

House of Representatives: Appropriations Committee

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Interim charge— Monitor the agencies and programs under Article II and oversee the implementation of relevant legislation and riders passed by the 86th Legislature. In conducting this oversight, the Subcommittee will also specifically monitor:

- Implementation of new funding and fulfillment of requirements in Health and Human Services Commission (HHSC) Rider 114, including HHSC Office of Inspector General alignment of oversight of managed care organizations;
- impact of funding and implementation of legislation related to post-permanency services for children exiting the Texas foster care system;
- **progress on construction of state hospitals and the capacity of the state hospital system to provide mental health support in all regions across Texas;**
- impact of funding to increase the base wage for attendant services and additional investments in the wage enhancement programs; and
- Medicaid cost containment efforts.

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 27 local NAMI affiliate organizations and approximately 2,000 members.

State Hospital System Capacity Across Texas

The state hospital system plays an integral role in the treatment of individuals with serious mental illness. The primary purpose of state hospitals is to stabilize patients who are not able to safely receive community-based services. Services offered in state hospitals include psychiatric care, medication administration, psychosocial therapy, life skills training, and nursing. Unfortunately, limited hospital capacity, outdated hospital infrastructure, and inadequate community-based mental health services diminish the potential benefit of the state hospital system.

State hospital capacity is further strained by an increasing forensic population, longer forensic commitments, and insufficient mental healthcare delivered to individuals awaiting competency restoration in prisons and jails. According to the Health and Human Services Commission, 900 prisoners and inmates were waiting for a forensic commitment, as of March 31, 2020.¹ The Joint Commission on Access and Forensic Services reported that the waitlist has since grown to

¹ Health and Human Services Commission. (2020, April). *Semi-annual Reporting of Waiting Lists for Mental Health Services*. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/hb1-semi-annual-waiting-lists-mhs-april-2020.pdf>

approximately 1,100 prisoners and inmates.² The average length of wait was 289 days and 76 days, for maximum security and non-maximum-security placements, respectively.

Inadequate access to mental healthcare for prisoners and inmates living with serious mental illness may worsen treatment outcomes, jeopardize prisoner or inmate and prison or jail staff safety, and increase the risk of homelessness, emergency service utilization, substance use, and recidivism upon prison or jail exit.^{3,4}

For this reason, **NAMI Texas supports continued investment in the redesign and expansion of the state hospital system.** The proposed expansion and renovation will add approximately 125 maximum-security forensic commitment beds and 525 civil and non-maximum-security beds.⁵ The system redesign and expansion will also fill gaps in the continuum of care with improvements to hospital IT systems, integration with community-based service providers, and increased availability of alternatives to inpatient hospitalization. However, these projects are far from complete. Without additional funding, individuals with mental illness will continue to languish in jails and the non-criminal justice population will be excluded from care.

In addition to the state hospital redesign and expansion, NAMI Texas supports investment in programs that divert individuals living with mental illness from the criminal justice system, improve community- and jail-based mental health services, and promote access to services and housing for individuals transitioning back into the community.

Early Intervention and Jail Diversion

Improve Mental Health Services in Juvenile Justice System—Individuals involved with the juvenile justice system often experience trauma and mental illness prior to their offense.⁶ Incarceration can worsen mental health, contribute to suicide risk, and increase risk of recidivism.^{7,8} Texas should invest in trauma-informed prevention, diversion, treatment, and re-entry programming; better utilize mental health courts; and ensure appropriate resources for TCOOMMI and other specialized services.

² J. LaRue, Personal Communication, September 8, 2020

³ Zgoba, K., Reeves, R., Tamburello, A. & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online*, 48(2).

⁴ Zgoba, K., Reeves, R., Tamburello, A., & Debilio, L. (2020). Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders. *Journal of the American Academy of Psychiatry and the Law Online*, 48(2). Retrieved from <http://jaapl.org/content/early/2020/02/12/JAAPL.003913-20>

⁵ Health and Human Services. *A Comprehensive Plan for State-Funded Inpatient Mental Health Services*. Retrieved from <https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/plan-state-funded-inpatient-mhs-aug-2017.pdf>

⁶ American Civil Liberties Union. (2016, November). *False Hope: How Parole Systems Fail Youth Serving Extreme Sentences*. Retrieved from <https://www.aclu.org/issues/juvenile-justice/youth-incarceration/false-hope-how-parole-systems-fail-youth-serving-extreme>

⁷ Human Rights Watch. (2013). *Against All Odds: Prison Conditions for Youth Offenders Serving Life without Parole Sentences in the United States*. Retrieved from https://www.hrw.org/sites/default/files/reports/us0112ForUpload_1.pdf

⁸ Holman, B., & Ziedenberg, J. (2006). The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities. *Justice Policy Institute*. Retrieved from <http://www.justicepolicy.org/research/1978>

Promote Use of Integrated Crisis Response Teams—Law enforcement is often asked to provide assistance to individuals experiencing a mental health crisis. Police officers may not have the appropriate resources to de-escalate and divert individuals in crisis from the criminal justice system. Integrated crisis response teams partner law enforcement with mental health professionals to connect individuals in crisis to community-based services. Community-based jail diversion programs have been shown to improve mental health outcomes, reduce criminal justice involvement, and lower costs associated with unnecessary law enforcement, hospital, and crisis service utilization.⁹ NAMI Texas supports initiatives that promote greater integration between clinical mental health services and law enforcement. Texas should require that a minimum percentage of Jail Diversion Matching Grants established in Texas Government Code, Chapter 531, be used for integrated crisis response teams.

Jail- and Community-Based Mental Health Services

Expand Competency Restoration Options— In Texas, approximately 1,100 prisoners and jail inmates are currently awaiting competency restoration through the state hospital system.¹⁰ The average number of days to obtain a maximum security and non-maximum-security placement are 289 and 76 days, respectively. Prolonged waits for competency restoration can worsen mental health outcomes, contribute to an over-crowded prison and jail systems, and jeopardize the safety of prisoners, inmates, and prison or jail staff. Although the state has invested significant resources in the construction and renovation of the state hospital system, additional options with greater capacity for competency restoration are needed. To improve administration, oversight, and delivery of competency restoration services, Texas should:

- Increase investment in community- and jail-based competency restoration programs, step-down and transitional housing, and mental health diversion programs.
- Establish an oversight body that trains and certifies competency restoration evaluators, maintains an evaluator registry, and assesses program efficacy and fidelity.

Improve Medication Continuity for Jail Inmates—County jails in Texas are required to do an intake health screening of all inmates. If the jail receives information that a person has a mental illness, they must involve the judicial system, which has the ability to order full mental health assessments. Unfortunately, jail staff shortages, variations in inmate population, and the time of inmate arrival may delay necessary screenings/assessments and the provision of psychotropic medications.¹¹ An inmate living with a mental illness who misses one or multiple doses of medication may experience a mental health crisis that increase risk of harm to themselves, other inmates, and jail staff. Further, facility formularies may limit access to certain medications, increasing the risk associated with non-medical switching.¹² Texas should require jails to identify

⁹ Meadows Mental Health Policy Institute. (2016, February 10). *Texas Mental Health Landscape – Brief Overview*. Retrieved from <https://www.texasstateofmind.org/wp-content/uploads/2016/02/Brief-Overview-of-Landscape.pdf>

¹⁰ J. LaRue, Personal Communication, September 8, 2020

¹¹ Hautala, M. (2015). In the Shadow of Sandra Bland: The Importance of Mental Health Screening in U.S. Jails. *Texas Journal on Civil Liberties & Civil Rights*, 21, 89

¹² Weeda, E., Nguyen, E., Martin, S., Ingham, M., Sobieraj, D., Bookhart, B., & Coleman, C. (2019). The impact of non-medical switching among ambulatory patients: An updated systematic literature review. *Journal of Market Access & Health Policy*, 7(1), 1678563

and document the medications that a person was on prior to entering jail, and to continue people on those same medications unless there is a medical reason otherwise.

Limit Use of Solitary Confinement—Prisoners and inmates with mental health disorders are often segregated from the general population in instances of repeated rules infractions, real or perceived threat of harm to self or others, or emotional or physical victimization or exploitation.¹³ Disciplinary or administrative seclusion may provoke or exacerbate anxiety, depression, anger, cognitive disturbances, perceptual distortions, obsessive thoughts, paranoia, and psychosis.¹⁴ The use of solitary confinement for individuals with a mental health diagnosis may also hinder successful transition back into the community.¹⁵ Texas should increase funding to provide the appropriate mental health services for prisoners and inmates, improve crisis de-escalation training for corrections officers, and ensure safe alternative to segregation are available for prisoners and inmates.

Pre- and Post-Release Mental Health & Support Services

Expand Availability of Peer Re-entry Support Services—Individuals with a serious mental illness are more likely to return to custody due to parole or probation violations, such as failing to comply with community-based mental health treatment.¹⁶ Structural barriers in obtaining personal identification, housing, transportation, and employment exacerbate disparities in the receipt of mental health and substance use services. Peer support is an evidence-based practice that has been shown to increase utilization of community-based mental health and substance use services.¹⁷ Peer reentry specialists are also able to support individuals existing jail or prison in obtaining housing, employment, and necessary documentation.¹⁸ Texas should expand the Mental Health Peer Support Re-entry Program to ensure that individuals exiting jail or prison have the resources they need to succeed.

Boost Continuum of Care with Step-Down and Congregate Housing—Stable housing and support services are instrumental in maintaining recovery for individuals exiting the criminal justice system. Step-down housing provides residents access to community-based supportive services to facilitate a smooth transition back into the independence and self-sufficiency. Congregate housing provides access to similar supports on-site and has been shown to improve mental health outcomes, long-term housing stability, community functioning, and quality of

¹³ Hautala, M. (2015). In the shadow of Sandra Bland: The importance of mental health screening in U.S. jails. *Texas Journal on Civil Liberties & Civil Rights*, 21, 89

¹⁴ Smith, P. (2006). The effects of solitary confinement on prison inmates: A brief history and review of the literature. *Crime and Justice*, 34(1), 441-528

¹⁵ Office of the Assistant Secretary for Planning and Evaluation. (2001) The psychological impact of incarceration: Implications for post-prison adjustment. *United States Department of Health and Human Services*. Retrieved from <https://aspe.hhs.gov/basic-report/psychological-impact-incarceration-implications-post-prison-adjustment>

¹⁶ Loudon, J., & Skeem, J. (2011). Parolees with Mental Disorders: Toward Evidence-Based Practice. *Center for Evidence-Based Corrections*. Retrieved from <https://ucicorrections.seweb.uci.edu/2011/04/14/parolees-with-mental-disorder-toward-evidence-based-practice/>

¹⁷ Mental Health America. (2018, May). *Evidence for Peer Support*. Retrieved from <https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf>

¹⁸ Gonzalez, J., Rana, R., Jetelina, K., & Roberts, M. (2019). The value of lived experience with the criminal justice system: A qualitative study of peer re-entry specialists. *International Journal of Offender Therapy and Comparative Criminology*, 63, 1861-1875

life.¹⁹ Texas should increase general revenue funding and supports to existing step-down and congregate housing programs to increase access and availability of stable and supportive housing for individuals exiting inpatient psychiatric hospitalizations and the criminal justice system.

Conclusion

Tremendous investment has been made in the expansion and redesign of the state hospital system. However, continued investment is needed in order to ensure that individuals living with serious mental illness are able to access the appropriate services. Prisoners and inmates living with mental health concerns are particularly at risk. In conjunction with improved access to the state hospital system, NAMI Texas supports efforts to improve early intervention, jail diversion, jail- and community-based mental health services, and re-entry support. Comprehensive solutions that work along the Sequential Intercept Model will improve the quality of life of countless Texans.

¹⁹ Somers, J., Moniruzzaman, A., Patterson, M., Currie, L., Rezansoff, S., Palepu, A., & Fryer, K. (2017). A randomized trial examining Housing First in congregate and scattered site formats. *PLoS One*. Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0168745>