the state to truly transform and move toward an evidence-based, cost-effective mental health care system. Leadership and political will must make that commitment. Otherwise, Texas will continue its troubling slide backwards.