

PUBLIC POLICY PLATFORM

NAMI Texas
2021-2022

namitexas.org



Public Policy Platform

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NAMI Texas Mission Statement

NAMI Texas is dedicated to improving the quality of life of all individuals living with mental illness and their families.



Our Vision

The vision of NAMI Texas is to ensure acceptance of and treatment for all those with mental illness to facilitate recovery. While retaining our grassroots values, NAMI Texas will:

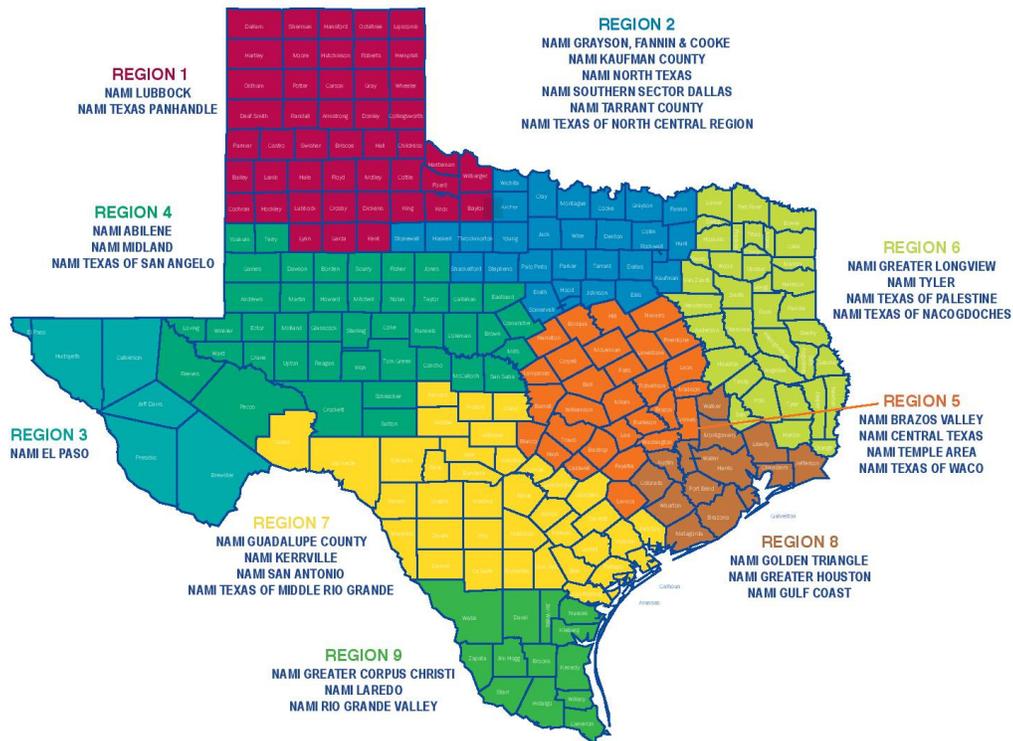
- become the most effective provider of support and educational opportunities reaching all persons in the state;
- dramatically grow the membership;
- eliminate the stigma of mental illness;
- and lead the way with successful advocacy efforts.



History

The National Alliance on Mental Illness of Texas (NAMI Texas) is a 501(c)3 nonprofit organization founded by volunteers in 1984. NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local affiliates throughout Texas. NAMI Texas has nearly 2,000 members made up of individuals living with mental illness, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy. NAMI Texas offers a variety of education and support programs addressing the mental health needs of Texans and designed for individuals living with mental illness, family members, friends, professionals, other stakeholders, and the community at large. NAMI Texas works to inform the public about mental illness by distributing information about mental illness through every means of communication. Interviews are produced on television, stories are featured in newspapers, brochures are produced and distributed, referrals are provided, and newsletters and other publications are utilized.

NAMI Texas affiliates deliver free education, support, and advocacy services for individuals with mental illness and their families in 30 areas of the state!



NAMI SMARTS
for
ADVOCACY

Public Policy Platform

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Letter from NAMI Texas

Since the close of the 86th Legislature, Texans have experienced untold amounts of tragedy and grief. An act of terror took the lives of twenty-three El Pasoans, injured twenty-three others, and traumatized countless family members, friends, and neighbors. Civil unrest in response to unjust police tactics gripped Texas streets for months on end. The physical, mental, emotional, and economic consequences of the COVID-19 pandemic have reshaped our sense of normalcy. Not to mention the effects of worsening climate change, pollution, and economic inequality. All Texans have been affected by these events in some way, but the truth is that marginalized, vulnerable individuals and communities have experienced a disproportionate amount of the consequence. Unfortunately, services and supports are not equally distributed. Further, barriers to care perpetuate the inequities inflicted upon individuals who are BIPOC, LGBTQIA+, religious minorities, low-income, veterans, immigrants, justice-involved, and differently-abled. It is well past time to reassess the systems and structures that are intended to support those most in need. NAMI Texas believes that justice and equity are possible and achievable. Although we have a long way to go, Texas can get closer with mindful, inclusive, and just policy. We believe that the following platform captures this belief, that together we can create the change we seek. Maybe not today, maybe not tomorrow, but soon everyone will have access to the care and support that promotes physical, mental, and emotional health and well-being. Until then, we stand in solidarity with everyone impacted by tragedy and grief. Thank you for your time and support.

Sincerely,

NAMI Texas Public Policy Team

Executive Summary Part One

In 2021-2022, NAMI Texas is advocating for a healthier Texas, where every individual who needs mental health services and supports can access appropriate, affordable, and timely care. To achieve this goal, NAMI Texas supports investment and promotion of early intervention, a mental health-responsive criminal justice system, robust access to quality health care and coverage, appropriate housing and supports, a strong system capacity and workforce, targeted interventions directed at those facing disparities, and a crisis response system that is better able to help individuals and families on their road to recovery.

NAMI Texas supports investing in mental health interventions early in a person's life in order to prevent long-term disability and facilitate recovery.

Texas should continue its investment in student mental health by expanding opportunities for mental health education and support for both students and families, protecting special education and 504 accommodations for eligible students, and guaranteeing access to mental health care for students in post-secondary education. Texas should also facilitate recovery by requiring insurance companies cover Coordinated Specialty Care for First Episode Psychosis and treatment for Serious Emotional Disturbance. Texas should also intervene early with trauma, mental health, and substance use disorders for families at risk, including preventing foster care system involvement due to a child or a parent's mental health needs, addressing interpersonal violence and trauma across society, and helping youth aging out of foster care with mental health issues receive the treatment and supports they need to succeed.

NAMI Texas supports alternatives to incarceration and recidivism for individuals with mental illness through improved policy and programming to address the mental health needs of every individual involved in the justice system, from pre-booking jail diversion to re-entry programs. Texas should start early in the process to avoid justice system involvement by continuing to invest in mental health services and trauma-responsive care in the juvenile justice system, implementing a statewide Good Samaritan policy for individuals helping others avoid a drug overdose, and maintaining funding for post-booking jail diversion programs. Within jails, Texas should improve continuity of medication for jail inmates, expand competency restoration options and improve the process, and establish an Office of Forensic Services to oversee mental health care for forensic or justice-involved commitments. To protect the rights and well-being of individuals in the prison system, Texas should limit the use of and emphasize alternatives to solitary confinement of inmates and exempt individuals with severe mental illness from capital punishment. As individuals with mental illness re-enter society, Texas should ensure they have access to peer support specialists with similar lived experiences to help them with recovery and re-entry.



Executive Summary Part Two

NAMI Texas supports improving access to mental health care by ensuring Texans have the health care they need when they need it, including robust coverage for mental health and substance use treatment and medication. To improve access to mental health care and enhance insurance coverage to Texans living with mental illness, Texas should enhance Medicaid and CHIP coverage for low-income adults and families, regulate coverage of short-term health plans, guarantee continuity and oversight for essential medication, and implement policies that enforce parity in coverage between mental health and other medical services. Texas should also expand access to mental health services by integrating mental health services in primary care settings and expanding community partnerships.

NAMI Texas supports access to appropriate housing and employment services in order to facilitate recovery. To address the shortage of appropriate supportive housing for individuals living with mental illness, Texas should increase funding for rental and utility assistance for people living with mental illness, invest in step-down and congregate care housing programs for individuals leaving institutions, increase access to permanent supportive and rapid re-housing, and reduce the program qualification criteria for the Home and Community Based Services-Adult Mental Health. To increase opportunities for employment amongst individuals with mental illness, Texas can utilize and support mental health recovery and living skill resource centers, such as Clubhouses.

NAMI Texas supports investments and strategies that expand access to mental health services and supports across the state by addressing waitlists, workforce shortages, and gaps in the continuum of care. Expanding capacity should include increasing funding opportunities for community-based outpatient programs, sustaining existing investments in the state hospital redesign and reconstruction projects, and maintaining the recent improvements in access to telehealth services. Removing barriers for providers and supports should include increasing reimbursement opportunities and rates for Certified Peer Support Specialists, granting full practice authority for Advanced Practice Registered Nurses, and investing in support and education groups for families, peers and providers, including NAMI programs and Certified Family Partners.



Executive Summary Part Three

NAMI Texas supports targeted interventions and strategies that address mental health disparities and disproportionality for vulnerable individuals and communities and promote equity in mental health access, quality of care, and overall health outcomes. Texas should encourage mental health providers to implement trauma-informed, person-centered, and culturally-responsive care to eliminate disparities across ethnicity and race, gender and sexuality, economic status, military status, maternal status, and individuals with co-occurring intellectual and developmental disabilities (IDD). Broader strategies that address the social determinants of mental health, including discrimination and social and economic inequality, are also critical to improve mental health outcomes.

NAMI Texas supports a robust response to Texans experiencing a mental health crisis, ensuring they receive the support they need to promote recovery. To save the lives of individuals at risk of suicide, Texas should require routine suicide prevention training for health professionals and educators, support public-private partnerships to expand suicide prevention programs across the state, reduce access to lethal means, and expand state capacity for crisis hotlines and peer support warmlines. To ensure an appropriate first response to individuals in crisis, Texas should promote the use of integrated crisis response teams with law enforcement emergency services and increase the availability of temporary crisis respite services. To remove administrative barriers to providing emergency care to individuals with intense inpatient care needs, Texas should grant physicians the ability to exercise short-term emergency holds, expand which providers can request an emergency detention, extend the emergency detention warrant period to 72 hours, and align state HIPAA regulations with federal guidance. To protect the mental health and well-being of first responders who manage these crises, Texas should ensure first responders have access to mental health services, adequate mental health and suicide prevention training, and can receive treatment for PTSD under their insurance coverage.



Early Intervention

On average, individuals wait 8 to 10 years to receive needed mental health services and supports.¹ With early intervention, individuals can avoid long-term disabilities and other negative consequences associated with mental illness. Texas should treat children and youth with mental health issues by investing in early intervention, family education, and school-based mental health programs.

Expand Mental Health Education for Students and Families

Family support is critical in the recovery process for children and youth living with a mental health condition. Unfortunately, many families don't have the information or tools they need to support their child.² To improve the support families are able to provide children and youth living with mental illness, Texas should:

- Provide funding for schools and partnering organizations to offer mental health awareness classes and support programs, such as NAMI Ending the Silence and NAMI Basics course for parents whose children are living with a mental health condition. Both of these programs are led by workshop facilitators who have lived experience either with a mental health condition or have had a child with a mental health condition.³
- Increase funding to programs that employ Certified Family Partners. A Certified Family Partner (CFP) is a parent or guardian with lived experience raising a child with mental, emotional, or behavioral health challenges and who has at least one year navigating a child serving system.⁴ The CFP uses their experience to educate, role model, and promote hope in recovery for other families.
 - Legislation to consider: HB 2080 (86R).

Guarantee Coverage of Mental Health Conditions for Children

Over 2 million youth nationwide have depression with severe impairment.⁵ Unfortunately, Texas statute does not require insurers to provide comprehensive mental health coverage on par with other medical conditions. Currently, only one in seven Texas children with major depression receive consistent treatment—almost half the national average.⁶ To improve access to mental health care for youth living with depression with severe impairment and other serious mental health conditions, Texas should require insurance coverage for Serious Emotional Disturbances under Texas Department of Insurance-regulated health plans. Legislation to consider: HB 501 (86R).

Protect Special Education/504 Accommodations for Eligible Students

In 2017, roughly 27,500 Texas students were classified as having an emotional disturbance or a psychiatric disorder. Students with emotional disturbances or psychiatric disorders are more likely to experience severe disturbances in behavior, thinking, and feeling.⁷ However, Texas has instituted cuts to the Special Education budget in recent years, dramatically reducing the number of the students receiving the education and accommodations they need to succeed.

More than half of the students living with severe emotional disturbances drop out of school. To ensure equitable access to education, Texas must ensure students with serious emotional disturbances are able to receive the accommodations they're entitled to under federal law.

Prevent Child Relinquishment and Removals Through Access to Mental Health and Substance Use Treatment and Support Services

The federal Family First Act provides requirements and incentives for Texas to enhance prevention and early intervention strategies and reduce the number of children who enter the foster care system.⁹ More than two-thirds of child removals in Texas are connected to a parental substance use, and many of these removals could have been prevented with adequate access to mental health and substance use treatment services for parents and caregivers.¹⁰ Many other Texas families have been forced to relinquish custody so their child with serious mental health needs can access residential treatment services. The Children's Mental Health Residential Treatment Center Relinquishment Avoidance Project has been a critical lifeline for keeping families together, but the program still needs more capacity to serve all families in need.¹¹

- Leverage Family First Act funding to ensure parents and caregivers have the mental health and substance use services they need to reduce the risk of child removals.
- Increase capacity of Children's Mental Health Residential Treatment Center Relinquishment Avoidance Project, reduce wait times for placement, streamline the process to reduce family interaction with the traditional CPS system, and increase awareness amongst LMHA and DFPS staff of the unique needs of this population of children and families.

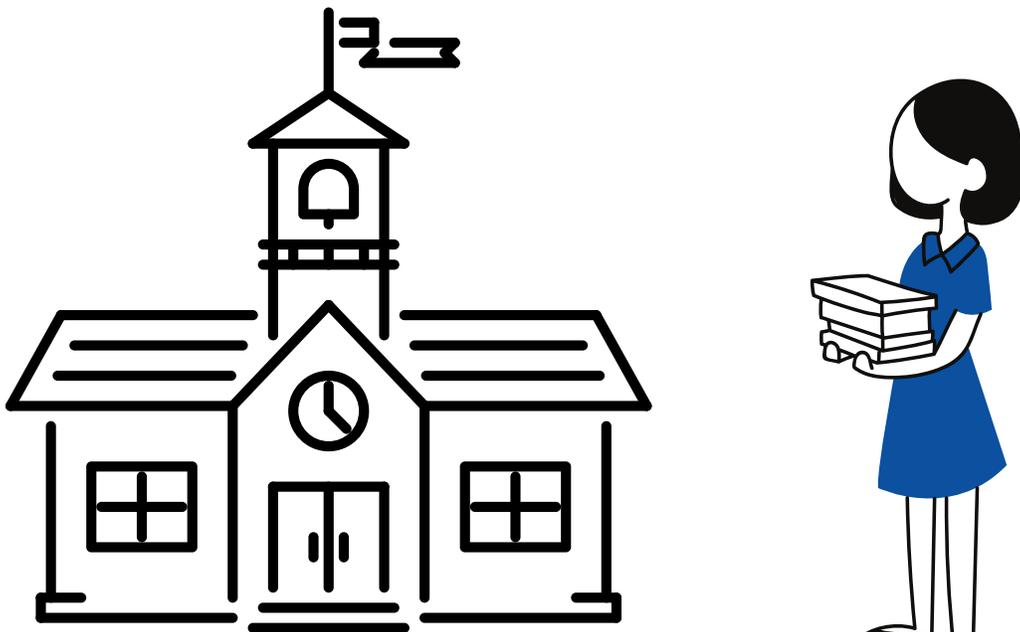
Support Youth with Mental Health Needs Aging out of Foster Care

Youth in foster care are up to four times more likely to have a mental health disorder than youth outside the foster care system and are more likely to have a substance use disorder by the time they reach young adulthood.¹² Many youth who do not find permanent homes struggle once they age out of the system. To ensure the mental health and well-being of children and youth involved with the foster care system, Texas should expand the capacity of Supervised Independent Living programs for youth exiting the foster care system with appropriate supports in place for youth with mental health, substance use, or IDD issues.

Guarantee Mental Health Services for Students in Higher Education

Students entering college face new stressors as they manage major life transitions and financial challenges. However, inadequate provider-student ratios often result in lengthy waitlists for students seeking on-campus mental health services.¹³ To ensure that institutions of higher education are able to provide timely mental health services, Texas should:

- Require colleges and universities to have adequate mental health staffing on campus.
- Promote the use of peer-based education and support services.¹⁴
- Partner with Local Mental Health Authorities and other mental health organizations to improve access to services for students and improve guidance and training to employees of higher education institutions.



Facilitate Access to Coordinated Specialty Care for First Episode Psychosis

First Episode Psychosis (FEP) impacts the health and wellbeing of approximately 3,000 Texas children and young adults each year.¹⁵ Coordinated Specialty Care (CSC) is best practice in FEP treatment, providing a team-based, multi-disciplinary approach that promotes patient-choice and shared decision making.¹⁶ Unfortunately, limited access and availability of CSC may delay the receipt of services, worsen mental health outcomes, and jeopardize quality of life and achievement. Further, commercial insurers and insurance plans often do not cover all the interventions generally accepted as best practice in First Episode Psychosis treatment. To ensure all Texans have access to Coordinated Specialty Care, Texas should:

- Invest state resources to improve access and availability of CSC services.
- Pass a mandate requiring commercial health plans and insurers to adequately reimburse all CSC disciplines.

Prevent and Treat Trauma and Interpersonal Violence

Adverse childhood experiences and other traumatic events can have a devastating impact on a person's well-being and social outcomes, including higher rates of chronic physical health problems, severe mental health issues, and substance use disorders.¹⁷ A third of Texans experience some form of sexual assault in their lifetimes, usually by someone they know and often before adulthood, and this can have a devastating impact on an individual's mental health and well-being.¹⁸ To mediate the impact of trauma, Texas should:

- Implement trauma-informed care and practices in all systems whose participants are at higher risk of experiencing trauma, including the foster care, justice system, and military.
- Implement programs that promote health relationships and consent amongst students in K-12 curricula.
- Invest in counseling and other supports for survivors of trauma, including survivors of interpersonal violence.

Criminal Justice

Approximately 40% of prisoners and jail inmates have experienced mental illness.¹⁹ The physical and psychological consequences of imprisonment often worsen mental health, prolong sentences, and increase rates of homelessness, emergency service utilization, substance use, and recidivism upon prison or jail exit.²⁰ Texas should continue to invest in programs at every point in the Sequential Intercept Model, from pre-booking jail diversion to re-entry programs, to improve engagement in mental health services, reduce criminal justice involvement, and decrease rates of crisis service utilization and recidivism.²¹

Expand Availability of Peer Re-entry Support Services

Individuals with a serious mental illness are more likely to return to custody due to technical parole or probation violations, such as failing to comply with community-based mental health treatment.²² Structural barriers in obtaining personal identification, housing, transportation, and employment exacerbate disparities in the receipt of mental health and substance use services. The services provided by Peer Support Specialists have been shown to increase utilization of community-based mental health and substance use services, and better support individuals exiting jail or prison in obtaining housing, employment, and necessary documentation.^{23,24} Texas should expand the Mental Health Peer Support Re-entry Program to ensure that individuals exiting jail or prison have the resources they need to succeed.

Limit Use of Solitary Confinement

Prisoners and inmates with mental health disorders are often segregated from the general population in instances of repeated rules infractions, real or perceived threat of harm to self or others, or emotional or physical victimization or exploitation.²⁵ Disciplinary or administrative seclusion may provoke or exacerbate anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis.²⁶ Further, the use of solitary confinement for individuals with a mental health diagnosis may hinder successful transition back into the community.²⁷ Texas should increase mental health services funding for prisoners and inmates, improve crisis de-escalation training for corrections officers, and ensure safe alternative to segregation are available when necessary.



Improve Medication Continuity for Jail Inmates

County jails in Texas are required to do an intake health screening of all inmates. Unfortunately, jail staff shortages, variations in inmate population, and the time of inmate arrival may delay necessary screenings and the provision of psychotropic medications. ²⁸ An inmate living with a mental illness who misses one or multiple doses of medication may experience a mental health crisis that increases risk of harm to themselves, other inmates, and jail staff. Further, facility formularies may limit access to certain medications, increasing the risk associated with non-medical switching. Texas should: ²⁹

- Require jails to identify and document the medications that a person was taking prior to entering jail and to continue people on those same medications unless there is a medical reason otherwise.
- Require the development of an agreed-upon prescription medication formulary to be utilized by mental health providers and justice system providers.

Expand Competency Restoration Options and Improve Competency Restoration Processes

In Texas, approximately 900 prisoners and jail inmates are awaiting competency restoration through the state hospital system. ³⁰ The average number of days to obtain a maximum security and non-maximum security placement are 289 and 76 days, respectively. Prolonged waits for competency restoration can worsen mental health outcomes, contribute to an over-crowded prison and jail systems, and jeopardize the safety of prisoners, inmates, and prison or jail staff. To improve administration, oversight, and delivery of competency restoration services, Texas should:

- Increase investment in community- and jail-based competency restoration programs, step-down and transitional housing, and mental health diversion programs.
- Establish an oversight body that trains and certifies competency restoration evaluators, maintains an evaluator registry, and assesses program efficacy and fidelity.

Improve Mental Health Services in Juvenile Justice System

Individuals involved with the juvenile justice system often experience trauma and mental illness prior to their offense.³¹ Incarceration can worsen mental health, contribute to suicide risk, and increase risk of recidivism.^{32,33} Texas should invest in trauma-informed prevention, diversion, treatment, and re-entry programming; better utilize mental health courts; and ensure appropriate resources for TCOOMMI and other specialized services.

Implement A Statewide Good Samaritan Policy

In Texas, opioid-involved overdose deaths exceeded 1,400 in 2018.³⁴ Effective ways to prevent opioid-related deaths include improving opioid prescribing, preventing misuse of opioids, improving access to treatment for opioid use disorders, and reversing overdoses with life-saving medications and medical care, when overdoses occur.³⁵ Good Samaritan Policies protect individuals from prosecution for low-level drug offenses when seeking medical assistance for a suspected overdose. Texas must join forty other states and the District of Columbia in enacting Good Samaritan policies that save lives and provide an avenue to treatment for mental health and substance use disorders. Legislation to consider: HB 2432 (86R) and SB 305 (86R)

Exempt Individuals with Severe Mental Illness from Capital Punishment

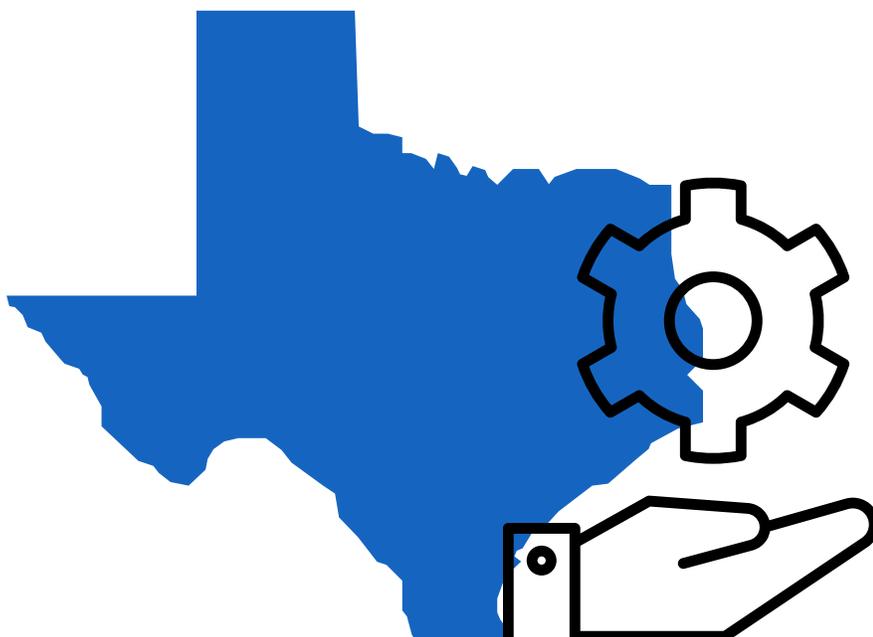
Over the course of our state's history, there are examples of individuals with several mental illnesses ending up on death row. Ordering capital punishment in these unique and infrequent cases disregards the fact that severe mental illness can significantly impair executive function—memory, impulse control, and decision-making. It also frequently extends an already emotionally difficult ordeal for family members and involves years of costly litigation. Texas should exempt from capital punishment individuals who had severe mental illness at the time of offense. Legislation to consider: HB 1936 (86R)

Maintain Funding for Post-Booking Jail Diversion Programs

Post-booking jail diversion programs re-direct individuals in custody with a suspected mental health or substance use disorder to specialized courts and community-based treatment. Participation in mental health court has been shown to reduce subsequent arrests and days of incarceration.³⁶ Texas should adopt Exceptional Items XX and XX to ensure that justice-involved individuals living with mental illness are able to access the appropriate mental health care and support services.

Establish an Office of Forensic Services to Oversee Forensic Mental Health Care

Forensic mental health services in Texas are highly fragmented. Numerous state and local agencies work independently to deliver services across the Sequential Intercept Model—pre-and post-booking jail diversion, inpatient-and jail-based competency restoration, and conditional release. Unfortunately, poor coordination, insufficient resources, and limited oversight can compromise the quality and timeliness of mental health care provided to individuals involved with the criminal legal system. To ensure a comprehensive, coordinated, and coherent approach to forensic mental health services, Texas should establish an Office of Forensic Services.



Insurance

Approximately one in five adults experience a mental health condition each year.³⁷ One in twenty adults live with a severe mental illness, such as schizophrenia, bipolar disorder, or major depression. Unfortunately, Texas ranks near the bottom in per capita mental health expenditure.³⁸ Access to insurance coverage ensures that Texans are able to receive the appropriate mental healthcare when needed. Texas should strengthen requirements for robust, comprehensive, and affordable mental health coverage in public and private insurance sectors, and pursue policies that reduce the number of uninsured Texans.

Enhance Medicaid and CHIP Coverage for Low-Income Adults and Families

The federal government offers states Medicaid expansion funding to create an insurance option for low-wage adults. Unfortunately, Texas has declined these funds and, as a result, over 400,000 Texans with mental health or substance use concerns have not been given the opportunity to obtain insurance coverage.³⁹ Texans with health insurance are nearly 50 percent more likely to receive mental health care compared to Texans who lack coverage. Texas should accept federal funding to increase Medicaid eligibility to low-wage adults as well as protect funding for Medicaid and CHIP for low-income children.

Support Mental Health Programs and Community Partnerships

The 1115 Transformation Waiver provides critical funding for uninsured individuals, innovative mental health programs, and integrated care through community partnerships.⁴⁰ The Waiver is a vital revenue source for rural and low-income communities to address health disparities.⁴¹ It has funded 1,400 projects serving 12 million Texans.⁴² However, the waiver is set to expire in 2021, jeopardizing essential programs and services for individuals living with mental illness.⁴³ To ensure that low-income and uninsured Texans receive mental health services, Texas should seek to extend the 1115 Transformation Waiver.



Improve Coverage of Short-Term Health Plans

Short-term limited-duration health insurance plans are intended to provide affordable coverage for individuals waiting for more comprehensive benefits to begin. Unfortunately, these plans often fail to cover pre-existing and chronic conditions, mental health care, maternity, and prescription medications. If an individual with a short-term health plan seeks care, out-of-pocket costs can often exceed the costs associated with more comprehensive insurance coverage.⁴⁴

Texas should limit plan duration and renewals for short-term limited-duration health insurance and improve disclosures of potential costs to ensure better health coverage is provided to all Texans.

Promote Medication Access and Continuity by Limiting Non-Medical Switching

Limitations on access to psychiatric medications can negatively impact patient health and place additional strain on the mental health workforce. Formulary restrictions, prior authorizations, accumulator adjustment programs, step-therapy, or “fail first” protocols, and other forms of non-medical switching hinder the delivery of appropriate care. Switching a person away from a medication on which they are stable worsens treatment outcomes, medication compliance, and service engagement.⁴⁵ Texas should:

- Prohibit health plans from requiring individuals with serious and persistent mental illness to “fail first” on a prescription medication before covering the prescriber’s first choice medication.
- Restrict the use of Accumulator Adjustment Programs (AAPs) by requiring manufacturer cost-sharing programs to count toward patent deductibles.



Implement Policies that Provide Insurance Equity

In 2017, the Legislature passed HB 10, requiring parity between mental health benefits and medical and surgical benefits in fully-insured products. Unfortunately, inadequate compliance and enforcement has allowed inequity in coverage to persist. To ensure greater equity in health care coverage, Texas should:

- Develop and maintain standardized compliance tools that align with best practices to evaluate parity compliance.
- Require all insurance plans complete a parity analysis using the standardized tool and submitting said analysis to the appropriate regulatory authority.
- Align parity complaints and investigations processes in other states.
- Invest in educating stakeholders in their parity rights and responsibilities.

Integrate Mental Health and Primary Care

Primary care providers are often the first to see and assess individuals experiencing mental health concerns. Unfortunately, primary care providers may not have the resources or training to provide comprehensive mental health care. The Collaborative Care Model integrates mental health services into primary care setting by emphasizing care coordination and case management, evidence-based multidisciplinary interventions, and appropriate clinical and social service referrals. The Collaborative Care Model has been shown to improve treatment outcomes, reduce healthcare service utilization, and produce system-wide cost savings.⁴⁶ Texas should prioritize integrated health care programs by establishing a Medicaid billing code for collaborative care and promote integration as an outcome metric or incentive strategy for Medicaid Managed Care plans.



Housing and Support Services

Mental illness can contribute to the onset and chronicity of housing instability and homelessness. Individuals with a severe mental illness who are unable to work and who receive Supplemental Security Income or Social Security Disability Insurance, are often unable to cover rent, food, clothing, transportation, and other necessities. Without additional support, individuals living with mental illness may not be able to maintain social, occupational, and housing stability. Additional funding for housing, employment, and community support will help individuals with mental health concerns to experience recovery.

Boost the Continuum of Care with Step-Down and Congregate Housing

Stable housing and support services are instrumental in maintaining recovery for individuals exiting inpatient psychiatric hospitalization and the criminal justice system. Step-down housing provides residents access to community-based supportive services to facilitate a smooth transition back into independence and self-sufficiency. Congregate housing provides access to similar supports on-site and has been shown to improve mental health outcomes, long-term housing stability, community functioning, and quality of life.⁴⁷ Texas should increase general revenue funding and support new or existing step-down and congregate housing programs to increase access and availability of stable and supportive housing for individuals exiting inpatient psychiatric hospitalizations and the criminal justice system.

Improve the Home and Community Based Services-Adult Mental Health (HCBS-AMH) Program

Home and Community Based Services-Adult Mental Health (HCBS-AMH) provides home and community based services for individuals with serious mental illness and a history of long-term psychiatric hospitalization, frequent arrests, or emergency room utilization. HCBS-AMH services are intended to be client-driven, person-centered, and recovery oriented to help individuals experience success in their communities and improve quality of life.⁴⁸ Further, HCBS-AMH diverts individuals living with mental illness from the state hospital and criminal legal systems. Unfortunately, program qualification criteria limit the potential benefit of HCBS-AMH. To ensure appropriate and timely care is delivered to more Texans, Texas should loosen program qualification criteria for HCBS-AMH.

Increase Access to Permanent Supportive and Rapid Re-Housing

Permanent Supportive Housing programs are essential for improving community functioning of individuals with serious mental illness experiencing housing instability or homelessness. Rapid Rehousing programs provide time-limited rental assistance and targeted support services to rapidly move individuals experiencing housing instability, with or without a disability, into permanent housing. Improving access and availability of stable housing for individuals living with serious mental illness provides opportunities for recovery and reduces the costs associated with the utilization of crisis and emergency services.⁴⁹ Texas should develop innovative funding options and amend tax credit programs to better incentivize the development of permanent supportive and rapid re-housing.

Provide Additional Funding for Clubhouses and Employment Support

Texans with mental illness experience an unemployment rate of around 76%.⁵⁰ Clubhouses are community-based centers that help members explore employment, housing, and education opportunities that match their skills and needs. Clubhouse staff advocate for their members, promote healthy lifestyles, and refer to the appropriate primary care, mental health, and substance use services. Individuals who utilize Clubhouses experience greater employment outcomes, reductions in re-hospitalization and recidivism, better social relationships and inclusion, and improved quality of life.⁵¹ Texas should invest more in its highly-successful grant program for Clubhouses to ensure adequate access and availability of these low-cost, high impact services across the state.

Increase Rental and Utility Assistance Funding for People with Mental Illness

In previous legislative sessions, the state has provided funding for short-term rental and utility assistance for people who are homeless or at risk of homelessness and receiving services at the Local Mental Health Authorities.⁵² However, this funding often falls short in meeting need. Texas should increase its investment in its rental and utility assistance program for people with mental illness.

Mental Health System Capacity.

The mental health care system does not have the capacity to meet the full range of consumer needs. Population growth and the consequences of COVID-19 have exacerbated shortfalls in system capacity. Despite considerable recent investment, waitlists, workforce shortages, and gaps in the care continuum continue to jeopardize the health and wellbeing of Texans. Texas should continue to prioritize opportunities to improve access and availability of mental health care.

Increase Funding for Community-Based Outpatient Programs

Despite recent statewide investment in mental health services, numerous Texans with mental illness experience difficulties accessing care. Investments in community-based mental health services have been shown to improve mental health outcomes and reduce costs associated with greater utilization of law enforcement, emergency rooms, and inpatient hospitalization.⁵³ Further, approximately 45% of adults report that their mental health has worsened due to factors associated with COVID-19.⁵⁴ To improve access to appropriate and timely mental health service, Texas should continue to focus on addressing access gaps identified in the Behavioral Health Strategic Plan.⁵⁵

Sustain Investment in State Hospital Redesign and Reconstruction

Over the last two legislative sessions, the Legislature has invested \$745 million in the construction and renovation of hospitals in Austin, Kerrville, Rusk, San Antonio, and Houston.⁵⁶ Additional investment is needed to complete these projects. Without additional funding, the need to modernize care and expand capacity will not be met. Individuals with mental illness will continue to languish in jails waiting for care and the non-criminal justice population will be excluded from care. Texas should:

- Provide continued investment in the redesign and reconstruction of the State Hospital System.
- Increase investment in private psychiatric care to expand access to localized care.

Invest in Support Groups and Education Classes for Families, Peers, and Providers

Mutual support groups and education classes provide individuals living with mental illness the opportunity to express their feelings, develop coping skills, share resources, and build lasting relationships. Support groups also help to reduce feelings of loneliness, isolation, anxiety, and depression.⁵⁷ Further, support groups can provide family members the skills, techniques, and resources to support the recovery of their loved ones, improving their opportunities for success. Texas should provide funding for family and peer-led education and support programs, such as those offered by NAMI, to help address gaps in the mental health care continuum.

Increase Medicaid Reimbursement Opportunities and Rates for Peer Support Services

Certified Peer Support Specialists utilize lived experience to provide non-clinical services that promote shared understanding, respect, and mutual empowerment with those they serve.⁵⁸ Recipients of peer support experience increased social networks and improved mental health outcomes.⁵⁹ Unfortunately, limited opportunities for Medicaid reimbursement and low reimbursement rates for peer services jeopardize this valuable mental health treatment resource. To ensure adequate and equitable access to peer support services, Texas should:

- Expand peer supervisor qualification criteria to allow certification of peers with non-clinical or masters-level licensure.
- Provide opportunities for Medicaid reimbursement to consumer-operated programs and organizations.
- Increase Medicaid reimbursement rates for peer support services.

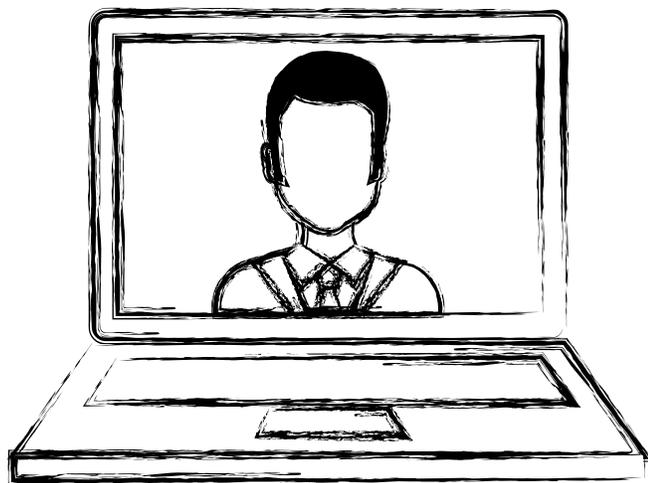
Maintain Improvements in Access and Capacity to Telehealth Services

Telehealth increases access and availability of mental health services to underserved populations and has been shown to be as effective in diagnosis and assessment as face-to-face interventions.⁶⁰ Telehealth can also promote treatment continuity for individuals living with underlying medical conditions that increase risk for severe illness from infectious exposure, such as COVID-19.⁶¹ Secondary benefits include mitigation of risk to public health, reductions in healthcare system utilization, and the preservation of the healthcare workforce. In order to sustain maintain improvements in access to telehealth services, Texas should:⁶²

- Continue the emergency exemptions for telehealth services that create parity in reimbursement, expand allowable platforms for service delivery, and limit service documentation to that which is sufficient for in-person services.
- Increase funding for rural broadband internet access to improve behavioral healthcare delivery.

Grant APRNs Full Practice Authority

Access to comprehensive care can be difficult for rural or underserved communities. Advanced Practice Registered Nurses (APRNs) make up the fastest-growing segment of healthcare providers in the United States.⁶³ However, restrictions in scope-of-practice limit the quality and quantity of care APRNs can provide to communities most in need. Research demonstrates that granting full practice authority to Advanced Practice Registered Nurses (APRN) will likely increase access to healthcare services, including mental and behavioral healthcare, and may improve quality of care without an associated cost increase. Texas should grant APRNs full practice authority to improve access to mental health care in underserved communities.



Targeted Populations

In order to improve the mental health of all Texans, we must make sure to examine which populations and groups are facing the greatest disparities and risk of negative mental health outcomes. Only then will Texas be able to develop strategies that reduce these disparities through targeted interventions that improve access to mental health services and strategies that promote equity.

Improve Maternal Mental Health

Texas has the ninth highest rate of maternal mortality, or deaths that occur during pregnancy or within a year postpartum, in the nation.⁶⁴ Many of these women who died from a mental health or substance use disorder-related issue within a year postpartum died after losing Medicaid coverage. Many of these deaths could be prevented with adequate mental health and substance use services.⁶⁵ Texas only allows low-income new mothers to stay on Medicaid up to two months postpartum. In order to promote maternal mental health for all Texans, Texas should:

- Invest in peer support programs that provide services to pregnant women and new mothers, as outlined in HB 2618 and SB 2301. (86th)
- Extend Medicaid coverage for low-income women to one year postpartum to ensure new mothers have access to the medical and mental health care they need, as proposed in HB 744. (86th)

Eliminate Ethnic and Racial Disparities in Mental Health

Black, Indigenous, and people of color experience worse mental health outcomes due to discrimination across different institutions, culturally and linguistically insensitive care, and the stigma associated with receiving mental health treatment in their communities.⁶⁶ To restore and protect the mental health of Texas' vulnerable communities, Texas should:

- Reestablish the Office of Minority Health Statistics and Engagement to gather data and develop initiatives to reduce disparities.⁶⁷
- Require medical and mental health professionals receive implicit bias training, as suggested in HB 719. (86th)
- Incentivize the recruitment and training of mental health providers from underrepresented communities.⁶⁸

Mitigate the Impact of Poverty & Economic Instability on Mental Health and Well-being

Poverty and economic uncertainty have a devastating impact on mental health.⁶⁹ Unfortunately, many low-income families are unable to access the necessary mental health services. In turn, untreated mental health concerns can reinforce the circumstances that create and perpetuate economic uncertainty. The impacts of COVID-19 have exacerbated mental illness and economic instability of millions of Texans.⁷⁰ To protect the mental health and well-being of the state's most vulnerable, Texas should:

- Require employers to offer opportunities to earn Paid Sick Leave to reduce the spread of infectious illness in the workplace, reduce job instability, and improve the health and well-being.⁷¹
- Expand capacity and reduce barriers within the Texas Workforce Commission to ensure timely processing and delivery of unemployment benefits.⁷²
- Extend automatic renewals of emergency SNAP benefits, increase benefits, and waive time limits and work requirements, until the end of the COVID-19 pandemic.⁷³

Enhance Mental Health Coverage for Veterans

Veterans and military members experience disproportionately higher rates of mental health issues, such as PTSD, from their service to the United States.⁷⁴ Texas should:

- Continue its investment in mental health services for veterans.
- Add PTSD as a diagnosis under Insurance Code Section 1355.001 to ensure coverage for treatment and recovery services, as proposed in SB 107 (86th)

Eliminate Mental Health Disparities for LGBTQ+ Individuals

LGBTQ+ individuals are disproportionately more likely to experience mental health issues due to discrimination, stigma, and a lack of appropriate resources. 43.8% of gay and lesbian high school students in Texas reported attempting suicide in the past year in 2017, almost five times as high as heterosexual students in Texas.⁷⁵ LGBTQ+ Texans are significantly more likely to be living in poverty, which further limits their access to mental health treatment and other necessary services.⁷⁶ Nationally, almost half of LGBTQ+ youth report were unable to receive psychological or emotional counseling from a mental health professional in the past 12 months, due to lack of parental consent, inability to afford care, or lack of access to mental health providers competent around LGBTQ+ issues. Protective factors such as supportive caregivers or schools dramatically reduce their risk of suicide and other negative outcomes. To address this disparity, Texas should:

- Prohibit the use of conversion therapy, a practice to attempt to change a person's gender identity or sexual orientation that has been shown to dramatically increase risk of suicide, as outlined in HB 517 (86th).
- Provide incentives for medical and mental health professionals to receive LGBTQ+-informed training.⁷⁷
- Explore opportunities to improve protective factors for LGBTQ+ youth, such as additional supports and education to adults who are caregivers or interact with LGBTQ+ youth.

Improve Mental Health Treatment Access for Co-occurring IDD

30-35% of individuals living with an intellectual or developmental disability also have a mental health condition.⁷⁸ These individuals struggle to receive their mental health diagnosis and the appropriate services due to a lack of providers trained to manage co-occurring conditions. They are also at higher risk of experiencing abuse or neglect from caregivers or while residing at inpatient facilities.⁷⁹ To ensure individuals with co-occurring mental health and intellectual or developmental disabilities receive the mental health services they need and deserve, Texas should:

- Increase funding for APS to address the backlog of abuse and neglect investigations.
- Establish treatment standards for individuals with co-occurring conditions

Crisis Services and Suicide Prevention

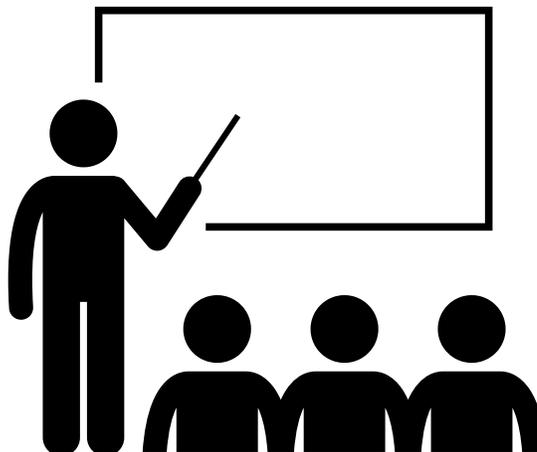
Having a strong response to a mental health crisis is the most important step in starting a person down the path to recovery. Crisis response capacity, policies, and protocol, should be at the forefront of any public institution, to ensure that individuals who are at risk of harming themselves or others receive the appropriate response for their needs.

Require Health Professionals and Educators Receive Suicide Prevention Training

89% of Texas educators surveyed reported having personally responded to a youth suicide.⁸⁰ Unfortunately, Texas does not require educators to complete routine suicide prevention training.⁸¹ Similarly, mental health and medical professionals, including those with licensure, are not required to complete suicide prevention training to work in mental health care, which may limit their ability to recognize the warning signs that often precede a suicide attempt.⁸² Texas should require some form of suicide prevention training as part of educator and health professional licensure and require professional education programs to incorporate this training into their curriculum. Legislation to consider: SB 1390 and HB 471 (86R)

Reduce Access to Lethal Means

Firearms are the deadliest method for attempted suicide and most suicide deaths involve a firearm.⁸³ Access to lethal means is one of the critical factors that determines whether a person planning to attempt suicide survives. Further, the majority of individuals who live through a suicide attempt do not go on to die by suicide.⁸⁴ To ensure the safety of all Texans, Texas should promote firearm safety policies such as safe storage and Extreme Risk Protective Orders with intensive due process procedures.⁸⁵

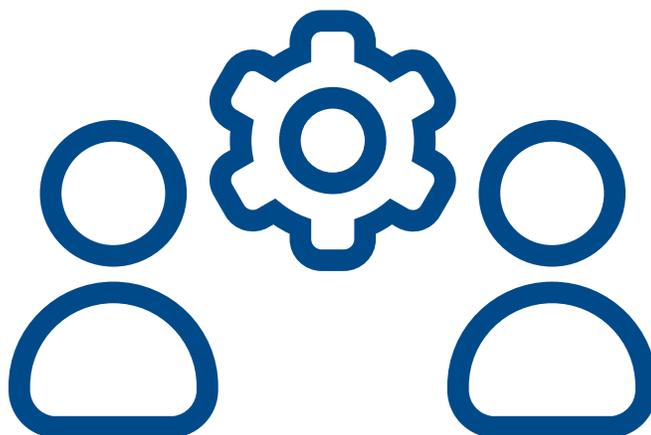


Support Public-Private Partnerships to Expand Reach of Suicide Prevention Programs

Community-based coalitions and non-profit entities provide guidance and offer training around suicide prevention in Texas.⁸⁶ Unfortunately, Texas does not currently offer funding for these programs, which makes program sustainability and expansion challenging, especially for the communities most in need. Texas should fund public-private partnerships with suicide prevention coalitions to increase access to and availability of suicide prevention programs across the state. Legislation to consider: HB 2693 (86R)

Promote Use of Integrated Crisis Response Teams

Community-based jail diversion programs have been shown to improve mental health outcomes, reduce criminal justice involvement, and lower costs associated with unnecessary law enforcement, hospital, and crisis service utilization.⁸⁷ However, police officers may not have the appropriate resources to de-escalate and divert individuals in crisis. Integrated crisis response teams partner mental health professionals with law enforcement to ensure that individuals in crisis are connected to the appropriate community-based services. Jail diversion programs for individuals living with mental illness have been shown to increase community safety and reduce recidivism.⁸⁸ To ensure greater access and availability of integrated crisis response teams, Texas should require that a minimum percentage of Jail Diversion Matching Grants established in Texas Government Code, Chapter 531, be used for integrated crisis response teams.



Increase the Availability of Crisis Respite Services

A community mental health system should match the needs of the individual seeking services to the services provided. In addition to walk-in services and mobile outreach, crisis respite is an essential component of the community-based continuum of care. Crisis respite provides temporary food, shelter, medical, psychiatric, case management, and counseling services to individuals with mental health concerns, and can be used as an alternative to inpatient hospitalization or a step-down housing upon hospital discharge.⁸⁹ Texas should invest in the Community Mental Health Crisis Services budget found in HHSC Strategy D.2.3 of the appropriations bill to improve treatment outcomes, reduce crisis service utilization, and promote engagement with community-based mental health services.

Facilitate Access to Mental Health Services for First Responders

First responders may experience trauma from interacting with individuals in crisis or while working in crisis settings. Consistent exposure to trauma can negatively impact the mental health of frontline workers.⁹⁰ To ensure that first responders have access to the mental health and support services they need, Texas should:

- Add PTSD as a diagnosis under the Section 1355.001, Insurance Code, to ensure coverage for treatment and recovery services.
 - Legislation to consider: SB 107 (86th)
- Offer specific mental health grant programs specifically to serve first responders.⁹¹
- Ensure first responders receive mental health crisis and suicide prevention training.

Expand Provider Authorization in Requesting Emergency Detention

Texas law currently allows physicians to submit applications for an emergency detention warrant when a person in their care is experiencing a mental health crisis and presents as an imminent risk to themselves or others. Unfortunately, a physician may not always be available at the time when such a warrant is needed.⁹² Granting authorization to request an emergency detention warrant to licensed professionals with advanced mental health training and education may improve treatment outcomes for individuals experiencing a mental health crisis. Texas should expand Health and Safety Code section 573.012 to provide physician's assistants, nurse practitioners, psychologists, and certain master's-level mental health professional counselors or social workers the ability to submit applications for emergency detention warrants.

Grant Physicians the Ability to Exercise Emergency Holds

Individuals experiencing a mental health crisis who present with substantial risk of harm to themselves or others often seek care at hospitals and emergency rooms. A physician then assesses the individual and administers treatment or refers them to a facility that can provide the appropriate care. Unfortunately, if the person in crisis requests to leave the facility prior to assessment and treatment, the individual must be allowed to leave.⁹³ Texas should amend Health and Safety Code Chapter 573 to include a provision that allows a physician to detain an individual in crisis with substantial risk of harm to themselves or others for a period not to exceed 4 hours to allow the physician adequate time to file for emergency detention, from the time the person in crises requested to leave.



Extend Emergency Detention Warrant Period from 48 to 72 Hours

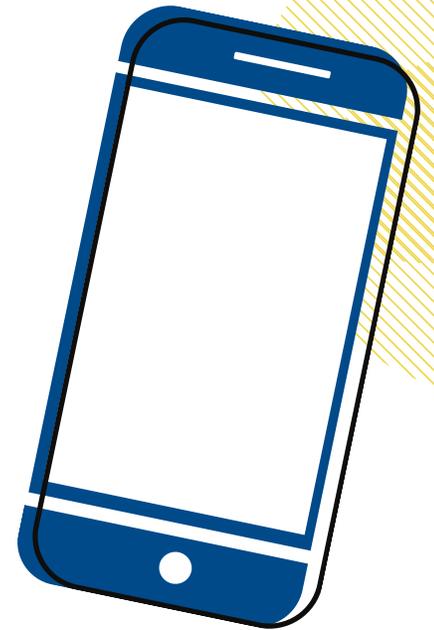
In Texas, emergency detention warrants provide physicians 48 hours to observe individuals experiencing mental health crises.⁹⁴ Unfortunately, 48 hours may not be adequate time for a physician to complete a comprehensive assessment. If a physician determines the individual in crisis presents a continued risk of harm to others or themselves, they may file to extend the hold with an order of protective custody.⁹⁵ The excessive utilization of protective custody orders can place additional strain on the mental health system, increase costs incurred by the consumer, and unnecessarily involve the judicial system in healthcare decisions. To allow physicians adequate time to treat individuals living with mental illness and reduce utilization of orders of protective custody, Texas should increase the emergency detention hold period from 48 to 72 hours.

Address Mental health Information Disclosures

Family members are valuable supports in the recovery of individuals living with mental illness. For individuals with serious mental health diagnosis, such as schizophrenia, bipolar disorder, and major depression, family members can also serve as valuable sources of information on the efficacy of current or previous treatment interventions. Unfortunately, Texas statute can hinder mental health providers in providing family members relevant treatment-related information. Texas should empower family members to participate in the treatment and recovery process of their loved ones by aligning mental health disclosure laws with HIPAA federal guidance.⁹⁶ In cases where a person poses a risk of harm to themselves or others, Texas should amend Health and Safety Code 611.004 to explicitly permit disclosure of information to mental health professionals, family members, and others who can mitigate the risk. Legislation to consider: HB 3519 (86R) and HB 461 (86R)

Expand State Capacity for Crisis Hotlines/Support Lines

The COVID-19 pandemic has caused a spike in demand for crisis hotlines from individuals experiencing new or worsening mental health issues.⁹⁷ Texas HHSC launched the COVID-19 Mental Health Support Line early in the crisis, and this has been a tremendous resource for those who need immediate help, information on resources, or a supportive presence. To ensure individuals experiencing a mental health crisis can access care and support, Texas should maintain or expand funding for crisis support and warm lines.



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