Texas Mental Health Policy Impact in Focus: The 85th Legislative Session and Beyond

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Presentation Agenda / Objectives

Agenda

1. Intro and Context (5 min)
2. Good Mental Health Legislation from 85th Session (40 min)
3. Where Did the 85th Session Fall Short? (10 min)
4. Open Discussion of Next Platform Opportunities (10 min)
5. Q&A (10 min)

Objectives

- Update on new legislation
- Illustrate how new legislation affects families and peers
- Discussion of potential priorities for 86th session
A BIT ABOUT US
How we did during 85th legislative session

- NAMI Texas made 29 specific policy recommendations for the 85th Legislature. Significant progress was made on 18 of the 29 recommendations.

- NAMI Texas testified at least 32 times in the 85th session. We received the outcome we were seeking on 45% of the bills that we weighed-in on in committee.

- Over 95% of bills supported by NAMI Texas that made it to the House or Senate floor advanced to the other chamber.

- Priority bills that made it to the Governor’s desk all became law. Only 3 low-priority bills were vetoed.
WHAT DOES NAMI TEXAS ADVOCACY LOOK LIKE?

- Policy analysis
- Education
- Testimony
- Direct Lobbying
- Grassroots Advocacy Coordination
- Public Policy Committee
- Media Engagement
- Bill Drafting
- Planning Mental Health Rally
- Coalition-Building
- Expand mental health system capacity and best practices
- Close the health insurance coverage gap and retain the 1115 Waiver
- Pair jail diversion and reentry strategies with increased access to quality care
- Expand the availability of safe Permanent Support Housing
- Maintain medication access and continuity across treatment systems
- Support children’s mental health
- Strengthen suicide prevention and public safety policies
- Ensure mental health parity
EXPAND MENTAL HEALTH SYSTEM CAPACITY AND BEST PRACTICES

POLICY PRIORITY
How did we fare on funding for mental health and substance use disorder services overall?

This chart is according to a leading national research and consulting firm in the healthcare industry.
State Budget: OUTPATIENT (COMMUNITY SERVICES AND SUPPORTS)

Comparison challenges (16-17 vs. 18-19)

- These services moved from DSHS to HHSC
- NorthSTAR phased out
- ‘Behavioral health waivers’ is now its own pot of funds, rather than being considered part of mental health community services

What is clear?

- No apparent cuts
- $62 million new funds to address waitlists at community centers
- $2 million new funds to increase capacity for high needs children in foster care
- Steady support for Clubhouses
- New funds for community MH services in other areas of the budget (stay tuned)
State Budget Highlights: CRISIS SERVICES

FY 2016-17 crisis services line item: $252 million

FY 2018-19 crisis services line item: $324 million

*read the fine print
STATE BUDGET: INPATIENT

- $300 million more for the new construction of state hospitals
- $160 million more for deferred maintenance at state hospitals and state supported living centers
- $20.7 million more to purchase additional community psychiatric hospital beds
- $10.3 million more to increase maximum security bed capacity
  - Master plan for the design of neuropsychiatric healthcare delivery systems in the area served by each facility.
  - Comprehensive inpatient mental health plan required
  - HHSC must study the workforce at the 10 state hospitals and provider recommendations to reduce turnover and vacancy rates

Bottom line: Significant increase in state support for inpatient services
Medicaid Funding Highlights from SB 1

- Medicaid program must cut $426 million state dollars from 18-19 program.
- Deliberate low caseload and cost assumptions
- HB 21 in Special Session takes additional Medicaid funds from HHSC: $351 million GR for K-12 and another $212 million GR for TRS Care fixes.
  - Side note: new Medicaid managed care program to serve individuals with serious mental illness
- RESULT: at least a $1.5 billion GR Medicaid hole must be filled in the 2019 session -- possibly over $2 billion
ISSUE IN FOCUS: FOSTER CARE

- “The foster care system is currently experiencing an increase in the intensity of the mental health and medical needs of children entering care.” – Senate HHS Interim Report
- HHSC Rider 172: $2 million for a grant program to increase access to targeted case management and rehabilitative services for high needs children in foster care (not enough providers in managed care system to serve all high-needs kids)
New rider directs TDCJ to use $743,000 to extend prescriptions for released offenders to 30 days, requires emphasis on mental health and medical issues impacted by a lapse.

Rider adds $262,000 GR for the biennium to providing judicial training on indigent defendants and mental health.

Allocates $1 million (biennium) for Mental Health Peer Support Re-entry Pilot
Texas is home to nearly 1.7 million veterans.

11,413 reported veteran suicides from 2010 to 2013.

Nationally, 20 per day.

Veterans account for 18 percent of all suicide deaths among U.S. adults.
Existing Rider directing $5 million (each year of the biennium) to HHSC Veterans MH is amended to expand access to licensed mental health professionals for volunteer coordinators and peers.

Base bill includes an additional $20 million to continue Veterans and Family Grant Program (SB 55, 84th session) for FY18-19 biennium.
SB 27 requires HHSC to include training and technical assistance for peer service coordinators and licensed mental health professionals in the mental health program for veterans.

It is intended to increase access to mental health services, provide support to veterans in crisis, and decrease the overall cost associated with military-related traumas.

SB 27 establishes a trauma affected veterans clinical care and research center at The University of Texas Health Science Center at San Antonio.
**Issue in Focus: Unmet Need for Community-Based Services**

**Issue:**
Significant unmet need for community-based mental health services across Texas.
H.B. 13 encourages local stakeholders to create *locally driven solutions* to mental health challenges within their respective communities by providing for a *matching grant program* to support community mental health programs.

Opportunity for NAMI Texas and/or local NAMI affiliates?
ISSUE IN FOCUS: SHORTAGE OF MENTAL HEALTH PROFESSIONALS

Issue: Texas has a severe shortage of mental health professionals
SB 674 creates an expedited licensing process for out-of-state psychiatrists. It requires the Texas Medical Board to create an expedited licensing process for applicants who hold an unrestricted license to practice medicine issued in another state, are board certified in psychiatry, and meet other general eligibility requirements.
HB 3083 AND HB 3808 – STUDENT LOAN REPAYMENT FOR MENTAL HEALTH PROFESSIONALS – EFFECTIVE 9/1/17

- HB 3083: Adds Licensed Chemical Dependency Counselor’s to professionals eligible for Student Loan Repayment Assistance Program for Mental Health Professionals

- HB 3808: Adds Licensed Marriage and Family Therapists to professionals eligible for Student Loan Repayment Assistance Program for Mental Health Professionals.
HB 1486

-Requires HHSC to establish – with appropriate input – training requirements, certification requirements, supervision requirements, and scope of services for peer specialist.

-Requires HHSC to include peer services in Medicaid

-Rider 211 in HHSC budget: $3.6 million for HB 1486
PAIR CRIMINAL JUSTICE DIVERSION AND REENTRY STRATEGIES WITH ACCESS TO QUALITY CARE

POLICY PRIORITY
Issue

- Tens of thousands of people with serious mental illness are in county jails across Texas right now
- People are in jail for long periods of time waiting for access to a hospital bed
- Jail can be deeply counterproductive to recovery
SB 292 requires HHSC to establish a jail diversion grant program
- Eligible entities: county-based collaboratives
- County population less than 250,000: local match must be 50% of grant award
- County population more than 250,000: local match must be 100% of grant award
- 40% of funds reserved for counties less than 250,000 (but these counties can only apply for FY 2019, not 2018)

Goals:
- Reduce recidivism, arrests and incarceration of people with mental illness.
- Reduce waiting time for hospital bed
Considerations:

- High incarceration rates of individuals with mental illness – dangerous and counterproductive

- Race

- Law Enforcement Practices
SB 1849 – SANDRA BLAND ACT – SIGNED INTO LAW 6/15/17

SB 1849
- quicker notification of magistrate if incarcerated person may have a mental illness
- Healthy Community Collaboratives program – funds can be used for substance abuse treatment; can go to rural areas ($25 million)
- 24 hour mental health service access in jails through telemedicine
- Establishes prisoner safety fund
- Prescription medication continuity
- Jail administrator training
- 40 hour law enforcement mental health training
- 8 hour jailer mental health training
Issue: Medicaid benefits are often terminated when people are in county jails – this requires a person to reapply when they are released from jail, potentially causing a delay in treatment.
HB 337 provides a mechanism by which the Medicaid benefits of an individual confined in a county jail may be suspended, rather than terminated, and then reinstated within 48 hours of the individual's release as long as the individual remains eligible while confined in county jail.
Issue:

- Forensic waitlist
- This situation can result in a person having to wait in jail for competency restoration.
- Decreases availability of beds for civil patients.
- The state is being sued.
SB 1326:  
- authorizes counties to create jail-based competency restoration programs  
- requires jails to notify judges of mental illness within 12 hours rather than 72 hours  
- makes it easier to release on personal bond  
- restricts competency restoration for Class B misdemeanors  
- collects mental health data for Office of Court Administration
Issue: Law enforcement are the only entities authorized to provide emergency detention transport of a person with mental illness. This may not be the most appropriate form of transport, and it may draw a law enforcement officer away from their primary duty of protecting public safety.
SB 344 allows law enforcement to transfer emergency detention transport authority to EMS

Requires memorandum of understanding (MOU) between law enforcement and EMS; MOU must address cost

Requires that the transfer be safe for person and personnel
15–18 percent of police officers have symptoms of posttraumatic stress disorder.

- Police officers show significantly higher rates of stress, alcoholism, and divorce than most other occupations.

- They are more likely to die by suicide than in the line of duty.
HB 1794 requires HHSC to establish the Work Group on Mental Health Access for First Responders to develop and make recommendations for improving access to mental health care services for first responders.
creating a peace officer mental health grant program in the criminal justice division of the governor's office.

grant program for law enforcement mental health and critical incident stress debriefing

Both won’t cost the state – all federal funds
This bill makes PTSD resulting from employment a compensable worker’s compensation claim for firefighters and peace officers.
ENSURE MENTAL HEALTH PARITY: Having mental health parity means that health insurance companies cover mental health in a way that is comparable to other health conditions.

POLICY PRIORITY
ISSUE IN FOCUS: INSURANCE DENIALS

- 2015 NAMI parity report finds the insurance companies deny medical care for mental health conditions on the basis of medical necessity twice as often as they deny other medical care on the basis of medical necessity.

- 2016 NAMI parity report people with insurance had more difficulty locating in-network providers and facilities for mental health care compared to general or specialty medical care.

- Complex policy and regulatory landscape – limited state authority.
HB 10 – MENTAL HEALTH PARITY – EFFECTIVE 9/1/17

- Expanding authority for the Texas Department of Insurance (TDI) to regulate and enforce the requirements of the existing parity law and regulations, so that all consumers with state-regulated health insurance can be assisted by TDI.

- Improving consumer assistance to Texans who encounter obstacles when trying to access MH/SUD services, including consumers who encounter mental health parity violations

- Fostering stakeholder dialog about mental health parity and cross-agency collaboration using a stakeholder workgroup.

- Collecting data to help understand consumer’s current experience with parity protections and identify any areas of concern.
EXPAND THE AVAILABILITY OF SAFE PERMANENT SUPPORTIVE HOUSING

POLICY PRIORITY
ISSUE IN FOCUS: HOUSING AND MENTAL ILLNESS

- At least 1 in 4 people experiencing homelessness are living with a mental health issue
- Over 60% of people who are chronically homeless have a long-term mental health issue
- Supportive housing is proven to interrupt the cycle
- Boarding homes in Texas remain largely unregulated
Healthy Community Collaboratives / DSHS Rental Assistance Program

Healthy Community Collaboratives

- Existing program bridging public and private sectors together to provide services to persons experiencing homelessness and mental illness.
- Funded at $25 million in FY 2018-19, with $10 million set aside for rural areas.
- SB 1849 opens us availability to counties with less than 100,000 people to band together and apply for funds.

DSHS Rental Assistance Program

- Rental assistance program for individuals at LMHAs who are homeless or at risk of homelessness.
- Funded at roughly $5 million per year in recent times.
- The jury is still out on what, if anything, this program looks like in FY 2018-19.
Provides that a person commits an offense if the person is an owner, operator, or employee of a group home or certain facilities and the person intentionally, knowingly, recklessly, or with criminal negligence by omission causes to a certain individual who is a resident of that group home or facility serious bodily injury, serious mental deficiency, impairment, or injury, or bodily injury.

Offense can be first or second degree felony
MAINTAIN MEDICATION ACCESS AND CONTINUITY ACROSS TREATMENT SYSTEMS

POLICY PRIORITY
HB 1917 – SINGLE MEDICAID FORMULARY – EFFECTIVE 6/15/17

- If HB 1917 not passed, state loses ability to set own Medicaid formulary: control goes to Managed Care Organizations (companies)
- Patient protections lost if HB 1917 not passed
- Potential loss of access to Prescription Assistance Program funds if HB 1917 not passed
- Medication access disrupted if not passed
- HB 1917 maintains Vendor Drug Program
Step therapy protocols, also known as “fail first” requirements, are used by insurance companies to review the use of prescription drugs and control costs. A patient may be required to try, then fail on lower-cost or older drugs selected by their insurance company before coverage is granted for the drug prescribed by the patient’s health care provider.
Ensure step therapy protocols are based on widely-accepted clinical guidelines so that medicine – not cost - dictate requirements.

Create a clear process to protect patients from being required to try or stay on a step therapy medication if it would be harmful.

Protect stable patients from step therapy at contract renewal.

Prohibit insurers from requiring patients to fail on a prescribed medication more than once, even if the patient switches to a different health insurance company.
SUPPORT CHILD AND YOUNG ADULT MENTAL HEALTH

POLICY PRIORITY
ISSUE IN FOCUS: CHILDREN AND YOUTH MENTAL HEALTH

- Half of all mental health conditions begin by age 14.
- Suicide is the 2nd leading cause of death among adolescents.
- Nationally, an estimated $257 billion is spent annually on childhood mental disorders.
- Children with mental health disorders more often have a range of negative outcomes.
Annual mental health screenings help ensure mental health conditions do not fly under the radar.

Currently, Medicaid requires a mental health screening to be performed once during the 12 through 18 year range. However, Medicaid will not reimburse for more than one such screening over those six years.

This optional annual mental health screening in HB 1600 can help reduce the long-term detrimental personal and financial outcomes that can result when mental illness goes undetected or untreated.
Maternal depression affects 1 in 6 Texas moms and can begin during pregnancy or up to a year after childbirth. Studies show that maternal depression goes largely undetected.

Maternal depression can have devastating effects on a child’s health, development, and school success.

It can interfere with early bonding and maternal-child interaction, leading to delayed language and cognitive development.
Promotes increased screening for postpartum depression by creating a postpartum depression screening benefit for the mothers of current CHIP and Medicaid enrollees.

Screening would occur before the enrollee's first birthday.

Requires HHSC to seek federal 21st Century Cures funds for postpartum treatment.
ISSUE IN FOCUS: KINSHIP CARE

- Children who are removed from the home of their birth parents and placed with a relative tend to have more stability and permanency than those who enter the foster care system.

- Approximately 300,000 grandparents in Texas have the primary responsibility of caring for their grandchildren.

- Grandparents caring for their grandchildren have higher levels of emotional distress and indicated needs for more financial and emotional support.
HB 4 – KINSHIP CAREGIVER SUPPORT – SIGNED INTO LAW 5/31/17

- Requires caregiver assistance to be based on family’s individual need
- Financial assistance for those up to 300% of Federal Poverty Line
- Financial assistance no more than 50% of foster care rate – no longer meager one-time payment
- Eliminates $1000 cap on assistance
Children in foster care can be voluntarily admitted to an inpatient mental health facility only with the child’s consent.

It has become common practice for children in foster care to be admitted to inpatient mental health facilities “voluntarily” following placement breakdowns and to be left there longer than medically necessary when DFPS cannot find alternative placement.

Hospitals were not designed to be respite care for children with behavioral issues until CPS can find an appropriate placement.
HB 7 – HOSPITALIZATION OF CHILDREN IN FOSTER CARE – SIGNED INTO LAW 5/31/17

- eliminates the option for children in foster care to be admitted purely on the basis of their consent
- allows admission by DFPS only if child meets criteria
- requires DFPS to provide notification to all relevant parties of the minor’s admission within 3 business days
- requires DFPS to periodically review the need for continued inpatient treatment of the minor.
Texas Education Agency policy set an 8.5 percent performance target for the total number of children receiving special education services in a school district. The policy effectively serves as a cap, drastically lowering the number of students receiving special education services. Student with mental illness are one of the top groups affected.
Prohibits TEA from adopting a policy evaluating school districts based on the total number of students in that district receiving special education services.

TEA is not impaired in its ability to monitor racial disproportionality.

Helps address concerns about IDEA compliance.
NAMI TX put together a presentation on special education reforms made in the 85th legislative session. We presented it on July 11th. Please let us know if you would like more information.
ISSUE IN FOCUS: MENTAL HEALTH IN SCHOOLS

- One in five students has a diagnosable mental disorder.
- Traumatic experiences can impact student learning and behavior.
- Students perform better at school when they are mentally healthy and feel safe and supported in their school environment.
List of evidence based MH practices for schools

Requires that the list include programs and practices in certain previously unaddressed areas,

Requires the suicide prevention programs on the list to include components that provide for training counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers.
ISSUE IN FOCUS: MEDICAID SERVICES FOR CHILDREN WITH MENTAL ILLNESS

- Core Medicaid MH services for children continue to be delivered almost entirely through Local Mental Health Authorities.

- This is serving a barrier to these vital services reaching children.

- Medicaid managed care companies need additional authority to contract with a range of providers.
SB 74 – MORE CONTRACT OPTIONS FOR CHILDREN’S MENTAL HEALTH SERVICES – 6/9/17

- Authorizes MCOs to contract with providers outside of LMHAs for these children’s mental health services
- Prohibits contracts that require providers to provide 24 hour crisis hotlines
Too few public institutions of higher education have complied with the requirement to create a web page dedicated to information regarding available mental health resources.

Requires reporting to the Higher Education Coordinating Board

Requires that the link to mental health resources be placed on in a conspicuous place on the school’s homepage.
SB 1533 – MENTAL HEALTH FIRST AID FOR UNIVERSITY EMPLOYEES – EFFECTIVE 5/19/17

- State’s Mental Health First Aid program (a grant program) not available to university employees.

- Expand eligibility of program to university employees (currently it’s for high schools, middle schools, elementary schools employees)

- Allows local mental health authorities to contract with agencies to provide training to university employees
STRENGTHEN SUICIDE PREVENTION AND PUBLIC SAFETY POLICIES

POLICY PRIORITY
S.B. 578 attempts to address veterans suicide by developing a comprehensive action plan to increase access to services.

S.B. 578 requires specific short-term and long-term recommendations on policy initiatives and reforms necessary to implement the action plan.
Redefines ‘bullying’ and define ‘cyberbullying’

Authorizes each school district to establish a policy to assist in the prevention and mediation of bullying incidents

Authorizes a student who bullies to be removed from class and placed in a disciplinary alternative education program or expelled under certain circumstances

Adds reporting to local law enforcement of certain conduct constituting assault or harassment.
SB 179 – CYBERBULLYING PREVENTION

- Authorizes continuing education requirements for classroom teachers and principals to include instruction the impact of grief and trauma.
- Requires TEA and HHSC to establish and maintain a website to provide resources for schools regarding working with students with mental health conditions.
- Requires the school counselor to serve as an impartial, nonreporting resource for conflicts involving two or more students.
- Allows lawsuits to be filed over cyberbullying.
- Cyberbullying that has serious consequences - Class A Misdemeanor.
requires that a hospital provide the patient with the opportunity to designate a caregiver to receive information for aftercare purposes.
GOOD BILLS THAT DIDN’T PASS (OF MANY)

- HB 11 - Mental health in schools
- HB 122 - “Raise the age”
- SB 860 - strengthen mental health insurance coverage requirements
- HB 2335 - trauma-training for child welfare caseworkers
- HB 73 - overdose prevention policy
- HB 2135 - postpartum depression coverage
- HB 3353 - family partner services
- HB 2882 - non-medical switching
- HB 631 - firearm safety and suicide prevention
- HB 866 - lethal violence protective order
- HB 3080 - capital punishment / SMI
- etc.
- Early psychosis, housing, services for children and youth, peer support, Medicaid Managed Care, child welfare, juvenile justice, telemedicine, criminal justice, medication access
Flip Chart Activity: Next Platform Opportunities
“Our lives begin to end the day we become silent about things that matter.”

-Martin Luther King, Jr.