NAMI Greater Houston

Public Policy and Advocacy

Texas Mental Health Public Policy Priorities FY22-23

The **National Alliance on Mental Illness (NAMI) Greater Houston** advocates for Investing in proactive and preventive strategies for Texans with mental health (MH) disorders. This brings many tangible and intangible health and safety benefits to Texans and reduces costs and tragedies. MH disorders are common, and they begin early (50% by age 14, and 75% by age 24), but treatment is still far from timely. The average delay between symptom onset and treatment is 8-10 years. Early intervention works – to avoid the costs of long-term disabilities, recurring use of emergency rooms and crisis services, homelessness, incarceration and early deaths. MH disorders are often chronic, but they can be managed with timely treatment and community support, leading to well-being and success in life.

1. **Close Gaps in Mental Health System Capacity in these Times of Crisis and Rapid Population Growth**
   We advocate for closing gaps in access and availability of MH care as the needs rapidly increase. Inadequate health insurance coverage for MH care and deepening workforce shortages drive long delays in getting treatment.
   a. Provide adequate funding for community MH and substance use disorder (SUD) treatments and services.
      i. Expand the state and federal funding streams for MH/SUD services.
      ii. Replace and expand federal ARPA funding to extend it beyond September 2024.
      iii. Improve geographic accessibility of services, including interactive online guides to accessible service.
      iv. Ensure that Medicaid is not terminated when gainful employment is achieved on SSI/SSDI.
      v. End the Medicaid prohibition on funding most inpatient acute care in institutions for mental disease.
      vi. Enforce MH insurance parity and prohibit non-medical switching of MH drugs by insurers.
      vii. Increase access to safe and effective medications for uninsured and medically indigent persons, with federal 340B medication discounts and use of undistributed medication for indigent persons.
   b. Address deepening behavioral health (BH – MH/SUD) workforce shortages.
      i. Provide incentives and remove barriers: increase pay rates and streamline reimbursements for BH services, including certified peer specialists and certified recovery coach specialists.
      ii. Recruit primary care providers into Psychiatry Access Network (PAN) programs for children (CPAN), pregnant women (Peri-PAN) and adults, with telehealth consultation, care coordination, and training.
      iii. Mitigate Training and Supervision Costs: Create hubs and stipends to reduce costs for BH providers.

2. **Provide More Early Intervention for Children & Youth to Fix the >70% Rate of Untreated MH Conditions**
   We advocate for more investment in early diagnosis and intervention for children and youth with serious emotional and MH issues, family education and support and school-based mental health programs.
   a. Expand infrastructure to deploy successful TCHATT telemedicine to more schools and child/youth agencies.
   b. Direct the Texas Education Agency to provide technical assistance to districts for MH well-being and safety programs: Texas Suicide-Safer Schools, Talk Saves Lives, Mental Health First Aid Training, Handle with Care.
   c. Increase Texas MH services and support for children and youth with behavioral problems.
      i. Pilot evidence-based ‘Child First’ preventive programs for parents of at-risk preschool children.
      ii. Increase funding for foster children/youth MH services and caregivers, including kinship caregivers.
   d. Find some funding for early intervention by updating Medicaid billing codes and the Texas insurance code.
      i. Simplify Medicaid billing for Bundled Coordinated Specialty Care services for First Episode Psychosis.
      ii. Establish Medicaid billing codes for Multisystemic Therapy and Functional Family Therapy.
      iii. Extend Medicaid reimbursements for School Health & Related Services (SHARS) to more MH services, and to meet recommended student-to-provider ratios for MH and SUD treatment services.
      iv. Include “serious emotional disturbance” in the Texas Insurance Code, to clarify the current definition of “serious mental illness”, which now only relates to persons 18 and older.

To connect with the Public Policy and Advocacy Committee (PPAC) at NAMI Greater Houston, contact us at namigh@namigreaterhouston.org or (713) 970-4419.

3. **Address Trauma and Care Disparities in Population Groups to reduce effects on health and MH**
   We advocate for identifying and addressing types of negative MH/SUD outcomes of trauma experienced by various population groups and contributing factors that increase the risk of these MH/SUD outcomes.
   a. Address the disparities in MH/SUD services and trauma for people of color (70% of individuals requiring competency restoration are people of color), LGBTQ+ persons, children in foster care, and other groups.
   b. Address the disparities in MH/SUD services for people with intellectual disabilities with co-occurring MH conditions (>30%), with workforce education and more focus on MH recovery services and supports.
   c. Provide trauma- and grief-informed care and practices and address poverty-related trauma.

4. **Invest in Housing and Employment Support Services to Prevent Repetition of MH/SUD Crises**
   We advocate for more investment in MH/SUD programs for community treatment of juveniles and adults, including rehabilitation and community support services, supportive housing and supported employment.
   a. Provide more funding for safe supportive housing, for jail diversion and step-down care -- emergency and permanent housing, small group homes and sober living homes.
      i. Expand public-private partnerships to address chronic homelessness.
   b. Develop additional approaches to increase funding for rental and utility assistance, including funding for LMHA staff to administer supportive housing rental assistance.
   c. Invest in evidence-based supported employment for people with severe mental illness, including funding for rehabilitation clubhouses with supported employment programs.

5. **Close Gaps in Crisis Response and Suicide Prevention Services to Reduce Harm and Increase Health**
   We advocate for timely and appropriate crisis response capacity, policies and protocols for persons at risk of harming themselves or others. Waiting times and waiting lists are destructive in a time of MH crisis.
   a. Provide adequate funding for 988 crisis line expansion and adequate capacity for referrals, including inpatient beds and community care; reform 911/988 to reduce wait times throughout Texas.
   b. Expand multidisciplinary crisis teams to focus on health as appropriate: MH clinician, law enforcement, paramedic, and peer specialist.
   c. Reduce access to lethal means for individuals with serious emotional disturbances and high risk of violence. The acute time of suicide danger is often short, and repeated attempts are rare.
      i. Codify a firearms safe storage mandate to reduce unauthorized access, including child access.
      ii. Establish waiting periods and limits on highly lethal firearms.
      iii. Establish Extreme Risk Protection Orders (ERPOs): Court-based orders to temporarily disarm.

6. **Decriminalize for Better Treatment Outcomes and Public Safety**
   We advocate for shifting from a justice perspective to a health and safety perspective that will increase public safety, prisoner safety, and successful treatment outcomes.
   a. Establish Texas diversion paths to e.g., pre-booking care, civil courts, treatment courts with therapeutic intervention, and criminal courts with competency restoration.
      i. Use evidence-based screening to assess risk and guide diversion.
      ii. Broaden access to evidence-based mental health treatment courts.
      iii. Raise the automatic age of criminal jurisdiction from 17 to 18. Texas is one of only 4 states that place 17-year-olds in the adult criminal justice system without judicial discretion.
      iv. Establish age of accountability and capital punishment exemptions for persons with severe mental illness.
   b. Require safe and humane conditions of incarceration for inmates with MH/SUD conditions.
   c. Fund transition planning and support services for re-entry and integration into community and schools.

To connect with the Public Policy and Advocacy Committee (PPAC) at NAMI Greater Houston, contact us at namigh@namigreaterhouston.org or (713) 970-4419.