Hogg Foundation *for* Mental Health

Mental Health and Substance Use Policy Priorities – FY 22/23

Office of Health Equity

People of color have been disproportionately dying of COVID-19. Nationwide, Black people are dying at 2.1 times the rate of White people.[1] Additionally, according to the CDC, as of August 2020 the hospitalization rate for Hispanic or Latinx people was 4.6 times higher than the rate for White people.[2] What can we do to change this? Is structural racism a key social determinant of health? Is it a political determinant of health? How do structural inequities in our medical and healthcare systems impact the mental health and wellness of people of color? These are just a few of the questions related to structural racism that the COVID-19 pandemic has underscored.

Recent events across the country and in Texas have highlighted what the data has shown—systemic racial biases exist throughout our institutional systems, creating significant disparities in health and social services.[3] People of color have less access to quality healthcare, including mental health care, as a result of those disparities.[4] Additionally, when healthcare is available, it is less likely to be culturally sensitive to the various racial and ethnic groups, and less likely to address the specific needs of those seeking services.[5]

The data and research show that significant systemic inequities and disparities in healthcare exist throughout the nation between urban and rural areas. However, while the studies recognize the geographic disparities, little attention has been paid to the racial/ethnic disparities experienced within rural communities. According to a study at the CDC:

> *Researchers often refer to the differences between rural and urban communities when discussing disparities in rural health; less frequently discussed are the racial/ethnic disparities experienced within rural communities. The results of this study indicate that assessing rural data at only the population level prevents identification of important disparities. These results underscore that race/ethnicity should be considered when assessing differences within rural communities.*[6]

RECOMMENDATIONS

- Create an Office of Health Equity to correct the inequities inherent in the systems of services and supports in Texas. This office could provide the resources needed to:
    - Collaborate across agencies working to identify and eliminate systemic barriers to accessing healthcare services, including those that support mental well-being;
    - Provide training and technical assistance to agencies and communities;
    - Collect and analyze data to identify barriers and develop potential solutions;
    - Provide programmatic assistance to help organizations implement changes; and
    - Disseminate information that promotes health equity.
- All state agencies should review new policy initiatives, rules, statutes, programs and services through an equity lens to ensure that existing disparities are addressed and that new disparities are not being created.

RACISM AS A MENTAL HEALTH CRISIS

Institutional racism, disparities, and inequities exist in Texas healthcare systems, as they do across the nation. This causes and exacerbates already existing trauma, anxiety, depression, PTSD, substance use, and other mental health conditions. Communities of color face discrimination that prevent them from accessing healthcare, including mental health and substance use treatments, services, and supports. The global COVID-19 pandemic and subsequent economic downturn disproportionately impacted communities of color and heightened those disparities. Additionally, the murders and shootings of George Floyd, Jacob Blake, Breonna Taylor, Ahmaud Arbery, and numerous other Black Americans in 2020 has sparked global unrest against racism and police brutality. Various racial health disparities have resulted in institutional oppression of people of color, and policy solutions must address these systemic barriers to equity.

RECOMMENDATIONS

- Expand Medicaid statewide to provide low-income people of color healthcare that covers mental health and substance use treatments and supports.
- Increase voter registration outreach, and combat the targeted disenfranchisement of Black and Latinx citizens in Texas. Disenfranchisement has reduced these populations' abilities to elect lawmakers dedicated to representing their policy interests, including issues related to mental health.
- Codify the Texas Commission on Law Enforcement's (TCOLE) June 2020 policy to mandate that implicit bias training be taught in a course that all law enforcement officers must take. Additionally, these trainings should be made reoccurring. Trainings should cover the topics of racial bias, de-escalation, and prejudices, especially when officers are potentially dealing with people with mental health/cognitive/developmental/physical disabilities.
- Ban chokeholds and no-knock warrants by law enforcement officers, require officers to intervene and render aid if a colleague is using excessive force, and weaken qualified immunity to allow victims of police brutality to hold the officers accountable.
- Incentivize allocation of funds and resources towards public school funding in communities of color. This could be done by utilizing subsidies or matching programs, amongst other strategies.
- Reduce disproportionality in classroom removals and exclusionary school discipline by requiring disparities and discipline improvement plans, and by directing TEA to identify best-practices and technical assistance for evaluating policies and procedures through an equity lens.

COVID-19 and MENTAL HEALTH

The foundation is keenly aware of the myriad of consequences this pandemic has had on individuals, families, communities, and our country. We first want to express our heartfelt sadness and offer our sympathies to those who have first-hand experience of this vicious virus, especially those who have lost family members and friends to its attacks. We know that your world has changed forever and the losses you have experienced are profound. The foundation recognizes the enormous impact of COVID-19 on our individual and collective mental health and well-being, both in the short-term and for years to come.

The increased need for treatment and services will obviously stress our current mental health and substance use systems already experiencing workforce shortages and challenges associated with access to supports. The 87th Legislature will face the intersection of an underfunded system with an insufficient provider base, as well as an increased need for mental health and substance use services and supports.

Adults in the U.S. are experiencing considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

Czeisler, M, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation Furing the COVID-19 Pandemic – United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1049-1057.

RECOMMENDATIONS

- Continue to fund existing mental health and substance use services.

- Analyze the incoming data to determine unmet need for mental health and substance use services created by the COVID-19 pandemic and provide the needed resources to fill identified gaps.
- Collect disaggregated data by race, ethnicity, gender, rural and urban areas, age, and access to healthcare coverage.

TELEMEDICINE and TELEHEALTH

The COVID-19 pandemic has amplified the need to expand access to mental health and substance use services through telemedicine and telehealth delivery models. Telemedicine/telehealth are healthcare services delivered using telecommunication technologies while the provider and the recipient of the services are in different locations. Telemedicine refers to services delivered by a licensed physician or other health professional operating under physician supervision through delegation authority. Telehealth offers healthcare services, including mental health and substance use services, delivered via technology by professionals other than physicians.

While telehealth is not optimal for everyone, recent flexibility of the rules has expanded access to mental health services for many who face transportation, childcare, and other challenges related to in-person clinic services. Additionally, the use of expanded telemedicine/telehealth has helped to addressed the significant mental health workforce shortages impacting rural and frontier areas of Texas. While telemedicine/telehealth services do not increase the number of mental health and substance use providers in the state, they do offer significant opportunities for expanding access to available providers.

Both the federal and Texas state governments have expanded the allowable use of telemedicine and telehealth services during the emergency period. Additionally, on September 1, 2020, Congressman Roger Williams (R-TX-25) introduced the *Ensuring Telehealth Expansion Act* that would extend the expanded telehealth provisions of the CARES Act until December 31, 2025. This legislation would remove site restrictions to allow patients to receive services in their homes, and would require that providers be reimbursed at the same rate as face-to-face visits.[7]

RECOMMENDATIONS

- Continue to allow the use of telemedicine/telehealth (including telephonic-only use) to establish physician-patient relationships;
- Ensure reimbursement parity for mental health and substance use telehealth services.
- Continue the use of telemedicine/telehealth for diagnoses, treatment, ordering tests, and prescribing medications for mental health and substance use services as allowed during the COVID-19 emergency orders.
- Expand broadband access throughout Texas to ensure that every household has access to reliable internet services.

MENTAL HEALTH WORKFORCE SHORTAGE

Meeting the needs of Texans with mental health and substance use conditions requires a robust and diverse behavioral health workforce. Texas faces critical shortages for many licensed mental health

professionals, including: psychiatrists, psychologists, professional counselors, clinical social workers, marriage/family counselors, certified mental health peer specialists/certified recovery peer specialists, and advanced practice psychiatric nurses. As of June 30, 2020, an analysis by the US Health Resources and Services Administration (HRSA) of mental health professional shortages estimated that Texas had only met 36 percent of the state's need.[8] In 2019, 173 Texas counties did not have a single licensed psychiatrist, which left over 2.7 million Texans living in counties without access to a psychiatrist. An additional 24 counties only had one psychiatrist, serving over 970,000 individuals.[9]

Mental health and substance use workforce challenges are not new, and they continue to exacerbate the shortage of available treatment options. Additionally, the COVID-19 pandemic is projected to increase rates of mental health and substance use conditions, thereby significantly increasing the demand for services and amplifying the workforce shortage.[10] Continued population growth and the increasing awareness of trauma caused by institutional racism will contribute to not only a greater need for more mental health and substance use service providers, but also the need for providers with the ability to serve diverse populations with varied experiences.

The majority of mental health and substance use services are provided by professionals other than psychiatrists, including: primary care physicians, nurses, social workers, physician's assistants, certified peer specialists/certified recovery peer specialists, family partners, licensed chemical dependency counselors, community health workers, psychologists, and more. In many parts of Texas, significant shortages of these providers exist. It is important to note that primary care providers (PCPs) deliver more than half of all mental health services for common mental health conditions.[11] While the Texas Child Mental Health Care Consortium created by SB 11 (86th, Taylor/Bonnen) offers support to pediatricians and children's PCPs, family physicians and other PCPs caring for adults do not have that same level of consultative services and mental health professional support.

RECOMMENDATIONS

- The Texas Health and Human Services Commission (HHSC) Mental Health Workforce Workgroup spent the past year reviewing prior studies and reports to develop a plan to address this workforce crisis. The recommendations included in the plan should be analyzed, funded, and implemented.
- Focus recruitment efforts and outreach programs on behavioral health graduate programs at historically black colleges and universities and other schools with high racial minority enrollment.
- Create and appoint a multi-disciplinary working group, independent of any other advisory committee or working group, to research and explore behavioral health professionals' education, licensing, and scope of practice to ensure that they are operating at the full potential of their licensure.
- Create supervision hubs for behavioral health providers in need of clinical supervision. Fund stipends to cover the costs of clinical supervision for services in rural and underserved areas.

MENTAL HEALTH AND SUBSTANCE USE PEER SUPPORT SERVICES

Peer support services are a critical component of the Texas mental health and substance use workforce. HHSC should be commended for their recognition and validation of peer support services and continued efforts to improve, expand, and enhance these services to support recovery.

Peer supports are provided by trained and certified individuals with lived experience of mental health and/or substance use conditions. These individuals help others achieve long-term recovery. Peer specialists offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, and communities of support.[12]

Peer specialists provide services at local mental and behavioral health authorities (LMHAs/LBHAs), peer-run service providers, state hospitals, substance use recovery community-based organizations, recovery organizations, emergency departments, treatment organizations, and more. Common tasks performed by peer specialists include:

- Helping individuals self-advocate
- Connecting people to resources and employment services
- Goal setting
- Facilitating support groups
- Outreach and engagement
- Face-to-face recovery coaching
- Telephone peer support

While HB 1486 (86th, Price/Schwertner) included provisions to allow Medicaid reimbursement for peer support services, the current reimbursement rates are extremely low. The rates have resulted in a number of organizations declining to use the Medicaid billing code or offer the services. Additionally, while the legislation did not limit eligibility for peer support services to adults, HHSC has prevented adolescents and young adults from eligibility through policy rules. The result of this poor policy decision has resulted in 18-year olds being allowed to be certified as peer specialists, but not eligible to receive peer support services.

RECOMMENDATIONS

- Increase the Medicaid reimbursement rate for peer support services to a level that reflects the value of the services being provided and the integrity of the profession.
- Change eligibility requirements to allow individuals under 21 years of age to receive services provided by certified peer specialists and certified recovery coach specialists.
- Continue to support the expansion of peer support and family partner services in Texas to enhance recovery services and bridge the gaps created by the mental health and substance use workforce shortages.
- Collaborate with HHSC, recovery community organizations (RCOs), and other regional stakeholders to create regional centers of excellence for providers and peer specialists to expand training, credentialing and access to behavioral health peer specialists.

MENTAL HEALTH AND INTELLECTUAL DISABILITIES

Intellectual disabilities (ID) are a type of developmental disability that impacts cognitive and adaptive functioning. People with ID experience a higher rate of mental health conditions than the general population. The prevalence of diagnosed mental health conditions in individuals with ID is estimated to be between 32 percent and 40 percent, compared with approximately 20 percent in the general

population.[13] Additionally, studies have shown that diagnosed mental health conditions in individuals with ID can be more severe and more difficult to diagnose than in the general population.[14] Yet, while people with ID are more likely to have a co-occurring mental health condition, they often do not have access to appropriate mental healthcare.[15,16,17] Service delivery is particularly fragmented for this population, as services may come from the mental health agencies or the ID agencies, but rarely both.[18] Additionally, services for people with ID often focus on behavior management rather than mental health treatment and support.

The public mental health system in Texas is based on the belief that recovery is possible, however this is rarely applied to individuals with ID and co-occurring mental health conditions. Access to evidence-based treatment and recovery support services is crucial for achieving recovery. Unfortunately, often the first line of "treatment" for an individual with IDD is limited to psychopharmacology—psychotropic drugs are frequently used to control and manage behaviors, which may address the symptoms but not the cause.[19] This approach significantly reduces opportunities for recovery, and may serve to perpetuate any challenging behaviors.

People with ID face a "cascade of disparities" when accessing healthcare.[20,21] Access to appropriate *mental health* treatment remains particularly difficult for many in this population. Barriers to receiving appropriate mental health care include lack of formal training for providers, diagnostic overshadowing (attributing behaviors to the disability and not assessing for mental health conditions), unwillingness of providers to serve people with ID, difficulty in facilitating communication between consumers and providers, and trouble navigating complex systems.[22] In a 2014 survey, it was revealed that 90.2 percent of psychiatrists felt "they lacked specific training in treating and diagnosing mental health conditions in the ID population."[23]

RECOMMENDATIONS

- Prioritize change within the service delivery systems and promote practices to ensure recovery-focused, appropriate mental health care as well as trauma-informed care for individuals with intellectual disabilities. Create trauma-informed ID systems of care.
- Incorporate the treatment and support needs of individuals with ID into the state mental health plan.
- Devote adequate financial resources to treatment, services, and supports for individuals with ID and co-occurring mental health conditions.
- Create a paradigm shift to move from "controlling and managing behaviors" to a culture of supporting the mental health recovery of individuals with ID.
- Remove systemic barriers (e.g., billing policies) in the public mental health system that prevent individuals from receiving both ID and mental health services.
- Prioritize efforts to build awareness and foster education for providers, families, and individuals and build the workforce capacity of mental health providers willing to provide services to individuals with ID.

FUNDING FOR MENTAL HEALTH AND SUBSTANCE USE SERVICES

Funding for mental health and substance use services in Texas is complex. It often includes federal, state, and local dollars. Over the past decade, the Texas Legislature has continued to increase overall

state funding for behavioral health including funding for redesign of our state hospital system. However, unmet needs and service gaps remain.

The 86th Legislature continued prioritizing the mental health and well-being of Texans and appropriated increases in behavioral health funding. Despite this prioritization, there continues to be increased demand and significant unmet needs, including gaps in access to services for populations not being adequately served. One reason is the fast-growing Texas population. According to the Texas Demographic Center, the population of Texas is projected to reach 29,677,772 in 2020.[24] This is an increase of approximately 4,532,211 since the 2010 U.S. Census.[25] Another contributing factor is the system inequities and resulting disparities that continue to exist.

Approaching the 87th legislative session, Texas lawmakers will face even more difficult budgeting decisions in light of the economic impact of the COVID-19 pandemic. In June 2020, elevated levels of adverse mental health conditions, substance use, and suicidal ideation were reported by adults in the US. These increased mental health conditions are disproportionately affecting specific populations, especially young adults, Latinx individuals and other people of color, essential workers, unpaid caregivers for adults, and those receiving treatment for pre-existing mental health conditions.[26] In Texas, HHSC created a mental health support line for individuals experiencing mental health concerns. The line received over 2,000 calls from across 100 counties within the first month of its launch, indicating the increased and widespread need in our state.[27]

The increased need for treatment and services will obviously stress our current mental health and substance use systems already experiencing workforce shortages and challenges associated with access to supports. The 87th Legislature will face the intersection of an underfunded system with an insufficient provider base, as well as an increased need for mental health and substance use services and supports. Texas has a responsibility to respond to these crises and fund the level of services needed to respond to its citizens' needs.

RECOMMENDATIONS

- Expand Medicaid to ensure individuals with mental health and/or substance use conditions have access to treatment, services, and supports.
- 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.
- Continue funding to support the construction and improvement of the redesign of the state hospital system across the state.
- Dedicate funding to TEA specifically for mental health and well-being strategies and initiatives within schools, inclusive of FTEs focused on student mental health.
- Protect state funding for substance use services. As a condition of receiving the SAMHSA substance abuse prevention and treatment (SAPT) block grant, states are required to invest state funds. This investment must be equal or greater than the previous biennium, known as maintenance of effort (MOE). If the MOE requirement is not met, states are penalized at the amount equal to the MOE shortfall.
- Increase funding for mental health services for individuals with intellectual disabilities and co-occurring mental health conditions.

- Increase reimbursement rates for peer and recovery coach support services. The current rates are inadequate and limit providers from being able to offer these services.

STUDENT MENTAL HEALTH AND SUBSTANCE USE

The COVID-19 pandemic has presented new and unexpected challenges for schools. These incredible challenges will continue and evolve throughout the current school year and likely beyond. COVID-19 has not only emphasized the importance of mental health and well-being in schools, but the long-standing need to address inequities and disparities for students of color. Moving into the 87th session, there are opportunities to address gaps that remain, as well as the current and future needs of students, teachers, and schools.

Students and educators are navigating unique and changed communities, as well as classrooms and schools. While data has not been collected on the pandemic's direct effect on student mental health in Texas, available data from other countries and its effects on adults is cause for concern. As the state experiences the economic implications of COVID-19, holistically supporting students and teachers as they return to their classroom or remain online should be a priority.

Building upon the previous session's work on mental health in schools, attention should focus on the increased need resulting from COVID-19 and the long-standing disparities for students of color.

RECOMMENDATIONS

- Direct TEA, in coordination with appropriate stakeholders, to develop best-practices and provide technical assistance for districts to establish "Handle With Care" programs and policies.
- Increase access to school-based support services for students and teachers. The mental health needs of students of color require awareness of cultural differences that may exist and should be considered when support and services are provided. Funding should be dedicated to:
    - Restorative discipline measures, specifically for teacher support and FTEs of Restorative Justice Coordinators;
    - Expanding the use of school social workers, licensed specialists in school psychology, and other mental health professionals;
    - School-based youth prevention and intervention services administered by HHSC; and
    - Assisting families in being connected to community-based services, utilizing family liaisons or family-partner support services.
- Require districts to use multi-tiered systems of support in addressing student substance use and provide connections to prevention, intervention, treatment, and recovery support services.
- Provide a definition for school social work in the Texas Education Code.

EDUCATIONAL JUSTICE

Behaviors stemming from unidentified mental health conditions, substance use, or trauma can be perceived as "bad" behavior at school, leading to punitive discipline practices. This effect is heightened when schools do not have adequate services to provide alternative responses to disruptive behavior.

Despite the lack of evidence that exclusionary discipline is an effective method of changing students' behaviors in schools, it is often used. During the 2018-19 school year, one in ten Texas students were suspended, expelled, or removed from school.[28] Students with disabilities and students of color are disproportionately affected. Despite making up a smaller percentage of overall student population in Texas, they are disproportionately removed from their classrooms and arrested more than White students and those without disabilities.[29]

Highlighted by COVID-19, the health disparities and inequities for people of color is glaring. These disparities and inequities have long been identified in schools. Research shows that while students of color do not "misbehave" more frequently or more seriously, they are disproportionately disciplined and arrested at school.[30] In exploring ways to improve mental health and wellness in schools, addressing systemic inequalities and their impact on these children must be included.

Punitive discipline negatively affects students' senses of safety, well-being, and abilities to learn.[31] Further, research shows that exclusionary discipline increases the likelihood of lowered academic performance, dropping out, and antisocial behavior.[32,33] School exclusion is a central element in the school-to-prison pipeline. Evidence proves a strong relationship between exclusionary discipline and academic failure, arrest, juvenile justice system involvement, criminal justice system involvement, and incarceration.[34,35,36,37,38,39]

RECOMMENDATIONS

- Build on the passage of HB 674 (85th) to make positive behavior programs available to all grade-levels.
- Require school districts identified in the top percentile of discipline and disparities to create and implement discipline improvement plans. TEA should be directed to provide guidance to schools on positive discipline policies focused on developing, maintaining, and repairing relationships, rather than on retributive and exclusionary consequences.
- Direct TEA, in coordination with appropriate stakeholders, to identify best-practices and provide technical assistance for schools to utilize an equity lens when evaluating policies and procedures.
- Direct TEA to monitor and report on the following data related to student discipline, interventions, and engagement during COVID-19:
    - Disciplinary referrals (Education Code Sec. 37.020), including statewide collection of conduct violating the student code of conduct adopted under Section 37.001;
    - Behavior threat assessments (Education Code Sec. 37.115 subsection k); and
    - Access to technology/internet and attendance to ensure a lack of access to technology does not result in students being disciplined or being considered as truant.
- Authorize districts to provide graduated sanctions and alternatives to suspension/expulsion in determining consequences for a student being under the influence of or possessing drugs or alcohol at school.

HOUSING

Individuals with serious and persistent mental health conditions can experience significant barriers to permanent and stable housing. The most recent Point in Time (PIT) count of homelessness in Texas found that over 20 percent of individuals experiencing homelessness (116,179) have a severe mental illness, and almost 16 percent of individuals experiencing homelessness have a chronic substance use

condition.[40] Individuals experiencing homelessness with mental illness are at higher risk of chronic homelessness and remaining homeless for longer periods of time than those without a mental illness.[41] Serious mental health and/or substance use conditions may create difficulties in accessing and maintaining stable, affordable, and appropriate housing. Affordable housing programs that focus on homelessness prevention are critical to helping this population become successfully housed.[42]
While Texas offers some housing assistance to support individuals with disabilities and mental illness, the need to expand the overall stock of affordable housing and services for individuals with mental health and substance use conditions is critical. Without adequate housing support, individuals are likely to cycle through emergency departments, jails, prisons, and state mental health facilities at a much higher cost to the state. Texas should continue to offer more affordable, quality, and supportive housing options for individuals with mental health conditions, substance use conditions, and disabilities.

RECOMMENDATIONS

- Implement a flexible continuum of housing that works to provide individuals with mental health or substance use conditions with less-restrictive housing options. The continuum, which should utilize recommendations included in the HHSC Housing Choice Plan, should encompass the need for increased staff support in group homes, transitional/recovery/permanent housing options, supports for persons exiting psychiatric institutions, continuous assessments of appropriate housing models, and housing supports for tribal communities.
- Provide funding for local mental health authorities and local behavioral health authorities to hire staff focused on administration of supportive housing rental assistance. This would better serve individuals with mental health conditions who also have affordability barriers.

SUBSTANCE USE

Substance use conditions—like diabetes, cancer, heart disease, and asthma—are chronic diseases caused by behavioral, environmental, and biological/genetic factors.[43] It is important to understand that substance use prevention, treatment, and recovery is not a linear process, and different levels of care are often needed non-sequentially. Texas needs to foster a continuum of care for substance use across the state that is affordable and accessible to those who need it.

Similar to the US, substance use and overdose death trends in Texas have been increasing and evolving. Texas saw an increase in overall lives lost to overdose in 2019. According to the CDC, Texas saw a five percent increase in deaths from 2018-2019, with over 3,100 Texans losing their lives to an overdose in 2019.[44] While Texas has focused its efforts largely on prescription opioids, Texas has seen increases among a number of other substances, namely methamphetamine and other stimulants.[45]

The supports and services that an individual needs can change and vary from person to person. The type and intensity of prevention, treatment, and recovery supports and services depend on individual risk factors, life circumstances, complexity of challenges being faced, and where the person is in their recovery process. This requires availability of an array of evolving services that respond to various needs and stages.[46]

Texas should work to ensure timely and affordable access to services and supports to those living with substance use conditions. According to HHSC, for every $1 invested in treatment, a $4 to $7 return is yielded in reduced drug-related crime, criminal justice costs, and theft.[47] When considering cost savings

related to healthcare, total savings can exceed costs by a ratio of 12:1.[48] Utilizing the criminal justice or hospital systems to address substance use simply does not work. Our recommendations move the state toward more effective substance use treatments and supports.

RECOMMENDATIONS

- Enact a Good Samaritan Law.
- Ensure adequate access to recovery housing by:
    - Developing a voluntary certification program for recovery housing providers in Texas using evidenced-based practices.
    - Expanding funding for recovery housing options to include recovery housing that provides Medication-Assisted Treatment in conjunction with recovery services and supports.
- HHSC and the Office of the Governor should consult and include individuals with lived experience who are in recovery in the decision-making related to the use of any awards received from multi-state opioid settlements, including appointments to state advisory committees resulting from the settlement.
- Diversify substance use treatment funded through Texas Targeted Opioid Response (TTOR) funds beyond expanding and increasing access to clinic-based and office-based medication assisted treatment. Individuals need to be able to access a wider range of substance use treatment such as detoxification, residential treatment centers, partial hospitalization, and intensive outpatient treatment.
- Increase TTOR funds invested toward recovery-oriented supports targeted at increased availability of peer recovery coaches, recovery community organizations (RCOs), recovery housing, and community-based aftercare.

CHILDREN'S MENTAL HEALTH

School shootings and an increase in youth suicide rates have brought a heightened focus to the mental health needs of youth in the state. This can range from needing supports and services for a diagnosable mental health condition, to a more universal need for support of social and emotional well-being.

- In 2019, 38 percent of Texas high school students reported feeling sad or hopeless for a period of two weeks or longer that resulted in decreased "usual" activity.[49]
- In 2019, one in ten high school students in Texas reported attempting suicide during the 12 months before the survey.[50]
- In 2019, suicide was the second leading cause of death in those aged 15-34 in Texas.[51]
- In 2019, one in five children in Texas were estimated to have experienced multiple adverse childhood experiences (ACEs).[52]

Lack of access to behavioral health supports can have a serious and lasting impact across all areas of a child's life. Leaving children and their families without support and services contributes to school drop-outs, unemployment, and potential involvement with the juvenile or criminal justice systems.[53] Approximately 70 percent of youth who need mental health treatment do not receive it.[54] Of those who are able to access services, only one in five children receive mental health specialty services.[55] Unfortunately, even when specialty services are accessible, 40 to 50 percent terminate treatment prematurely due to various barriers such as lack of transportation, financial constraints, and stigma.[56]

Mental health support for children can encompasses many systems and often extends to families or caregivers. There are many opportunities to provide mental health support, services, and treatment that can help prevent children and families from becoming involved with child welfare or juvenile justice systems. However, when children do enter these systems, providing adequate and appropriate mental health services is important.

RECOMMENDATIONS

- Include "serious emotional disturbance" in the Texas Insurance Code. This will clarify the current definition of "serious mental illness" which only relates to "persons 18 and older."
- Change current eligibility requirements for peer support services to allow individuals under the age of 21 to receive these services.
- Include family partner support services as Medicaid reimbursable services.
- Raise the automatic age of criminal jurisdiction from 17 to 18. This will allow children and youth to be placed in the juvenile system and receive age-appropriate services while still allowing judges to have the discretion to transfer the most serious offenders to the adult system on a case-by-case basis. Texas is only one of four states that automatically places 17-year-olds in the adult criminal justice system.

CHILD RELINQUISHMENT

Texas parents of children living with serious emotional disturbance still sometimes face the horrific reality that relinquishing custody of their child to the state may be their only option for obtaining needed intensive mental health services. Legislation in past sessions created opportunities for joint conservatorship when relinquishment occurs, as well as funding for residential treatment services to help prevent relinquishment. However, significant problems remain with policies and practices related to prevention of relinquishment resulting in parents and children continuing to suffer the trauma of relinquishment.

Over the past year, stakeholders (family members, advocates, staff from HHSC and DFPS) interested in minimizing these horrific experiences for children and families identified problematic policies and developed strategies for improving experiences and outcomes. The stakeholders developed the following strong recommendations that have been offered to the HHSC executive commissioner.

RECOMMENDATIONS

- Enhance access to the intensive community-based services and supports families need in order to prevent the difficult decision to relinquish custody to obtain mental health services.
- Allow children who are post-adoption to have access to the Relinquishment Diversion Project services. This enables adoptive families to access a broader range of behavioral health services needed to support the family and prevent custody relinquishment.
- Shorten the wait-time to obtain Relinquishment Diversion Project placement.
- Eliminate the requirement for a Child Protective Services (CPS) investigation in order to obtain relinquishment prevention services.
- Create a centralized point-of-contact for CPS caseworkers handling mental health relinquishment cases.
- Evaluate and improve joint managing conservatorship standards across the state.

- Increase awareness of CPS workers, LMHA staff, and families of the Relinquishment Diversion Project.
- Improve data collection related to relinquishment and joint conservatorship.

SUICIDE PREVENTION

Rising suicide rates in Texas represent a growing concern for the state and mental health advocates. While the rate is highest in middle-aged and elderly White males in rural communities, suicide impacts all demographics uniquely. People with physical and mental disabilities, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual) youth, and people of color all face particular barriers that discourage them from seeking mental health treatments. The COVID-19 pandemic is expected to amplify mental health conditions such as suicide.[57]

Living with mental health conditions does not equate to experiencing suicidology, despite existing stigmas. However, individuals with a diagnosed mental illness are at higher risk of suicide, representing about 46 percent of suicide victims according to the Centers for Disease Control and Prevention (CDC).[58] Individuals are particularly at-risk after experiencing reductions in their healthcare. Mental health parity laws, which facilitate access to mental health services, can reduce suicide rates.[59] Firearms are the most lethal method of suicide. While the average suicide attempt has an 8.5 percent death rate, those with firearms have an 89.6 percent mortality rate.[60] By increasing access to care, reducing access to lethal means, dismantling stigmas against seeking mental health treatment, and reducing discriminatory disparities, the rising suicide rate in Texas can be diminished.

RECOMMENDATIONS

- Require school districts to have plans in place to address suicide prevention, intervention, and postvention, especially in the age of COVID-19 and virtual learning. Mandate that new and existing educators receive reoccurring suicide prevention training to better recognize students at-risk.
- Ban mental health providers from engaging in conversion therapy for LGBTQIA+ youth.
- Expand Medicaid to provide low-income individuals and those lacking healthcare coverage access to treatments and services that could prevent the development of suicidology. This could in particular reduce suicidology resulting from the effects of the COVID-19 pandemic.
- Increase outreach and educational programming on existing suicide prevention and mental well-being resources. These include but are not limited to:
    - DPS's suicide prevention and firearm safe storage campaign
    - HHSC's and DSHS's webpage on youth suicide in Texas, HHSC's statewide COVID-19 Mental Health Support Line
    - U.S. Veterans Crisis Line
    - U.S. Federal Communication Commission's establishment of "988" as the nationwide three-digit phone number for Americans in crisis to contact the National Suicide Prevention Hotline.
- Reduce access to lethal means for individuals experiencing suicidology.

Community Trauma

Attention must focus on building healthy communities, which can begin by addressing the social determinants of mental health. This refers to a variety of social and cultural factors that both affect and are affected by the mental wellness of individuals. One way to address these determinants is to reduce the impact of trauma on communities. Texas should prioritize creating safe environments where people live, learn, work, play, and pray. This would bring a population health approach that supports community resilience, mental health, and well-being.

Texas communities have been significantly affected by substance use. Whether resulting in interactions with the criminal justice system, involvement with the child welfare system, or the tragic loss of life due to an overdose, substance use gravely impacts communities across a number of systems. Harm reduction, prevention, treatment, and recovery supports for individuals and families can improve community trauma caused by punitive approaches to substance use.

Individuals living in communities where violence is prevalent are at increased risk for a broad range of negative health and behavior outcomes.[61] According to The National Child Traumatic Stress Network, community violence is identified as a type of trauma. Exposure to trauma stemming from community violence has been linked to mental health concerns that negatively impact emotional well-being.[62] One way to address community trauma as a result of violence would be to implement gun safety policies. Gun violence exposure impacts community well-being, and chronic exposure leads to anxiety, depression, PTSD, constant agitation, sleep disturbances, hopelessness, and other mental health conditions.[63] Research consistently links this exposure to less healthy and safe communities, as well as decreased economic investment from businesses, employment opportunities, completion of schooling, and maintaining employment.[64]

Communities of color are also affected by racial trauma. Racial trauma accumulates throughout a person's life, leading to activation of stress responses and hormonal adaptations. This increases the risk of non-communicable diseases and biological aging.[65] Racial trauma is transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.[66] Racism causes trauma, making it a mental health issue.[67] Lower rates of access to mental health services, lower usage of these services for those who do have access, and numerous health disparities makes the burden of trauma incredibly harmful to communities of color.

Overwhelming evidence suggests that community and other forms of trauma may cause illnesses or aggravate existing conditions.[68] Trauma reaches beyond those who directly witness or experience it, affecting communities on many levels. It can lead to a greater need to support mental health within communities. However, supports and services are not always available to individuals based on the capacity of their communities to provide these resources. Texas should prioritize the prevention of community trauma, as well as provide safe environments that support community well-being.

RECOMMENDATIONS

- Ensure communities have greater availability of a continuum of resources for individuals with mental health and substance use conditions, including harm reduction strategies, prevention, treatment, recovery housing, and community-based aftercare.
- Reduce trauma caused by gun violence in communities by implementing:

- Codification of a safe storage mandate to incentivize gun owners to securely store their firearms to avoid access by unauthorized personnel.
- Extreme risk protection orders (ERPOs) that allow judges or juries to use valid clinical assessments of dangerousness, not mental health diagnoses, to determine whether to temporarily disarm individuals who are at risk of harming themselves or others. Due process and protection of individual rights must be included, and ERPOs must not discriminate against people with mental health conditions.
- Expanded criminal background checks to prevent individuals who are barred from purchasing firearms, through licensed gun dealers, from bypassing federal law and purchasing firearms through unlicensed gun dealers without criminal background checks being conducted.

- Establish increased outreach and educational programming in communities of color to reduce stigma around obtaining mental healthcare services. This should be paired with a plan to address racial health disparities, as is discussed in the Office of Health Equity and Racism as a Mental Health Crisis sections.

Forensics and Mental Health

The intersection of mental health and forensic services impacts numerous state and local agencies as well as many individuals and families across the state. According to HHSC, as of early November 2020, there were over 1,300 individuals waiting for a bed in a state hospital to receive competency restoration services. These are individuals in jails deemed by the courts be incompetent to stand trial. Additionally, the average wait for a hospital bed to receive restoration services was 203 days. For those waiting for a maximum security bed, the wait was even longer, averaging 277 days.[69] Texas currently has no statewide coordinated system to identify individuals needing forensic mental health services or a comprehensive system to provide those needed services. The lack of a comprehensive forensic mental health system results in significant strains on local communities and can exacerbate the mental health conditions of those waiting for services.

While HHSC is required by statute to have a director of forensic services on staff, there is currently no forensic unit at the commission. In contrast, the state of Colorado has a forensic division of over 100 staff.[70]

Several prominent committees have developed recommendations to address forensic mental health issues, including the:

- Judicial Commission on Mental Health
- Joint Council on Access and Forensics
- Austin State Hospital Redesign Advisory Committee
- San Antonio Hospital Redesign Advisory Committee

Recently, the Hogg Foundation for Mental Health convened representatives from each of these committees to discuss alignment of recommendations and identify strategies to collaborate on moving consensus recommendations forward. We are hopeful that their collective efforts will result in systemic change.

Recommendations:

1. Create a forensic unit at HHSC to coordinate statewide efforts to identify and implement best practices in forensic mental health and substance use services.

2. Develop a statewide forensic plan as part of the statewide behavioral health strategic plan.
3. Improve data collection to better identify gaps in services and supports as well as barriers to accessing appropriate mental health services for those included in the forensic population.

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