POLICY PRIORITIES

FY 2020-2021

Hogg Foundation *for* **Mental Health**

The Hogg Foundation for Mental Health is focusing on the following mental health and substance use issues. For additional information contact:

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TELEHEALTH EXPANSION

As of June 2017, approximately 199 of the 254 Texas counties were designated as professional shortage areas for mental health (National Council for Behavioral Health, March 2017). Due to the significant mental health workforce shortages in Texas and the complexities involved in delivering these services to the many rural and frontier areas of this state, access to needed mental health services has been limited. Enabling delivery of additional mental health and substance use services through the telehealth modality could increase access to these critically needed services.

Research has shown that mental health services delivered via telehealth are as effective, and sometimes more effective depending on the individual, as in-person services. The Veterans Administration (VA) has embraced the use of tele-behavioral health for many years. A 2012 study of almost 100,000 patients who came to the VA from 2006 through 2010 showed a 24.2 percent drop in psychiatric hospitalizations among those who enrolled in a tele-mental health program. Total inpatient days also declined (*Managed Care,* April 13, 2017).

Peer support services, substance use counseling services, and targeted case management are approved Medicaid services provided in the public healthcare system in Texas. (Peer support services are scheduled to be implemented as Medicaid reimbursable services in January 2019.) While these services are Medicaid reimbursable, they are not currently reimbursable when delivered through telehealth. Approving telehealth delivery of these services could provide substantial opportunities to improve access to mental health and substance use services where they are most needed, yet difficult to obtain.

RECOMMENDATIONS

- Expand allowable telehealth services to include:
    o Peer support services provided by certified mental health peer specialists and certified substance use recovery specialists
    o Substance use counseling services
    o Targeted case management services

The foundation submitted a topic nomination proposal to the Health and Human Services Commission (HHSC) in October 2018 requesting that these three services be allowable through telehealth. As of the publication of this document, no notice has been received from HHSC as to what actions they are willing to take.

FIRST EPISODE PSYCHOSIS

Every year in Texas, 3,000 youth and young adults between the ages of 14 and 35 experience a first episode of psychosis (FEP) (NAMI Texas, 2018). The difficulty of identifying symptoms and the stigma associated with mental illness can cause an average five-year delay in treatment.

Research has shown that an effective way to improve outcomes for people experiencing FEP is to get them connected with intensive services through a coordinated specialty care (CSC) program, an evidence-based, multi-pronged program that provides a team-based treatment approach. The program provides a variety of person-centered services and supports including a coordinated medical team, opportunities for family involvement, peer support, and employment services. The typical CSC treatment program is two years, and each CSC team can serve up to 30 people at a time.

The program's effectiveness led the Substance Use and Mental Health Services Administration to earmark 10 percent of the Community Mental Health Services Block Grant for CSC programs. To provide young people experiencing FEP with the best quality of life possible and prevent them from having to seek services in more expensive settings, Texas should invest in evidence-based programs like CSC.

RECOMMENDATIONS

- Expand CSC statewide by investing general revenue in the establishment of new sites and creating new CSC teams in high-need areas.

Recently, enhanced mental health block grant funding was made available to support the addition of 14 new CSC teams to the current 12. The Health and Human Services Commission (HHSC) requested an exceptional item to increase CSC funding by $16 million over the biennium. If the exceptional item is approved, by the end of 2021 there will be sufficient funding for 35 CSC teams.

INTERSECTION OF MENTAL HEALTH AND INTELLECTUAL DISABILITIES

It is estimated that 34 percent of individuals (approximately one in three) living with intellectual disabilities (ID) have a co-occurring mental health condition (National Association of State Directors of Developmental Disability Services, Human Services Research Institute, 2015).

Individuals with ID who exhibit challenging behaviors often do not receive mental health treatment. Instead, the focus is too often on managing and controlling their behavior with compliance being the desired outcome. Instead of having access to mental health assessment, diagnosis, and services, individuals with ID are typically subjected to behavior analysis, behavior management, and behavior plans. These strategies can exacerbate past trauma or intensify mental health conditions.

While the presence of a disability can overshadow potential mental health conditions or the impact of trauma, nothing about having an ID prevents an individual from experiencing mental illness. It is common for professionals, family members and other caregivers to fail to look beyond the disability to assess for possible mental health conditions. In attributing challenging behaviors solely to the disability, opportunities for recovery are often lost.

At the intersection with the criminal justice system, individuals with ID and co-occurring mental health conditions can be the victims, perpetrators or witnesses of crimes. There are many challenges when ID and criminal justice intersect. According to The Arc of the United States:

- Crimes against people with disabilities are often reported as abuse or neglect, which understates the criminal aspects. Often, crimes against people with disabilities are simply not reported.

- People with ID often lack access to supports they need to report crimes, and may not report crimes because of their dependence on their abuser for their basic needs.

- People with ID are often not considered a credible witness. When victims report crimes, police and court officials may not take the allegations seriously, or worse not believe the victim.

RECOMMENDATIONS

- Change the paradigm in all systems to recognize the need for quality mental health services and trauma-informed care for people with ID.

- Support funding for mental health services for individuals with ID at the local authorities/community centers.

- Develop trauma-informed supports and services for individuals with ID by increasing the availability of training and capacity-building initiatives.

- Review current policies and practices in the criminal justice and juvenile justice systems to identify changes needed related to victimization, witnessing, arrest, conviction, incarceration and parole of individuals with ID.

MENTAL HEALTH AND SUBSTANCE USE FUNDING

The 85th Legislature appropriated increases in behavioral health funding for which we are extremely grateful. While it is essential to ensure that the dollars invested are being spent effectively, there remains significant unmet needs, including gaps in services and populations not being adequately served. It is important that the Health and Human Services Commission continue to evaluate programs and services, and expand access to those treatments and supports offering evidence of positive outcomes.

Additionally, development of a new psychiatric hospital system is underway with significant progress having been made on several fronts including planning, renovation and construction at several hospital sites. However, modernizing the state hospital system and increasing the number of inpatient beds available is only part of the challenge. It is critical that the state hospital re-design efforts become part of a broader community-based system of care that offers a variety of service and housing options along the continuum. Simply adding additional beds to the system will not address the capacity problem. Creating systems that alleviate the increasing need for hospital beds is a more effective way to address the bed-capacity issue.

RECOMMENDATIONS

- Ensure funding is available to support the re-design of the state hospital system.

- Ensure that bolstering the continuum of community-based housing is part of the state hospital redesign process. Excluding strategies to improve housing options when discussing hospital redesign will lead to a cycle of hospital re-entry rather than community integration.

- Ensure adequate rate reimbursement for providers of mental health and substance use services to aid in building a sufficient network of providers, including certified peer specialists.

- Address gaps in coverage for low-income individuals living with substance use disorders who are ineligible for federal block grant services or Medicaid.

- Provide funding for appropriate mental health services for individuals with intellectual disabilities through the local authorities.

MENTAL HEALTH IN SCHOOLS

Recent state and national tragedies have put a spotlight on the safety of our children, their teachers, and the need to support their whole health, including their mental health and mental well-being—without equating mental illness with dangerousness.

According to Dr. Joel Dvoskin, an expert in the field of forensic psychology, "the problem is not mental illness. The problem is emotional crises fueled by rage, fear, and despair." (Dvoskin, 2018)

Cultivating well-being at schools utilizing trauma-informed education, positive behavior interventions and supports, and social and emotional learning are shown to subsequently improve academic achievement and the school's culture, increasing students' test scores, commitment to school, grades and graduation rates, while improving truancy and disciplinary rates (Suldo, et al, 2014).

Texas schools currently have inadequate in-school mental health supports. The American Counseling Association found that during the 2016-2017 school year, Texas schools were significantly lacking in the number of counselors, licensed specialists in school psychology, and social workers to reach the recommended professional to student ratio (Committee on Public Education, Texas House of Representatives, September 4, 2018).

HB 11 (Price), filed in the 85th legislative session, was a comprehensive approach toward mental health services and education in public schools. Though it did not pass, sections were amended onto other bills with additional portions likely to be refiled in the 86th legislative session.

RECOMMENDATIONS

- Expand availability of programs and services aimed at improving mental well-being and positive culture in schools, including:
  - In-school mental health supports
  - Mental health education for students through curricula
  - Mental health education for educators
  - Trauma-informed education training, including specific to children with intellectual disabilities who have experienced trauma

- Create grants for The Safe and Healthy Schools initiative to increase in-school mental health supports and focus on positive school culture.

- Increase student access to prevention programs and early intervention. Increase school access to positive behavior interventions and supports, as well as social and emotional learning programs.

- Evaluate the data and determine what steps are needed to reduce the disciplinary actions taken in the education system against students with intellectual disabilities. Educators and administrators must have a better understanding of the mental health needs of students with ID and the impact of trauma on their behavior.

HOUSING

Without a safe, stable and affordable place to live, it is extremely difficult to achieve a high level of overall health and well-being. When there is a lack of affordable, supportive housing in the community, people experiencing mental illness and substance use conditions often end up homeless, hospitalized, or incarcerated.

Quality housing options for people experiencing mental illness and substance use conditions are extremely limited because of the complexity of finding affordable options paired with the supports and services needed to achieve recovery. An important component of keeping people on the road to recovery and healing is to ensure that they thrive in their communities. The most effective way to reduce the need for inpatient psychiatric hospital beds is by keeping individuals out of the hospital by making alternative housing available. Additionally, making a variety of housing options available to

people experiencing mental illness and substance use conditions will promote self-direction and allow individuals a meaningful say in determining the appropriate services required for their recovery.

To improve housing outcomes for people experiencing mental illness and substance use conditions, Texas should invest in proven programs as well as consider creative ways to ensure a continuum of affordable, supportive housing units.

RECOMMENDATIONS

- Increase funding for the Health and Human Services Commission's Supportive Rental Housing (SRH) program to allow for expansion from 20 to all 39 Local Mental Health Authorities or Local Behavioral Health Authorities. This program pairs affordable housing with support services and has yielded positive outcomes including reduced usage of crisis services and reduced number of hospitalizations.

- Ensure that bolstering the continuum of community-based housing is part of the state hospital redesign process. Excluding strategies to improve housing options when discussing hospital redesign will lead to a cycle of hospital re-entry rather than community integration.

- Explore options to expand recovery housing for individuals with substance use conditions not limited to opioid recovery.

BARRIERS TO ACCESSING SUBSTANCE USE SERVICES

The epidemic of substance use has become increasingly visible, devastating various populations across Texas and the country. All individuals—regardless of geography, specific substances used, or finances—should have an equal opportunity for recovery. Barriers to providing care to all Texans in need of substance use services include unbalanced treatment geared toward specific substances, gap in coverage for low-income individuals, insufficient workforce, and waitlists for services. While substance use disorder (SUD) benefits under Medicaid were expanded as a directive from the 81st Legislature, a SUD diagnosis is not a qualification for Medicaid eligibility. Only 5,967 individuals were treated for SUD under Medicaid in 2015 (US Department of Labor, Texas Medicaid).

Individuals with low-income can receive services through the Substance Abuse Prevention and Treatment (SAPT) Block Grant if the individual is unable to acquire private insurance, Medicaid or Medicare, and has an income less than 200 percent of the federal poverty level (approximately $25,000/year). At any point during FY 2017, over 13,000 adults were on a waitlist to receive SAPT-funded treatment, varying in average wait times of 16 to 293 days (Center for Public Policy Priorities, May 2018).

RECOMMENDATIONS

- Address gaps in coverage for low-income individuals living with substance use disorders who are ineligible for federal block grant services or Medicaid.

- Address the workforce shortage through increased Medicaid and indigent care rates for providers delivering SUD treatment. In the recent past, 15 SUD providers exited contracts with the Health and Human Services Commission, citing increased costs to provide treatment, low rates and workforce shortages as their primary reasons for leaving.

- Expand treatment, supports and services beyond opioid use disorders. Recently, Texas received two large grants from the federal government to address only opioids. While fighting this epidemic is incredibly important, alcohol and methamphetamine use are more prevalent in Texas.

- Continue monitoring of mental health and substance use disorder benefits parity requirements as instructed by HB 10.

PUBLIC HEALTH APPROACH TO SUBSTANCE USE SERVICES

Public health is the science of preventing disease and injury and promoting and protecting the health of populations and communities. Experts call for a public health system approach to address substance use, emphasizing prevention, access to care and community wellness to improve the health, safety and well-being of the entire population which includes those with substance use issues.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "recovery is built on access to evidence-based treatment and recovery support services for all populations," identifying health, home, purpose and community as the foundations of recovery (SAMHSA, 2018). Substance use issues are multi-faceted, affecting individuals as well as communities, often intersecting with family and child services, the criminal justice system, the economy, and our health care system.

Implementation of effective prevention, treatment interventions, and recovery supports—in a wide range of settings—is needed. Additionally, broader prevention programs and policies are vital to address substance misuse and the pervasive health and social problems often accompanying it.

RECOMMENDATIONS

- Expand Good Samaritan protections to drug overdoses. Though the laws vary in protections, 40 states and the District of Columbia have variations of the law in place which has resulted in a reduction of overdose-related deaths. Specifically, these laws have shown to reduce opioid-related deaths by as much as 15 percent, and even greater reductions for African American (26 percent) and Hispanic (16 percent) populations (Lamprecht, June 26, 2018).

- Expand availability of recovery supports, including recovery housing and recovery community organizations. Without these supports, individuals are more susceptible to homelessness and lack of connection to the community.

- Improve access to syringe services programs (SSP)— community-based programs that vary in supports and have shown to reduce needle sticks in first responders, reduce overdose deaths, and increase an individual's likelihood of entering treatment—all while maintaining cost-effectiveness and not increasing illicit drug use. Texas is 1 of 11 states in the country without an SSP.

POPULATION HEALTH DISPARITIES

An individual's recovery is influenced by access to resources, as well as the environment in which they recover. The places where people live, learn, work, play and pray have an impact on improving mental health, and can alternatively provide environmental barriers.

Research has shown community characteristics like diversity, poverty, education, access to health and mental health care, and housing influence well-being. In order to build toward healthier communities, collaborative efforts across all domains and consideration of all populations is imperative.

Rural areas of Texas face mental health disparities that have become a prominent concern in Texas. Of the state's 254 counties, 172 (68 percent) are designated as rural. In 2016, the prevalence of generally poorer health and lack of health care coverage was greater in rural populations than in urban areas (Department of State Health Services, June 28, 2018).

Disparities across the mental health workforce decreases access to mental health care. If these disparities continue to go unaddressed, minority populations are more likely to receive services in the criminal justice system than the health care system.

RECOMMENDATIONS

- Expand telehealth to address the mental health workforce shortage in rural areas. Two-thirds of Texas' licensed psychologists, and over half of the licensed psychiatrists and social workers, practice in the five most populous counties, leaving the remaining 249 with a significant lack of mental health providers (Texas Department of State Health Services, 2017).

- Maintain the funding levels for the Community Mental Health Program grants created through HB 13 (85th, Price/Schwertner), with a set-aside for rural counties with a population of less than 250,000.

- Require recipients of the Community Mental Health Program grants to address mental health disparities in their local communities.

- Direct Health and Human Services Commission to develop contract data collection standards and performance indicators that focus on identification and elimination of health disparities.

CHILD WELFARE SERVICES

Texas Child Protective Services (CPS) and mental health delivery systems overlap because the majority of youth entering foster care have suffered traumatic experiences. A disconnected and uncoordinated foster care system can aggravate childhood trauma and other mental health conditions. Ensuring appropriate, high quality mental health services and trauma-informed care for children in CPS can alter their life trajectory and reduce systems costs.

Initiatives at both the state and federal levels will have an impact on the Texas foster care system this session. In 2010, Texas Department of Family and Protective Services embarked on a foster care redesign project, known as Community Based Care, hoping to improve outcomes for youth in the areas of safety, permanency and well-being. Although challenges have arisen, the program is slowly being rolled out across the state. Additionally, in February 2018, Congress passed the Family First Prevention Services Act (FFPSA), which restructured the way the federal government pays for child welfare services. The purpose of the legislation is to help families in crisis safely stay together, consequently reducing the foster care population by focusing on prevention of entry. The legislation also aims to increase the number of children successfully exiting foster care by reducing reliance on congregate care in favor of more family-like settings. The FFPSA provides states more flexibility to fund

prevention programs, and provide services related to mental health and substance use. To take full advantage of these initiatives, Texas must provide the necessary resources to ensure their success.

RECOMMENDATIONS

- Prepare for the implementation of the FFPSA, including ensuring adequate funding to meet federal requirements. Without a significant commitment to planning, Texas risks being out of compliance with the law and losing funding for hundreds of foster care children with the most intensive needs. It will also represent a significant missed opportunity to bolster services for foster children experiencing mental illness.

- Support older foster youth with high needs by offering extended case management in supervised independent living (SIL) settings, a type of voluntary extended care foster placement where young adults can live on their own while receiving case management and support services to help them become independent and self-sufficient.

- The foster care redesign initiative, including Community Based Care programs across Texas, should receive adequate funding to ensure child protection, health and healing.

CRIMINAL JUSTICE: MENTAL HEALTH AND SUBSTANCE USE DIVERSION

Housing individuals with mental health conditions and substance use conditions in jails and prisons creates barriers to recovery and fails to connect them to services and supports that can improve their mental health and well-being. Texas counties estimate 20-25 percent of their daily average jail population have a diagnosed mental illness, and a majority of that population has a co-occurring substance use disorder (Meadows Mental Health Policy Institute, April 2016). Further, in 2016, a quarter of all Texas arrests were attributed to possession and driving under the influence (Texas Department of Public Safety, 2018).

Expanding pre-arrest and pre-trial diversion programs that redirect individuals with mental health and substance use conditions into the community, connects them to services, prevents unnecessary and inappropriate arrests, and provides judges with alternatives to unnecessary detention—both as a sentencing option and as an alternative to revocation. Diversion from jail and connection to effective treatment and services is ideal, however the services and programs need to be accessible in the community. This connection to services decreases likelihood of recidivism or revocation, creating safer and healthier communities, and helps individuals with underlying issues that led to incarceration. Expanding capacity and access to services across the state is an important component of effective diversion programs.

RECOMMENDATIONS

- Maintain the funding levels for the Mental Health Grant Program for Justice-Involved Individuals created through SB 292 (85th, Huffman/Price), with a set-aside for rural counties with a population less than 250,000.

- Expand programs and services allowing officers, courts, and community supervision and corrections departments (CSCD) to support the specialized needs of individuals with mental illness and substance use conditions through:
    - Increased funding for pre-arrest and pre-trial diversion

- o Specialized CSCD diversion programs to include mental health caseloads and substance abuse treatment
- o Increased Texas Correctional Office on Offenders with Medical or Mental Impairments funding for expanding diversion in rural areas for those with special needs

MENTAL HEALTH AND SUBSTANCE USE PEER SUPPORT SERVICES

According to the Center for Medicaid/Medicare Services (CMS), peer support services are an evidence-based mental health model of care in which people who have a history of lived experience with mental illness or substance use (peers) use their personal recovery and specialized training to help guide other individuals in their own recovery.

Peer services have been shown to be cost effective and can be used in criminal justice facilities, emergency rooms, state hospitals, community clinics and other mental health provider locations to supplement traditional mental health services and add value to treatment and recovery teams.

As a result of HB 1486 (85th, Price/Schwertner), peer support services provided by certified peer providers are expected to become a Medicaid reimbursable service in early 2019. While many resources and much effort have been invested into developing a strong system of peer services, the success of this initiative is highly dependent on adequate reimbursement rates.

RECOMMENDATIONS

- Ensure adequate reimbursement rates for peer support services so that providers will be willing to develop and offer these services in their programs. Rates for these services should adequately reflect the value of the services being provided and the important role these services play in addressing the Texas mental health workforce shortage.

- Monitor implementation of peer support services into the Medicaid system.

MENTAL HEALTH WORKFORCE SHORTAGE

Texas, like most states, is experiencing a mental health workforce shortage. Contributing factors include the aging provider population, the growing Texas population, an unwillingness by providers to participate in the Medicaid program, inadequate reimbursement rates, the administrative burden associated with providing services in the public mental health system, population disparities, geographic diversity, insufficient recruitment and retention practices, linguistic and cultural barriers, and more.

Without an adequate, appropriately skilled mental health workforce, access to services will continue to diminish and the unmet need will grow. Texas has invested significant human and financial resources into developing a system of mental health and substance use services and supports, however, limited attention has been paid to the critical workforce shortage. The loan repayment program for mental health providers and the establishment of peer support as a Medicaid service were important steps, but more is needed to address this dangerous workforce trajectory.

RECOMMENDATIONS

- Develop a comprehensive, cross-agency strategic plan for addressing the mental health workforce shortage.