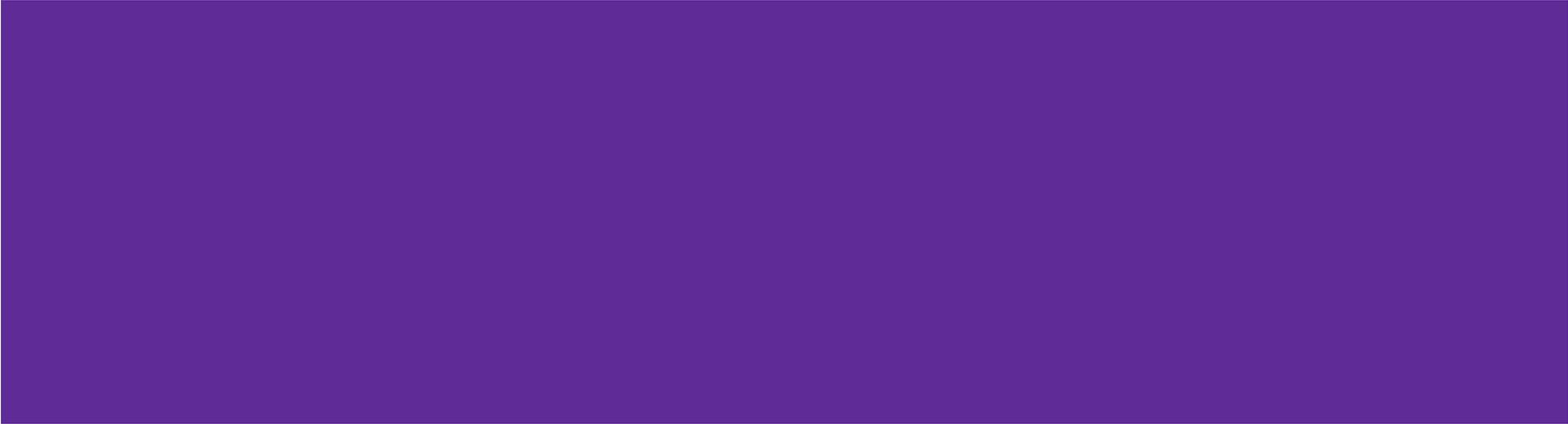


NAMI Texas' Recommendations for HHSC Legislative Budget Board: Youth and Families

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Introduction

NAMI Texas is a nonprofit 501(c)3 organization founded by volunteers in 1984. We are part of the nation's largest grassroots mental health organizations and we exist to help improve the quality of life for individuals with mental illness and their families. Around the state, we have 30 local NAMI affiliate organizations and approximately 2,000 members.

Youth Mental Health

NAMI Texas believes in the importance of funding mental health care and providing services at the onset of mental health issues to ensure student success.

- ❖ One-fifth of youth ages 13-18 live with a mental health condition.
- ❖ 70% of youth in state and local juvenile justice systems have a mental health condition.
- ❖ 37% of students with a mental health condition age 14 and older drop out of school.
- ❖ In 2017, 34.2% of high school students surveyed in Texas had experienced persistent feelings of sadness or hopelessness for two weeks or longer in the past year.
- ❖ 12.3% of Texas students reported having attempted suicide in the past year, which is almost twice the national average.

Exceptional Item 11 - **SUPPORT** - Enhance Mental Health Capacity Community Mental Health Services (MHS) for Children

- *expand outpatient treatment capacity to maintain current service levels*
 - *significantly reduce the likelihood of community mental health wait lists.*

- *enhance per capita funding for LMHAs with rates below the statewide average*

Categories	National	Texas
Youth with Severe Major Depressive Episode (MDE)	8.2%	7.6%
Youth with MDE who Did Not Receive Mental Health Services	63.0%	69.5%
Youth with Severe MDE who Received Some Consistent Treatment	23.4%	18.9%
Mental Health Workforce Availability Rate	536:1	1070:1

Exceptional Item 20 - **SUPPORT** - SBHCC: Ensure Access to Residential Treatment Center Beds for Children

- *increase the number of funded beds in private residential treatment centers (RTC) to 50 slots total,*
 - *helping to address the current waiting list of 35 youth.*
- *Increase funding for existing 40 beds with recently updated DFPS rates*
- Critical to keep children and youth who need intensive mental health services out of CPS custody when possible.
 - Traumatizing for parents and children
 - Parents lose parental rights
 - Overburdens CPS system
 - Family is separated
- The RTC Relinquishment Avoidance Project:
 - Prevents child and parent legal separation.
 - Helps the child learn how to manage symptoms of mental illness.
 - Helps the family learn skills for healthier relationships.
 - Provides a safe place for the child to learn how to positively express emotions and live with others.

Exceptional Item 22 - **SUPPORT** - SBHCC: Maintain and Expand IDD Crisis Continuum of Care

- *Maintains or expands three services*
 - *enhanced community coordination (ECC) and transition support teams (TST) currently funded through federal Money Follows the Person Demonstration (MFPD)*
 - *expand existing crisis intervention and respite services designed to identify individuals who are high-risk and offer supports and services to both prevent and intervene in crises.*
 - *establish new IDD community outpatient mental health services at LIDDAs to provide integrated physical and behavioral health services for people with IDD, preventing crisis situations.*
- Children with co-occurring IDD and behavioral health issues need specialized outpatient mental health services to avoid a crisis and achieve positive outcomes.
 - About one third of children with an IDD will experience a persistent mental illness.
 - Only 1 in 10 children and adolescents nationwide with co-occurring mental disorders receive specialized mental health services.
 - Traditional mental health assessment tools and treatment modalities do not adequately identify mental illness for this population.

Exceptional Item 32 - **SUPPORT** - Increase Availability of Child Advocacy Services Throughout the State for CASA and CACs

- *Fund Texas CASA to serve more children entering the foster care system.*
- *maintain levels of funding to keep local CACs whole,*
 - *increase direct services to abused children,*
 - *expand capacity to facilitate collaborative joint investigations of critical child sexual and physical abuse cases,*
 - *strengthen the ability to facilitate joint investigations using real-time notifications of abuse from the DFPS Statewide Intake system.*
- Youth aging out of foster care are 2-4 times more likely to have experienced a mental health disorder.
- Youth in foster care have fewer stable adults supports in their lives.
 - In 2016, 60 percent of children and youth in foster care were placed outside their county of origin.
 - Youth aging out of foster care in Texas average nine placements during their time in CPS conservatorship.
- Youth with CASA volunteers see better outcomes.
 - More consistent contact with an adult
 - Greater placement stability
 - Better school performance
 - Stronger emotional and interpersonal skills

Exceptional Item 49 - **SUPPORT** - Pediatric Telemedicine Grant Program for Rural Texas

- *Administer the grant program*
 - *implement a telemedicine program with a pediatric tele-specialty provider.*
 - *House Bill 1697 (85R) directed HHSC to implement a pediatric health tele-connectivity grant program for rural Texas.*
 - *HHSC is prohibited from using state funds to administer the program, unless a specific appropriation is made.*
- *Children in rural areas are less likely to have access to mental health care.*
 - *Rural areas are less likely to have mental health care providers than urban areas, and rural Texans travel further for health services.*
 - *The ratio of children to child psychiatrists in Texas is six times higher than recommended by the American Academy of Child and Adolescent Psychiatry.*
 - *Increasing access to health care through pediatric telemedicine can also improve access to child mental health services.*
 - *Telemedicine and telehealth services are proven to be effective in treating mental health issues in children and adolescents in rural areas.*

Recommended Addition: School Mental Health and Suicide Prevention

- *HHSC should receive funding for initiatives to develop school mental health and suicide prevention best practice strategies for youth and other populations at risk.*
- *NAMI Programming*
 - *Ending the Silence/Parents and Teachers as Allies*
 - *Education for families on reducing stigma and seeking help for mental health issues.*
- *Suicide Safer Schools*
 - *Developed by Texas Suicide Prevention Council*
 - *Provides school districts with model to develop a systematic approach to suicide prevention, intervention, and postvention care.*
 - *Key components include a culture of safety, model suicide safe school policies, well trained staff and students, treatment pathways to care, assessment for those at-risk, caregiver resources, and support for student re-entry.*
- *Texas does not have adequate mental health professional staffing in schools, with:*
 - *almost twice the recommended ratio of counselors to students in schools.*
 - *Over four times the recommended number of psychologists.*
 - *Only 700 school social workers in the state.*
- *No system to ensure school districts are actually training teachers and other personnel in suicide prevention.*
- *Success Story: Boerne Independent School District decreased suicide rate from almost one a year to zero since 2015 by utilizing suicide-related best practice models.*

Exceptional Item 34 - **SUPPORT** - Enhance Services for the Family Violence Program

- *enhance services for Family Violence Program, including additional services around*
 - *Legal issues*
 - *mental health conditions*
 - *economic stability*
 - *serving additional clients.*
- Individuals experiencing mental illness are significantly more likely to be the victim of family violence than the general population.
 - Individuals with bipolar disorder are eight times more likely to be a victim of partner violence than people with no mental health disorders.
- Individuals who have experienced family violence are at a greater risk of developing a behavioral health disorder, including post-traumatic stress disorder or a substance use disorder.
- Behavioral health disorders from trauma respond well to treatment, but early intervention is key.
- Survivors may have fewer resources to pay for behavioral health resources, so incorporating support into the Family Violence Program is key to recovery.

Exceptional Item 37 - **SUPPORT** - Maintain Service Levels for Mental Health Grant Programs

- *maintain fiscal year 2019 funding and service levels for the Community Mental Health Grant Program and the Mental Health Grant Program for Justice-Involved Individuals*
- *support community mental health programs for individuals experiencing mental illness and reduce recidivism rates, arrests, incarceration, and wait times for forensic commitments.”*
- Provides flexibility for local communities to address own unique needs.
- Addresses any gaps in the Statewide Behavioral Health Strategic plan.
- Allows communities to explore and implement best practices in mental health services.
- Utilizes existing community resources.
- Requirements around HB 13 (85R) to subsidize and incentivize participation by rural communities addresses existing mental health disparities by area.
- Prevents and diverts individuals experiencing mental health issues from incarceration or forensic commitment.
- Can be utilized to address mental health needs of children and youth as well as adults.

Recommended Addition: Increase funding opportunities for Certified Family Partners (CFPs)

- *HHSC should increase funding for Certified Family Partner programming for Local Mental Health Authorities.*
- *A certified family partner is a parent or guardian with lived experience raising a child with mental, emotional, or behavioral health challenges and who has at least one year navigating a child serving system who uses their experience to educate, role model, and promote hope in recovery for other families.*
- Family support is critical in the recovery process for those with a mental health disorder, but families may struggle to understand the process of accessing care for their child.
- HHSC requires family partner services be offered to at least 10% of families seen by community mental health centers.
- The overall proportion of families receiving family partner services across all LMHAs has declined from 28.1% in FY2015, to 26.6% in FY2016, to 23.3% in FY2017.
- Families have limited access to CFPs due to workforce shortages and funding.
 - 77% of families served by program received 5 or fewer sessions
 - 32.4% of families served by program only received one session with.

Recommended Addition: Medicaid Extension

- *HHSC should include extensive and comprehensive coverage of behavioral health disorders for low-income new mothers, including an extension of Medicaid coverage for low-income women from two months postpartum to one year postpartum.*
- *The Maternal Mortality and Morbidity Task Force recommended extended coverage:*
 - *Maternal deaths in Texas connected to mental health or substance use disorders mostly occurred after 60 days postpartum*
 - *after the majority of these women may have lost their Medicaid coverage.*

Lack of behavioral health care coverage can be lethal for new mothers.

- In 2012, 68.5% of maternal deaths were to women enrolled in Medicaid at the time of delivery.
- 37% of low-income mothers with young children who experience a major depressive disorder do not receive any kind of mental health treatment.
- Almost 9% of maternal deaths in Texas were due to suicide, and 85% of these deaths occurred more than 60 days postpartum.
- Drug overdose accounted for 17% of all maternal deaths in Texas, and almost 80% of these deaths that occurred more than 60 days postpartum.

Conclusion

Texas has strong mental health programming in place, but maintaining and increasing mental health services for children, youth, and families across the state is critical to continuing to improve mental health and wellness in Texas.

Texas should provide robust funding for mental health services in the traditional settings of LMHAs and Medicaid services. Texas should also integrate and expand service in schools, child and family serving agencies, and with special populations whose needs have been overlooked for far too long.