



Article II - Mental Health and Substance Use Funding Priorities

Thank you for allowing the Hogg Foundation for Mental Health to provide comments on this important work. The foundation is part of the Division of Diversity and Community Engagement at the University of Texas at Austin. These comments will focus on how Texas can continue to strategically allocate state investments to support individuals living with mental health and substance use conditions while addressing systemic gaps identified in the Statewide Behavioral Health Strategic Plan. As the 87th legislative session progresses, it is inevitable that you will be tasked with making many difficult budgetary decisions. Now more than ever, attention must focus on building healthy communities and ensuring mental health and/or substance use services and supports are accessible to those who need them.

The foundation recognizes and greatly appreciates the legislature's past and continued support for addressing the mental health needs of Texans. We look forward to continuing to work with you to improve access to critical mental health and substance use services and supports.

COVID-19 IMPACT ON MENTAL HEALTH/HEALTH EQUITY (Gaps #1 and #3)

The COVID-19 pandemic has had far-reaching impacts. Elevated levels of adverse mental health conditions, substance use, and suicidal ideation are being reported as a result of the pandemic. In Texas, HHSC created a mental health support line that received more than 11,700 calls from its implementation in March 2020 through January 2021, indicating the increased and widespread need in our state.¹

Additionally, the COVID-19 pandemic has provided strong evidence of the existence of racial and ethnic disparities and inequities in health care and beyond. The National Medical Association announced in a December 2020 press conference that “as we expected, from new data, COVID-19 is affecting the African American community in alarming numbers.”² A study in Chicago revealed that African Americans were dying at seven times the rate as others and that this was being reflected in numerous places around the country.³ Additionally, Houston Health Department data has shown that as of September 2020, while 45 percent of the Houston population is Hispanic, 54 percent of the deaths resulting from COVID-19 were Hispanic residents.⁴ Texas must take action to reverse racial and ethnic disparities.

These recommendations help to address Gaps #1 and #3 in the Statewide Behavioral Health Strategic Plan:

1. Maintain all mental health programs and expand in areas where gaps exist according to the Statewide Behavioral Health Strategic Plan.
2. Dedicate funds to the creation of an Office of Health Equity at HHSC to address racial and ethnic disparities in our healthcare system and beyond. Resources are needed to:
 - a. Collaborate across agencies working to identify and eliminate system barriers to accessing healthcare services, including those that support mental well-being;
 - b. Provide training and technical assistance to agencies and communities;
 - c. Collect and analyze data to identify barriers and develop potential solutions;
 - d. Identify metrics to measure systemic disparities;
 - e. Provide programmatic assistance to help organizations implement changes; and
 - f. Disseminate information that promote health equity.

MENTAL HEALTH WORKFORCE SHORTAGE (Gaps #8 and #13)

The recently released HHSC mental health workforce report, *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward*, emphasizes the need to support and expand the system of peer support services

in Texas.⁵ Additionally, the Texas Statewide Behavioral Health Strategic Plan identified the use of peer support services provided by certified peer specialists and the critical workforce shortages as a gap in our current system. The HHSC plan states:

Current research indicates peer support services decrease substance use, reduce use of inpatient and emergency room care for behavioral health crises, and increase an individual's engagement in care. In Texas, mental health peer services are provided by certified peer specialists and family partners. For SUD, support is provided by certified recovery coaches. While Texas has been a leader in promoting self-directed care for people with mental illness through peer-delivered services, an even greater effort is needed. Increasing access to peer support services offers a cost-effective strategy for expanding the behavioral health workforce and reducing reliance on crisis, inpatient, and other more restrictive types of care. Peers can also play an important role in crisis response and critical transitions, including community re-entry after hospitalization and incarceration.⁶

These recommendations help to address Gap #8 and #13 in the Statewide Behavioral Health Strategic Plan:

1. Increase reimbursement rates for Medicaid reimbursable peer support services. Current rates are inappropriate and have inhibited utilization of the services according to many providers. Providers indicate the reimbursement rate cannot support providing the services. Additionally, the non-livable wage provided to peer specialists is far below the level needed to support broad or expanded availability of these effective services.
2. Expand eligibility for peer support services to youth ages 14 years and above. Although HB 1486 (85th) did not specifically limit peer services to adults, HHSC developed rules that limited these services to those 21 and above. Eligibility to be certified as a peer specialist requires an individual to be 18 years old. This results in the ability of an 18-year-old individual being able to provide the service, but not receive it. This is not intended to create youth peer specialists, only to allow youth and young adults to receive peer support services.

MENTAL HEALTH NEEDS OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES (Gap #9)

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.⁷ 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. 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.^{8,9} Service delivery is particularly fragmented for this population, as services may come from the mental health agencies or the ID agencies, but rarely both.¹⁰ 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 intellectual disabilities is limited to psychopharmacology—psychotropic drugs are frequently used to control and manage behaviors, which may address the symptoms but not the cause.¹¹ This approach significantly reduces opportunities for recovery, and may serve to perpetuate any challenging behaviors.

These recommendations help to address Gap #9 in the Statewide Behavioral Health Strategic Plan:

1. Incorporate the treatment and support needs of individuals with ID into the state mental health plan;
2. Devote adequate financial resources to treatment, services, and supports for individuals with ID and co-occurring mental health conditions; and
3. Remove systemic barriers (e.g., billing policies) in the public mental health system that prevent individuals from receiving both ID and mental health services.

FORENSIC MENTAL HEALTH (Gaps #1, #3, and #5)

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 to 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.¹² 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.

These recommendations help to address Gaps #1, #3, and #5 in the Statewide Behavioral Health Strategic Plan:

1. Create a forensic unit (office of forensic mental health services) 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; and
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.

SUBSTANCE USE SERVICES (Gaps #1, #6, and #14)

On December 17, 2020, the CDC released a Health Advisory Network warning of the increased severity of substance use and overdose deaths across our country. Texas has seen a 21.8 percent increase in overdose deaths, and is one of 13 states that saw an over 50 percent increase in overdose deaths involving synthetic opioids.¹³ From June 2019 through June 2020, over 3,500 Texans lost their lives to an overdose.¹⁴ For the first time, Americans' odds of dying from an accidental opioid overdose are higher than from a motor vehicle crash.¹⁵

Prescription drug overdose is the leading cause of maternal deaths in Texas.¹⁶ Through state and federal funds, Texas supports only 10 women and children residential treatment providers that allow pregnant women/mothers and their children to stay together during the course of recovery. During the initial years of a child's life, keeping the mother and child together is best practice for both infant health and parental success.¹⁷

These recommendations help to address Gaps #1, #6, and #14 in the Statewide Behavioral Health Strategic Plan:

1. Align with the House version and maintain funding in Strategy D.2.4., Substance Abuse Services, to reduce the substance abuse treatment waitlist for pregnant women and women with dependent children waiting to receive services.
2. The Texas Legislature should consult and include individuals in recovery with lived experience 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. These funds should directly address access to a wider range of substance use treatment options and recovery-oriented supports targeted at increased availability of peer recovery coaches, community recovery organizations (CROs), recovery housing, and community-based aftercare.

FOSTER CARE

Gaps remain in the foster care system that require additional resources. In order to open up funding for prevention services, restrictions were recently tightened for states' foster care facilities to receive federal funds. Given that the FFPSA restricts reimbursements for facilities that are unspecialized or lower quality, Texas now has zero providers that meet new federal quality standards.^{18,19,20}

When these restrictions take effect in October 2021, the state is expected to lose about \$52 million over the next biennium.²¹ While some of this loss could be mitigated if residential treatment centers were allowed to offer discharge planning and aftercare services, this anticipated loss should be considered by the Senate Finance Committee. It is also important to highlight the repercussions of the federal lawsuit and consequent ruling that Texas has unconstitutionally harmed youth in the foster care system.²² To cover compliance costs, DFPS and HHSC have asked for about \$70 million.²³ There have also been safety concerns regarding the state's foster care facilities that could potentially be addressed by the committee.²⁴

Recommendations

1. Address the anticipated \$52 million loss in federal foster care funding that could result from the state not meeting new federal standards for foster care facilities.
2. Provide DFPS and HHSC \$70 million to cover compliance costs from a federal lawsuit/court ruling against the Texas foster care system, and address funding gaps regarding safety concerns in foster care facilities.

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¹³ Ibid.

¹⁴ Center for Disease Control and Prevention. (2021, January 3). *Provisional drug overdose death counts*. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

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