



Public Policy Platform

2019-2020



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Public Policy Platform

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Enhancing the lives of Texans affected by mental illness.
A grassroots network providing support, education and advocacy.

NAMI Texas Mission, Vision, and History

NAMI Texas Mission Statement

NAMI Texas is dedicated to improving the quality of life of all individuals living with mental illness and their families.

Our Vision

The vision of NAMI Texas is to ensure acceptance of and treatment for all those with mental illness to facilitate recovery.

While retaining our grassroots values, NAMI Texas will:

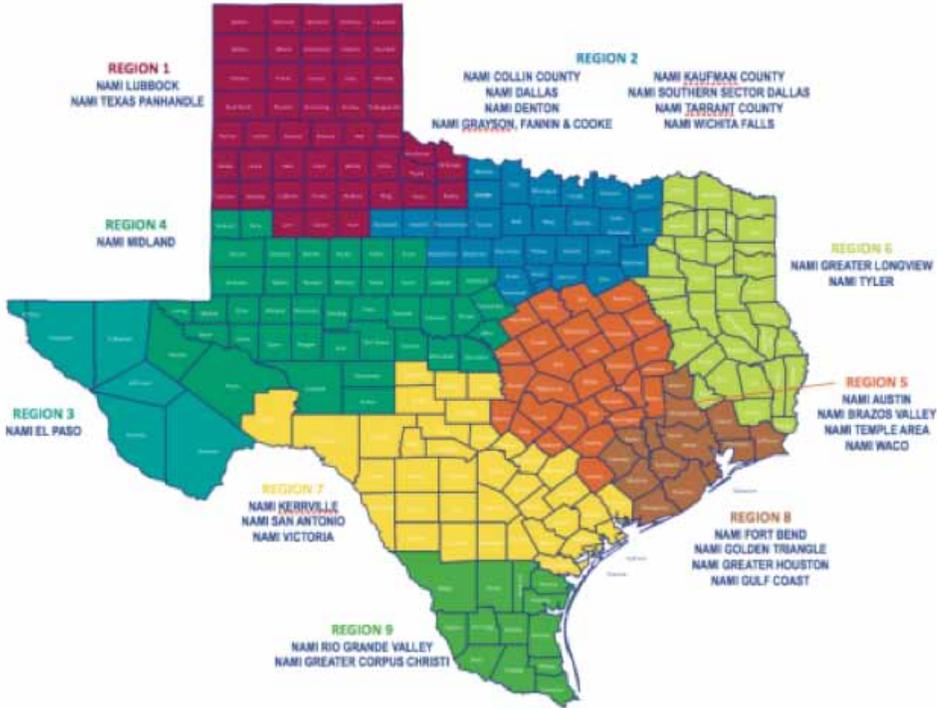
- become the most effective provider of support and educational opportunities reaching all persons in the state;
- dramatically grow the membership;
- eliminate the stigma of mental illness; and
- lead the way with successful advocacy efforts.

History

The National Alliance on Mental Illness of Texas (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. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy.

NAMI Texas offers a variety of education and support programs addressing the mental health needs of Texans and designed for individuals living with mental illness, family members, friends, professionals, other stakeholders, and the community at large. NAMI Texas works to inform the public about mental illness by distributing information about mental illness through every means of communication. Interviews are produced on television, stories are featured in newspapers, brochures are produced and distributed, referrals are provided and newsletters and other publications are utilized.

NAMI Texas affiliates deliver free education, support, and advocacy services for individuals with mental illness and their families in 27 areas of the state!



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Public Policy Platform

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Executive Summary of the Platform

In 2019-2020, NAMI Texas advocates for the growth and improvement of mental health care in Texas by strengthening the continuum of care. This includes improving system capacity for youth and adults, investing in prevention and education on mental health issues, ensuring insurance coverage for necessary mental health care, integrating mental health services into a variety of settings, and promoting innovative strategies to treating mental health disorders.

NAMI Texas supports improving the mental health system by maintaining the Community Mental Health Matching Grant Program, as well as increasing investment in outpatient services, alternatives to inpatient, and inpatient services.

Texas should also improve its mental health system by developing strategies to reduce the mental health workforce shortage and investing in innovative resources such as NAMI education and support programming and Clubhouses.

NAMI Texas supports investing in mental health interventions early in a person's life in order to prevent long-term disability and facilitate recovery.

Texas should treat children and youth with mental health issues early by investing in mental health treatment programs, strengthening family supports, and educating both the youth and their support networks on mental health conditions. This may include the creation of a Child Psychiatry Access Program to increase treatment options for children and youth, Medicaid billing for Certified Family Partners, and training and education of youth, families, and teachers through programs such as NAMI's Ending the Silence. Texas should also invest in appropriate and individualized mental health treatment along the spectrum of needs for youth in foster care.

NAMI Texas supports integrating effective mental health services into a variety of settings, including diverse specialized settings to reach people who may not otherwise seek out mental health services.

Texas should expand the Collaborative Care Model as a means to integrate mental health providers into primary care settings, and integrate mental health services into substance use disorder treatment settings. Finally, Texas should invest in specialized mental health treatments and supports for vulnerable populations, including individuals with early psychosis, individuals with intellectual and developmental disabilities, veterans, older Texans, pregnant women and new mothers, or individuals with a history of incarceration or long-term hospitalization.

NAMI Texas supports strengthening and increasing health care coverage, more Texans will receive the mental health services they need. Texas should guarantee adequate coverage in Medicaid and CHIP for the state's most vulnerable populations by providing appropriate funding, ensuring proper oversight, and improving support services for enrollees and providers. Texas has the highest uninsured rate in the nation and should reduce this coverage gap by opening up Medicaid eligibility to low-income adults. Health insurance should also include robust coverage for mental health services as well as continuity of coverage and oversight for medication.

NAMI Texas supports alternatives to incarceration and preventing recidivism, including adequate mental health treatment. Texas should continue investing in trauma-informed diversion, treatment, and re-entry programming for both the juvenile and adult justice systems, including utilizing more peer support services and an expansion of the Mental Health Grant Program for Justice-Involved Individuals. Within criminal justice facilities, Texas should ensure individuals have adequate access to mental health care and that institutional practices do not traumatize or exacerbate mental health issues. Finally, Texas should exempt individuals who were experiencing severe mental illness at the time of an offense from receiving capital punishment.

NAMI Texas supports access to appropriate housing and employment services in order to facilitate recovery. To address the shortage of appropriate supportive housing for individuals living with mental illness, Texas should invest in small group homes for severe mental illness similar to homes for individuals with intellectual and developmental disabilities, increase funding for rental and utility assistance, and fund public-private partnerships such as the state's Healthy Communities Collaboratives program. To increase opportunities for employment amongst individuals with mental illness, Texas can utilize mental health recovery and living skill resource centers such as Clubhouses, hire more vocational rehabilitation counselors who specialize in mental illness, and develop strategies to improve mental health supported employment.

NAMI Texas supports state efforts towards suicide prevention, intervention, and postvention, as well as public safety initiatives in order to save lives. Texas should address its high suicide rate by implementing Suicide Safer Schools into local school districts across the state and by strengthening suicide prevention training requirements for educators and mental health professionals. To remove deadly means, Texas should implement an extreme risk protective order to prevent those at risk of harming themselves or others from accessing a firearm during a time of crisis. Additionally, Texas should establish an alert system for adults with serious mental illness who go missing and whose disappearance poses a credible risk of harm.

NAMI Texas supports integrating an individual's family support system into the conversation on mental health recovery, especially in cases of individuals living with severe mental illness who may have intensive needs. Texas should empower families to stay involved with the treatment and recovery process by aligning mental health information disclosure laws with HIPAA federal laws and reducing barriers to accessing information.

NAMI Texas supports addressing the causes of mental illness and not exclusively the consequences. Texas should prevent and address trauma by implementing trauma-informed care and practice in all institutional settings, especially those whose participants are at a higher risk of having experienced trauma, in order to reduce the physical and psychological negative impacts of traumatic events. This should include trauma-informed education on healthy relationships and consent for youth and mental health resources for survivors of interpersonal violence. Texas should invest in the mental health of families by providing adequate resources for perinatal mood and anxiety disorders for low-income pregnant women and mothers. Texas should also examine and reduce mental health disparities caused by poverty, the physical environment, discrimination, or other forms of social inequity by investing in public health best practices and ensuring all Texans have the basic resources they need to succeed.

Texas
still ranks
49th
in access
to mental
health care.¹

Mental Health System Capacity, Workforce, and Continuum of Care

The mental health system does not have the capacity to meet the full range of needs. Funding and capacity are failing to keep up with population growth and other added demands. While considerable investments and improvements had been made in recent sessions, severe ongoing issues—such as waitlists, workforce shortages, and gaps in the continuum of care—remain. The state should prioritize opportunities to expand access to care, address gaps in the continuum of care, reduce the mental health workforce shortage, and invest in innovative programs.

Address gaps in Statewide Behavioral Health Strategic Plan by re-affirming Community Mental Health Matching Grant Program, as well as by increasing investment in outpatient services, alternatives to inpatient, and inpatient services

In the last three legislative sessions, Texas has prioritized state funding for mental health services. The results of these investments have been profound: enhanced services and considerable waitlist reductions at community centers, increased capacity in crisis stabilization and other alternatives to inpatient, and impressive efforts to transform the inpatient care system through increased funding and coordinated planning. However, Texas still ranks 49th in access to mental health care¹ due to waitlists and underserved clients at community centers, hundreds of people waiting in jail for access to inpatient care, criminal justice involvement, homelessness, school failure, etc. As demand for services increases due to a growing state population, Hurricane Harvey, and other issues, we must continue to focus on coordinating services across state government, addressing gaps in the continuum of care, building capacity through increased investment

in outpatient services, alternatives to inpatient, and inpatient care. Texas should approve HHSC Exceptional Items 7, 8, 11, 27, and 37 to strengthen mental health infrastructure in the state.

Address mental health workforce shortages

Without an appropriate supply of mental health professionals, Texas will not be able to meet the growing demand for mental health care. Over 3 million Texans live in counties without a psychiatrist, and the vast majority of counties in the state both have no psychiatrists and are considered Shortage Areas.² Texas ranks 50th in mental health workforce availability.³ Texas should address this complicated problem by enhancing mental health professional loan repayment funding, providing expedited licensing for out-of-state mental health professionals, increasing support for Graduate Medical Education, investing in peer services on a broader scale, and allowing mental health care professionals to practice to the full extent of their licensure. Texas should approve HHSC Exceptional Item 16 to increase pay for frontline staff in state mental health facilities.

Invest in NAMI Education and Support Programs

NAMI programs and services are important resources for individuals with mental illness and their family members across Texas. These services offer education, provide support, and promote recovery, without cost to participants delivered by individuals with mental illness or their families. Texas should increase funding for NAMI programs to help address various gaps in the Statewide Behavioral Health Strategic Plan and serve as a critical piece in the continuum of care.

Invest in mental health Clubhouses

Clubhouses are community-based centers for people living with mental illness that provide resources for continuing education and skill-building, finding employment and housing, and provide opportunities for socializing. Clubhouse members are more likely to have strong social support networks and experience more time between recidivism and re-hospitalization than people with mental illness in other intervention programs.⁴ Texas has funded Clubhouses in the two most recent biennia, and over that time, the number of Clubhouse groups in the state has increased from 4 to over 18. With the increased demand for these highly-effective services, Texas should increase its investment to \$5 million and ensure that funds be available for both start-up and existing Clubhouses.⁵

OVER
3 MILLION
TEXANS

live in counties without a psychiatrist, and the vast majority of counties in the state both have no psychiatrists and are considered Shortage Areas.²

Youth who have psychiatric needs in Texas often do not have access to a psychiatrist or other mental health professional.

Child and Youth Mental Health

Half of mental health conditions begin by the age of 14 and 75% begin by the age of 24, but these issues often go undetected and untreated until they reach a crisis point.⁵ Texas should ensure that effective mental health intervention, support, and promotion strategies are readily available throughout the school system and other child/youth-serving agencies.

Expand access to psychiatry for youth

The ratio of children to child psychiatrists in Texas is six times higher than what is recommended by the American Academy of Child and Adolescent Psychiatry.⁶ Youth who have psychiatric needs in Texas often do not have access to a psychiatrist or other mental health professional. Texas should create a Child Psychiatric Access Program to integrate necessary psychiatric services into pediatric primary care settings through telehealth services and education for pediatricians on mental health care. Texas should also approve HHSC Exceptional Item 49 to fund the Pediatric Telemedicine Grant Program for Rural Texas.

Provide funding for Certified Family Partners

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. A Certified Family Partner (CFP) 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. The CFP uses their experience to educate, role model, and promote hope in recovery for other families. Texas should offer Medicaid reimbursement for CFPs or provide funding to Local Mental Health Authorities for CFP so that the service can be expanded to those most in need.

Youth in foster care are up to

4X

more likely to have a mental health disorder than youth outside the foster care system and are more likely to have a substance use disorder by the time they reach young adulthood.⁷

Increase capacity of school mental health professionals

Schools can serve a critical role in identifying and treating early mental health issues in children, but many schools do not have the resources they need to succeed. Texas should increase the number of social workers and counselors working in schools to meet the needs of students, strengthen mental health and trauma-informed practice education for teachers, and build capacity at the state government or higher education levels to disseminate best practices and provide technical assistance, including but not limited to Positive Behavioral Intervention and Supports, Social-Emotional Learning, Mental Health First Aid, NAMI Parents and Teachers as Allies, and NAMI Ending the Silence for School Staff. Texas should approve Texas Education Agency (TEA) Exceptional Item 1 to enhance mental health services and education in schools.

Expand mental health education for students and parents

Recognizing the signs of mental illness should not be limited to mental health or educational professionals. Students and parents must be empowered with information on mental health disorders and how to seek treatment. Mental health education should be required throughout the K-12 health and science curriculum. Additionally, funding should be provided for NAMI Ending the Silence for Students. Texas should also provide funding for parents to receive education on mental health issues in school, clinic, and other community settings, including funding for NAMI's Ending the Silence for Families program.

Invest in mental health services for foster youth across the age spectrum

Youth in foster care are up to four times more likely to have a mental health disorder than youth outside the foster care system and are more likely to have a substance use disorder by the time they reach young adulthood.⁷ Texas should approve DFPS Exceptional Item 8 to fund prevention and early childhood intervention supports for both parents and children. Texas should also ensure youth and children who are in foster care or aging out receive appropriate and individualized treatment along the spectrum of needs by approving DFPS Exceptional Item 5 to fund Preparation for Adult Living staff and Supervised Independent Living programming and supports.

Approximately
3,000
new cases of early
psychosis occur in
Texas every year
among people from
ages 15 to 34.⁸

Integration of Care, Innovative Mental Health Care Projects, and Specialty Populations

The mental health care system and other systems are historically separate from one another, causing certain health needs of individuals with mental illness to go unaddressed. The mental health care system and other systems should both be equipped to address mental health and other health care needs.

Invest in Coordinated Specialty Care Programming

Approximately 3,000 new cases of early psychosis occur in Texas every year among people from ages 15 to 34.⁸ Texas should expand Coordinated Specialty Care programming for early psychosis, which is proven to improve quality of life, provide a pathway to recovery, support independence, and engage families. The programming provides young people experiencing early psychosis with a team of specialists who work with them to develop a personal treatment plan, including case management services, psychotherapy, family education, and medication management.⁹ Texas should approve HHSC Exceptional Item 19 to fund Coordinated Specialty Care programming for First Episode Psychosis.

Integrate mental health services into primary care systems

The primary care setting is often the first place where individuals with mental illness go for help or are identified. Adults with serious mental illness have higher rates of other chronic illnesses than the general population.¹⁰ Primary care settings can implement a holistic approach to an individual's wellbeing by utilizing Collaborative Care Model teams that include mental health professionals. Collaborative treatment planning can ensure an individual's mental health and other health needs are effectively being addressed. Texas should prioritize integrated health care programs, including turning on a Medicaid

billing code for the Collaborative Care Model and incorporating integration as a value-based care outcome metric or incentive strategy in Medicaid Managed Care.

Increase services for co-occurring mental health and substance use disorders

Half of adults nationwide who experience a substance use disorder have a co-occurring mental illness.¹¹ Youth who have mental illness are at high risk of developing a substance use disorder, especially if they have experienced trauma.¹² Treatment facilities for substance use disorders commonly do not address the untreated mental health issues that may have led to self-medication.¹³ Texas should incentivize the integration of mental health and substance use treatment services and address the waitlist for Co-Occurring Psychiatric and Substance Use Disorder (COPSD) Services. The state should invest in prevention and treatment of co-occurring substance use disorders for a variety of youth populations. Texas should approve HHSC Exceptional Item 21: Substance Use Disorder Treatment.

Continue innovative mental health care projects established through 1115 Waiver

The 1115 Waiver DSRIP projects have been instrumental in transforming healthcare delivery systems, improving health, and lowering costs. Local Mental Health Authorities are the most common type of DSRIP provider and roughly one third of DSRIP projects have a mental health and/or substance use disorder focus.¹⁴ Per the most recent renewal of the 1115 Waiver, federal funds for DSRIP projects are set to expire in 2021.¹⁵ These projects have been very effective in treating mental illness for individuals who would otherwise not have access to care. Texas should develop strategies to continue effective DSRIP projects.

Address mental health disparities for specialty populations

People with intellectual/developmental or non-mental health disabilities, women with perinatal mood and anxiety disorders, people with a history of incarceration or long-term hospitalization; and veterans and military service members are more likely to develop mental illness than people in the general population.¹⁶ Texas should address mental health disparities within these populations by integrating mental health services into spaces in which they are located. Texas should approve HHSC Exceptional Item 22: enhanced mental health services for people with intellectual/developmental disabilities.

OVER
400,000

Texans with mental illness or substance use disorder could enroll in health insurance if state leaders accepted Medicaid expansion funding.

Medicaid, Insurance, and Medication

Access to health insurance does not always guarantee that people with mental illness get access to care. Often, our members don't get medically-necessary treatments and services and report adverse outcomes because of this. Texas should strengthen requirements for robust, comprehensive, and affordable mental health coverage in both the public and private insurance sectors. Additionally, Texas should pursue policy options that would reduce the uninsured rate.

Strengthen Medicaid/CHIP with proper funding, oversight, and enrollee/provider support

Medicaid—the single most important funding source for mental health services¹⁷—should be appropriately financed to offer the full range of mental health services and supports. If Medicaid is appropriately financed and managed, it can provide incredible value to the state and improve the lives of Texans with mental illness. When caseload growth outpaces funding, overly restrictive cost containment or provider rate cuts are implemented, and those served by Medicaid are adversely affected. In recent times, serious issues around Medicaid have come to light, indicating the need for improvements.¹⁸ Texas should focus on ensuring strong provider networks, increasing utilization of care coordination, boosting reimbursement rates, improving complaint and resolution processes, and holding managed care organizations and providers accountable for providing high-quality care.

Close the coverage gap

The federal government offers states Medicaid expansion funding to create an insurance option for low-wage adults, but so far, Texas has rejected these funds. The consequences of that decision have been devastating for Texans with mental illness: Over 400,000 Texans with mental illness or substance use disorder

could enroll in health insurance if state leaders accepted Medicaid expansion funding. Texans with health insurance are nearly 50 percent more likely to receive treatment for mental illness or a substance use disorder compared to Texans who lack insurance.¹⁹ Texas should accept federal funding to open up Medicaid eligibility to low-wage adults.

Strengthen mental health insurance coverage

While Texas passed a robust mental health parity law in 2017, that law only has an impact if health plans actually offer coverage for mental health care. Texas does not require plans in the individual or small group health insurance market to include mental health coverage.²⁰ Texas should implement stronger insurance protections for mental health: robust coverage for mental health care should be required, denying coverage because an individual has a mental health condition should be prohibited, and concerns around the impact of short-term, limited-duration health plans should be addressed.

Provide stronger protections against people losing access to medications

Far too often, insurance companies drop or deny medications, without having any medical rationale for doing so.²¹ This practice of non-medical switching can have a devastating impact on outcomes for those whose health outcomes and stability depend upon ongoing access to the most effective medication, which may have taken them a long time to find. Because medication is often a critical component of recovery, continuity of care must be provided for Texans with mental illness. Texas should strengthen protections to ensure that people with mental illness have medication continuity of care in their insurance plans.

Ensure access to a full range of safe and effective medications for Medicaid enrollees

Not getting the best, first-choice medication can put a person at increased risk of expensive emergency room visits, hospitalization, and other poor outcomes. All too often, prior authorization policies in Medicaid have caused delayed or unavailable access to the right medications for people with mental illness. Texas should provide stronger oversight of the Medicaid mental health medication pharmacy benefit.²²

Individuals involved in juvenile justice and criminal justice experience

HIGHER RATES

of mental illness, substance use disorders, and trauma.^{23, 24}

Criminal Justice and Juvenile Justice

Individuals with mental illness often find themselves involved in the juvenile justice and criminal justice systems. The Texas Judicial Commission on Mental Health was recently established to study and address these issues. We can interrupt the cycle of system involvement by providing linkages to treatment, streamlining access to care, and emphasizing safe and humane conditions. Texas should prioritize mental health within justice reform.

Strengthen trauma-informed prevention, diversion, treatment, and re-entry programming

Individuals involved in juvenile justice and criminal justice experience higher rates of mental illness, substance use disorders, and trauma.^{23,24} Inappropriate detention placements for youth can increase the likelihood of involvement in the adult criminal justice system.²⁵ Texas should invest in trauma-informed prevention, diversion, treatment, and reentry programming, better utilize mental health specialty courts, approve TDCJ's Exceptional Item 4 and 8, and ensure appropriate resources for TCOOMMI and other specialized services.

Expand Mental Health Grant Program for Justice-Involved Individuals

It is all too common for individuals with mental illness to repeatedly cycle in between criminal justice settings, hospitals, and communities.²⁶ In many cases, it is more effective to divert these individuals into treatment, services, and support. Recently, Texas leadership established the Mental Health Grant Program for Justice-Involved Individuals, which in 2018-19 provided \$27.5 million in matching funds for local collaborative efforts to address the mental health needs of individuals with mental illness who are involved in the criminal justice

system.²⁷ Texas should approve HHSC Exceptional Item 37 to maintain FY 2019-level funding for this program and bring effective projects to scale around the state.

Expand peer services in the criminal justice system

The high risk of recidivism for justice-involved with mental illness reveals the difficulties associated with transitioning from a correctional facility back into the community. Trained, certified peer service providers are a cost-effective, evidence-based strategy for addressing recidivism and supporting recovery.²⁸ Texas should proactively integrate peer services into the criminal justice system. Policy options include expanding the Mental Health Peer Support Reentry Program, funding TDCJ/TCOOMMI to provide peer services, and easing hiring policies that inhibit ex-offenders from working in criminal justice settings.

Improve conditions and access to care in criminal justice facilities

For individuals with mental illness, placements in criminal justice facilities can be incredibly traumatizing and dangerous. Numerous problems have been identified around access to appropriate treatment, placement in solitary confinement, suicide attempts, and other issues. Texas should implement stronger health and safety standards in criminal justice facilities. Additionally, Texas should replicate programming that reduces solitary confinement of individuals with mental illness by approving this aspect of TDCJ Exceptional Item 3. Finally, Texas should ensure that resources are available for counties to comply with the Sandra Bland Act county jail telemental health requirement.

Exempt from capital punishment individuals who had severe mental illness during the offense

Over the course of our state's history, there are examples of individuals with severe mental illness ending up on death row.²⁹ Ordering capital punishment in these unique and infrequent cases disregards the fact that severe mental illness can significantly impair one's ability to make rational decisions, understand the consequences of one's actions, and control one's impulses. It also frequently extends an already emotionally difficult ordeal for family members, involves years of litigation, and occurs at high financial cost to taxpayers. Texas should exempt from capital punishment individuals who had severe mental illness at the time of offense.

**Most people
who experience**
**CHRONIC
HOMELESSNESS**
**have a mental
illness and often
a co-occurring
substance use
disorder.**

Housing and Employment

For individuals with mental illness, the basic supports of a stable home and a job can be hard to come by—this reality often leads to homelessness, jails, shelters, and hospitalizations. It can also compromise an individual’s stability, basic wellbeing, and recovery. Texas should build upon existing supportive housing programs, identify programming that addresses specific gaps in the housing continuum, and make a broader investment in employment programming for individuals with mental illness.

Invest in small group home model and other forms of permanent supportive housing

Texas can fill the housing and services gap for those with serious mental illness by supporting the establishment and operating costs of small group homes as an alternative to institutional care. The proposed model is similar to that which the Intellectual and Developmental Disabilities (IDD) population has had for decades—Intermediate Care Facilities (ICFs) and small group homes for IDD. This model is permanent supportive housing with on-site services that can support either diversion from institutional settings such as state psychiatric hospitals, nursing facilities, and assisted living facilities and/or function as step-down options post-discharge from institutional settings.

Increase rental and utility assistance funding for people with mental illness

Individuals receiving public sector mental health services often need assistance with finding and securing a supportive living environment. An SSI check is rarely enough to cover rent, food, clothing, transportation, and other necessities.³⁰ Without this support, their abilities to maintain stability, experience recovery, and avoid homelessness can be severely compromised. Through funding in past

legislative sessions, the state has some short-term rental and utility assistance dollars for people who are homeless or imminently at risk of homelessness and receiving services at the Local Mental Health Authorities.³¹ However, this funding does not go far enough to meet the need for assistance. These funds often run dry before they can reach everyone in need.³² The state should increase its investment in its rental and utility assistance program for people with mental illness.

Expand public-private partnerships to address chronic homelessness

All too often, individuals with serious mental illness find themselves untreated and without a stable housing situation. Most people who experience chronic homelessness have a mental illness and often a co-occurring substance use disorder. Permanent supportive housing is proven to interrupt this cycle and reduce homeless shelter days, hospitalizations, and incarcerations.³³ Individuals who experience chronic homelessness and who have a mental illness should be provided with immediate access to housing and support services. Using a public-private partnership model, the state's Healthy Community Collaboratives program has successfully housed hundreds of individuals who experience chronic homelessness.³⁴ The state should expand this funding and ensure that previously unfunded areas of the state can participate.

Invest in job training and supported employment for individuals with mental illness

Employment is one of the most important supports for mental health recovery, but adult Texans with mental illness experience high unemployment rates (85.6%).³⁵ Texas should ensure that individuals with mental illness can engage in the workforce. Strategies to achieve this should include hiring more vocational rehabilitation counselors who specialize in mental health, investing in mental health Clubhouses, and developing specific strategies to improve mental health supported employment.

89%

of Texas
educators
surveyed
reported
having
personally
responded
to a youth
suicide.³⁸

Suicide Prevention and Public Safety

Suicides and attempted suicides are a public health crisis in Texas. Adolescents in Texas are twice as likely to attempt suicide than the national average, and suicide is the second leading cause of death for those between the ages of 15 and 34.³⁶ Comprehensive interventions would dramatically reduce these tragedies. Untreated serious mental illness can present a risk of harm to the individual and to others. Suicide prevention and public safety should be a priority for Texas.

Establish funding for Suicide Safer Schools programming

Suicide Safer Schools is a model for school districts to develop a systematic approach to suicide prevention, intervention, and postvention care.³⁷ Key components of a suicide safe school culture include leadership that develops a culture of safety, model suicide safe school policies, well trained staff and students, treatment pathways to care, screen/assessment for those at-risk, caregiver resources, and support for student re-entry. Texas should utilize this model to develop and disseminate best suicide-related best practices to school districts.

Strengthen requirements around suicide prevention and training for educators

89% of Texas educators surveyed reported having personally responded to a youth suicide.³⁸ Teachers spend hours every week with students, and they can be a valuable resource in reaching students at risk of self-harm. Although school districts are required to have a plan and training in place to address suicide prevention, the state has no means of enforcing this requirement. Teachers are also not required to complete a suicide prevention training as part of renewing their licensure. Texas should strengthen its enforcement of suicide prevention training requirements.

Establish an Extreme Risk Protective Order for families to help loved ones in crisis

A common thread in many shootings are the family members of shooters who saw loved ones engaging in dangerous behaviors and grew concerned—even before any violence occurred. These family members are disempowered from stepping in and protecting their loved ones and others. The majority of gun deaths are suicides and the majority of suicides involve a gun.³⁹ If we can restrict access to firearms for those who present an imminent risk of harm to themselves or others, we can save lives. Texas should craft an Extreme Risk Protective Order system to allow family members and law enforcement the opportunity to petition judges for temporary restriction of firearms rights for people who are an imminent risk of harm to themselves or others.

Mandate suicide prevention training for mental health professionals

Texas does not require mental health professionals, including those with licensure, to have taken a suicide prevention training course to work in the mental health care field. These professionals are the most likely to be working with individuals at-risk of suicide, and so they need to be empowered with information on how to prevent suicide and intervene when necessary. Texas should require some form of suicide prevention training as part of licensure and require professional education programs to incorporate this training into their curriculum.

Establish an alert system for adults with serious mental illness who go missing and whose disappearance poses a credible threat to the person's health and safety

When adults with serious mental illness go missing and are at significant risk of harm, families will often desperately contact law enforcement, hang flyers, post on social media, and contact their local mental health advocacy organizations. This is a time of intense worry and concern on the part of family members, while their loved ones can be in grave danger from compromised mental state, exposure to the elements, and vulnerability to abuse and violence. When other vulnerable populations go missing, the state can distribute safety alerts to notify the public of the missing person, which leverages the public eye in finding and helping the person. Texas should establish a similar alert system for when individuals with serious mental illness go missing, and in doing so, require appropriate training and procedures for local law enforcement.

It is common for family members to receive
LITTLE
to NO
information regarding their loved one's mental health needs.

Mental Health Information Disclosures⁴⁰

Both state and federal law require the protection of mental health information in the medical record. State law in Texas is generally more restrictive than federal law in regards to the disclosure of mental health information. This often causes providers to refuse to disclose information, even when it is in the best interest of the patient and community. Texas should align with federal law on mental health information disclosures.

Texas state law is far more restrictive than the federal HIPAA law when it comes to the release of mental health information from providers to family members. All too often, family members are ready and willing to be there as a supportive presence for the individual with mental illness, but receive little to no basic information from a provider about the care, needs, and status of their loved one. As a result, family members are disempowered from stepping in to help and support their loved one. Even in the case of mental health crises—when the individual presents a serious and imminent threat to self or others—there is no specific permission in state law for providers to contact family members, despite HIPAA allowing for it.

Texas Health and Safety Code, 611.004—states to whom confidential mental health information can be released, and under which circumstances. Only under certain very select and narrow circumstances—such as if the patient is a minor, or explicit consent is given by the patient, or the patient is under a guardianship—may confidential information be released to family members under this statute. Cutting family members off from being involved in the care of their loved ones often works to the detriment of the patient's health, wellbeing, and recovery.

On the other hand, the HIPAA Privacy Rule permits a health care provider, when a patient is not present or is unable to agree or object to a disclosure due to incapacity or emergency circumstances, to determine whether disclosing a patient's information to the patient's family, friends, or other persons involved in the patient's care or payment for care, is in the best interests of the patient.

Where a provider determines that such a disclosure is in the patient's best interests, the provider would be permitted to disclose only the information that is directly relevant to the person's involvement in the patient's care or payment for care. This permission clearly applies where a patient is unconscious. However, there may be additional situations (such as psychosis or intoxication) in which a health care provider believes, based on professional judgment, that the patient does not have the capacity to agree or object to the sharing of personal health information at a specific time and that sharing the information is in the best interests of the patient at that time.

Additionally, the HIPAA Privacy Rule permits a health care provider to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when the provider believes the patient presents a serious and imminent threat to self or others. Specifically, when a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider to alert those persons whom the provider believes are reasonably able to prevent or lessen the threat.

Texas should bring state law in line with the HIPAA Privacy Rule to release limited information to family members when releasing such information is in the best interest of the patient and the patient lacks the ability to meaningfully object to the release. Furthermore, health care providers should be authorized under state law (as under federal law) to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when the provider believes that the patient presents a serious and imminent threat to self or others and that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others.

1/3
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experience
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of sexual
assault
in their
lifetimes.⁴¹

Prevention and Trauma

There are a variety of social, economic, and physical environments that can harm the mental health of individuals and communities. Because these factors do not affect everyone equally, well-documented mental health disparities and inequities exist in our society. Specifically, traumatic events can have lasting effects on a person's mental health. Texas should identify and address factors that contribute to negative mental health outcomes.

Provide education and support around interpersonal violence

Experiencing interpersonal violence, including sexual assault and harassment, can be a deeply traumatic experience. A third of Texans experience some form of sexual assault in their lifetimes, usually by someone they know and often before adulthood.⁴¹ Texas should prevent the trauma of interpersonal violence by promoting healthy relationships and consent amongst children and youth in schools and in other community settings, as well as counseling and other supports for survivors. Texas should approve HHSC Exceptional Item 34 to provide survivors of family violence with mental health resources as part of the Family Violence Program.

Implement trauma-informed care/practice

Adverse childhood experiences and other traumatic events, when left untreated, can have a devastating impact on a person's well-being and social outcomes, including higher rates of chronic physical health problems, severe mental health issues, and substance abuse disorders.⁴² Texas should implement trauma-informed care and practices in all systems whose participants are at a higher risk of having experienced trauma. This includes children in the foster care system, adults and youth involved in the criminal justice system, and individuals who have served in the military.

Address poverty-related issues that impact mental health

Living in poverty can have a serious impact on the development of a child's brain. Living in unstable housing situations, struggling to pay bills, food insecurity, and other intense stressors take a toll on the health and wellbeing of families. People living in poverty experience higher rates of mental illness for longer periods of time and with greater severity.⁴³ Texas should invest in services that provide social and economic support for individuals and families living in poverty.

Support family mental health

The mental health of each family member impacts the well-being of the entire family. Mental health resources should be developed with children, parents, and other relatives in mind. 17% of new mothers experience a perinatal mood or anxiety disorder, but less than half receive any mental health treatment.⁴⁴ Texas should develop and publicize a wide range of affordable mental health resources for mothers, which may include telehealth, peer support, counseling, and Medicaid coverage until one year postpartum.

Address the impact of physical environment on mental health

An individual's physical environment can play a major role in their mental well-being. Green spaces and parks, safety, adequate infrastructure in housing and public buildings, sanitation, clean air and water, healthy foods, habitable temperatures, and other aspects of the physical environment can have an unexpected impact on a person's mental health.⁴⁵ Texas should invest in public health best practices to ensure clean, safe, and habitable communities.

Reduce mental health disparities

Mental health outcomes can dramatically differ across race, ethnicity, nationality, gender/gender identity, sexuality, age, or location.⁴⁶ NAMI Texas supports efforts to reduce discrimination and social inequity, as well as increase access to services, necessities, and social and economic opportunities across Texas.

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