



## Public Policy Platform for the 85th Session of the Texas Legislature

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*About NAMI Texas: The National Alliance on Mental Illness (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. Our purpose is to help improve the quality of life of people affected by mental illness through education, support, and advocacy.*

### **Policy Priority: Expand mental health system capacity and best practices**

**Facts:** a.) In FY 2013, Texas ranked 48th among the states on mental health funding. FY 2014-17 saw substantial increases in mental health funding. Still, a 2016 report found that Texas ranks 45th in overall access to mental health care, b.) As of 2015, 205 of 254 Texas counties were designated as mental health professional shortage areas. A 2016 report found that Texas ranks 49th in mental health workforce availability, and c.) A 2016 report found that Texas ranks 43rd on inpatient beds. The forensic waitlist has more than quadrupled since 2013 and reaches well over into the hundreds, with average wait times at 40 or more days and over a hundred days for maximum-security beds. Communities have lost numerous beds for civil patients, resulting in the boarding of patients in emergency rooms. All 11 state hospitals are in need of either repair, renovation, or replacement.

**Recommendations:** a.) Increase investment in outpatient services, inpatient services, and alternatives to inpatient, b.) Address mental health workforce shortages through residency slots, loan repayment, incentives to practice in underserved areas, and reimbursement rates, c.) Establish enough inpatient capacity for all civil and forensic patients in the state. Modernize, repair, and renovate state hospitals when appropriate. Replace state hospitals that are beyond repair and that have limited geographic accessibility. Consider the option of partnering with academic institutions and partnering with private hospitals, d.) Invest in First Episode Psychosis programming for early intervention and prevention, reducing future costs, and e.) Expand peer support.

### **Policy Priority: Close the health insurance coverage gap and retain the 1115 Waiver**

**Facts:** a.) Only a fraction of Texas adults with serious mental illness under the age of 65 qualify for SMI-disability based Medicaid, b.) About a quarter of all individual in the 'coverage gap' population have a mental illness or substance use disorder, c.) Keeping the coverage gap open risks the loss of much-needed 1115 Waiver funds for innovative mental health care projects, d.) Closing the coverage gap is linked to higher rates of regular care for certain chronic health conditions, such as major depression, and e.) It is projected that closing the coverage gap is linked to a reduction in the number of people experiencing symptoms of depression and a reduction in the unmet need for mental health and substance use disorder treatment.

**Recommendation:** Close the coverage gap and retain the 1115 Waiver to facilitate recovery for Texans with mental health and substance use disorders.

### **Policy Priority: Pair jail diversion and reentry strategies with increased access to quality care**

**Facts:** a.) Nationwide, 17% of the jail population has a serious mental illness. 72% of those individuals have a co-occurring substance use disorder. b.) As of August 2014, over 44% of Texas county jail inmates were a probable or exact match for previous contact with the mental health system. c.) About a quarter of Harris County Jail inmates are on psychotropic medications. d.) For the Harris County Jail Diversion Program, 44.1% of a 371 person sample had no further bookings. Jail days of the sample were reduced by approximately 53 days per person. Cost savings from avoiding these jail days can be estimated at nearly \$3 million. e.) Peer support reentry programs can produce meaningful cost savings., and g.) States increasingly suspend rather than terminate Medicaid benefits of incarcerated individuals.

**Recommendations:** a.) Replicate successful jail diversion programs statewide, b.) Provide funding for the expansion of law enforcement crisis intervention teams, c.) Increase crisis intervention training requirements for law enforcement officers d.) Improve screening, intake, and mental health service linkage procedures for individuals at county jails, f.) Integrate peer providers into criminal justice system to aid in reentry, and g.) Suspend rather than terminate Medicaid benefits for county jail inmates.

### **Policy Priority: Expand the availability of safe Permanent Supportive Housing**

**Facts:** a.) 1 in 4 people experiencing homelessness are living with a mental health issue, b.) Over 60% of people who are chronically homeless have a lifelong mental health issue, c.) Individuals with serious mental illness who lack housing are more likely to be incarcerated, institutionalized, and use emergency services, d.) Supportive housing is proven to interrupt this cycle, reducing homeless shelter days, state hospital days, and incarcerations, and e.) While counties and municipalities have the authority to adopt standards for the regulation of boarding homes, only a handful of jurisdictions have adopted ordinances and boarding homes remain largely unregulated.

**Recommendations:** a.) Increase funding for the DSHS rental assistance program for people with mental illness. b.) Increase the use of Low Income Housing Tax Credits to develop supportive housing opportunities, c.) Expand public-private partnerships to address chronic homelessness, and d.) Enact a bill of rights for boarding home residents, provide ombudsman services to boarding home residents, and establish a criminal penalty for operators who knowingly operate dangerous facilities.

### **Policy Priority: Maintain medication access and continuity across treatment systems**

**Facts:** a.) Not getting the best, first-choice medication can put a person at increased risk of expensive emergency room visits, hospitalization, and other poor outcomes, b.) The current Medicaid formulary development allows for strong oversight and active consumer/family input, c.) Patients are sometimes switched off of their medications by private insurance companies for non-medical reasons, d.) There are example of inmates in Texas jails not receiving access to needed medications, e.) Dozens of people each year are returned to the state hospital for another round of competency restoration because of decompensation in the jail.

**Recommendations:** a.) Retain the single formulary for Medicaid prescription drugs, b.) Establish protections against non-medical switching, and c.) Strengthen programming that ensures continuity of medication for inmates with medical needs.

### **Policy Priority: Support the mental health of children in foster care, children with intellectual and developmental disabilities, and families involved in kinship care**

**Facts:** a.) 20% of children in state care—about 5,700 children—need specialty care for emotional disturbances and developmental disabilities. High needs children in Texas foster care access mental health services at a surprisingly low rate, b.) More than 500,000 Texas children and adolescents have severe emotional disturbance, c.) Children with intellectual and developmental disabilities commonly are treated for behavioral problems rather than the underlying mental illness, d.) Approximately 300,000 grandparents in Texas have the primary responsibility of caring for their grandchildren, and e.) Grandparents caring for grandchildren have higher levels of emotional distress and indicate a need for emotional support from their peers.

**Recommendations:** a.) Expand best practices in health services for children in foster care, b.) Establish best practice treatment standards for individuals with co-occurring mental illness and intellectual and developmental disabilities, c.) Enhance financial support for kinship families, and d.) Establish a highly functional webpage and a network of support groups for kinship caregivers.

### **Policy Priority: Strengthen suicide prevention and public safety policies**

**Facts:** a.) Suicide rates have increased in Texas from 2000-2014. In 2014, the rate of suicide in Texas was 12.19 per 100,000 people, b.) Many of the core mental health professions do not have suicide prevention as part of their required curriculum, c.) Firearm suicide rates are greater in TX compared to the U.S., and d.) There were 140 suicides in Texas county jails from 2009 to 2015, and f.) Suicides in Texas jails are an ongoing issue.

**Recommendations:** a.) Establish mandatory mental health professional suicide prevention training requirements, b.) Require in-depth mental health training for jailers, and c.) Establish a Lethal Violence Protective Order for families to help loved ones in crisis.

### **Policy Priority: Ensure mental health parity**

**Facts:** a.) For too long, people who need mental health and substance use care have been subjected to pervasive discrimination in health insurance. Nationwide, individuals with mental illness and their family members report being denied mental health care on the basis of medical necessity more than twice as much as for general medical care. b.) Providers, families, and advocates in Texas report undue insurance denials for needed mental health treatment, c.) Enforcement of mental health 'parity', particularly for non-quantitative treatment limitations, is severely lacking in Texas, and d.) Providers, families, and advocates report significant difficulty accessing eating disorder services.

**Recommendations:** a.) Define 'non-quantitative treatment limitations', b.) Require non-quantitative treatment limitations for mental health and substance use disorder benefits to comparable to non-quantitative treatment limitations for medical/surgical benefits, and c.) Ensure sufficient coverage for eating disorders, borderline personality disorder, PTSD, and self-injury.