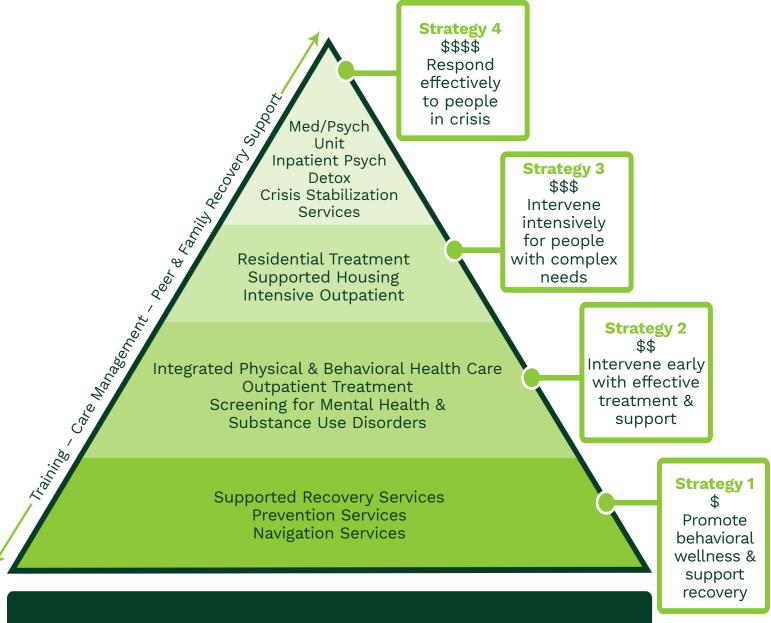


Continuum of Care





System Capabilities:

Maximized Use of Technology – Leveraged Funding – Coordinated Care

System Characteristics & Shared Values:

Best Practices – Person Centered Care – Cultural & Linguistic Competence – Accountability – Multiple Access Points – Trauma-Informed

Introduction



The Texas Coalition for Healthy Minds (TCHM) believes that Texas must focus on delivering a broad spectrum of mental health and substance use disorder services and supports as part of the continuum of care available from before birth to end of life. While some progress has been made, Texas continues to have a number of needs in this area. Approximately one million adults are affected by a serious mental illness and half a million children under the age of 17 are affected by a Serious Emotional Disturbance (SED), over 1.3 million people reported a disorder involving alcohol, and over 465,000 people reported a disorder involving illicit drugs. As the state's population grows exponentially each year and these numbers continue to rise, it will take more than increased funding to meet the needs of individuals and families, especially among populations that have historically been ignored or underserved.

Behavioral health care matters. Left untreated, mental health conditions, including substance use disorders, can lead to serious medical problems, diminished ability to work and participate in communities, or even suicide. People may become isolated from their families and friends, finding themselves homeless or ending up in jails or hospitals.

TCHM offers the following policy recommendations focused on building a behavioral health system that works for ALL Texans. With the momentum and progress achieved over the past decade, we are prepared to work with legislators to expand behavioral health services and support the healthy development of Texans.



Increase Access Across the Continuum of Care for People with Mental Health Conditions, Including Substance Use Disorders



The integration of behavioral health services in the continuum of health care – one that promotes prevention, treatment and recovery strategies – is critical to ensuring that Texans with mental health conditions and substance use disorders have ready access to cost-effective, community-based services delivered at the right place and time.

Essential mental health and substance use disorder services provide economical alternatives to hospital emergency rooms and the criminal justice system. Expanding community-based services also supports ongoing state hospital planning, allowing for optimal use of those beds for people who need them most.

Texas has some of the most severe mental health and substance use disorder workforce shortages in the country, leaving many counties without a psychiatrist, licensed professional counselor, licensed clinical social worker, or other mental health provider.

Lack of safe, affordable housing often leads to homelessness, involvement in the criminal justice system, cycling through community shelters, unnecessary emergency department use, and frequent hospitalizations. The legislature's investment in safe and adequate housing can increase stability, basic well-being, and recovery among individuals and families.

TCHM advocates the following strategies to continue addressing these issues:

- Build upon existing supportive housing programs and identifying programming that addresses specific gaps in the housing continuum.
- Target the underlying issues through **criminal justice diversion** and **reintegration programs**, improving long-term public safety and reducing recidivism.
- **Expand the workforce** to meet the growing needs of Texas, including promoting the growth of existing telementoring and teleconsulting programs.
- Create more opportunities for peers (people with lived experience) to be integrated into the design, delivery, and evaluation of behavioral health services.
- Provide adequate funding for a full array of **inpatient, outpatient and crisis services**.

 Additionally, provide funding necessary to implement plans for state hospital redesign, including construction of state-of-the-art facilities and ensuring capacity necessary to implement the full continuum of psychiatric services.
- Address parity and insurance network participation, especially in Medicaid, that affect access to behavioral health services.

Prioritize Prevention and Intervention for Children, Youth and Families



Lifelong mental health is built upon the mental health of children. Trauma-informed care and practice in any setting that serves children can help protect them from the negative effects of childhood trauma and adversity, including being at risk for developing mental health or substance use concerns throughout their lifespan.

Half of mental illnesses begin by age 14, and 75 percent by 24. Prevention, early intervention, and treatment during childhood can change young people's life trajectories. Children and youth with unaddressed mental health or substance use disorders are at heightened risk of dropping out of school, being hospitalized, or entering the justice system. Unfortunately, young people often do not receive treatment until many years after their symptoms appear, if at all. In 2017, one in eight high school students in Texas reported attempting suicide – a rate that has increased over the years and is higher than the national rate.

School-based prevention and intervention can help identify emerging concerns and connect families to specialized services and supports when needed. Schools can also implement policies and practices that protect students from risk factors that increase the likelihood of experiencing a mental illness or substance use disorder, such as bullying, lacking connection to adults and peers, and poor problem-solving or coping skills.

When young people need treatment, it is important for them to receive services in their communities, keeping them in school whenever possible and involving families in their treatment plans. Family peer support services have also been shown to improve family stability and child outcomes.

Given the strong influence of early relationships and experiences on childhood brain development, it is vital that parents and caregivers also have access to effective mental health and substance use disorder services when needed. Maternal depression, household substance abuse, or the loss of a parent due to incarceration or death (including overdose or suicide) are among the adverse childhood experiences known to jeopardize children's short- and long-term health, learning, and behavior.

TCHM advocates the following strategies to continue addressing these issues:

- Expand the **mental health continuum**, including making available affordable, age-appropriate services and supports that promote resilience and recovery from birth to adulthood.
- Prioritize **prevention and early intervention services** that effectively address the needs of children and their families, including adequately funding Early Childhood Intervention (ECI) for infants and toddlers.
- Help schools recognize and address students' mental health needs through evidence-based youth prevention programs and increased access to behavioral health professionals in schools and in the community.
- Address related issues such as **maternal mental health and mortality** as a key to prevention and treatment.
- Increase access to specialized treatment for early onset psychosis.
- **Strengthen and expand outreach and education** in schools and communities regarding early childhood mental health and youth suicide prevention.
- Promote trauma-informed practice and treatment across settings and populations.
- Increase access to family peer support services.

Create Integrated Services and Systems of Care to Meet the Mental Health and Substance Use Needs of Underserved Populations



Historically, there has been a significant gap between Texas' mental health and primary care systems. Furthermore, people with mental illness may turn to substances (i.e., drugs and alcohol) as a form of coping or self-medication. The consequences of substance use for people with mental illness can be extensive, devastating, and counterproductive to recovery. Legislators should ensure that both the mental health and primary care systems are equipped with integrated and innovative solutions designed to meet the specific and intersecting needs of the individuals they serve. Bottom line: Texans should have access to integrated care at the right time and place.

Texas must be aware of and inclusive of all people, especially the following underserved and/or at-risk populations:

- Pregnant women and mothers
- Individuals with intellectual and/or developmental disabilities (IDD)
- Communities of color
- Elder and aging communities
- People who identify as LGBTQ

The mental health needs of individuals with IDD are frequently overlooked or ignored, in large part because disabilities often overshadow mental health conditions. Recent national data suggests that approximately 34 percent of adults living with intellectual disabilities also have a co-occurring mental health condition.

Similarly, the needs of individuals in the LGBTQ community are often unmet. For instance, **the rate** of attempted suicide reported by LGBTQ high school students in Texas was 43 percent in 2017. This is an overwhelming number, especially when compared to the national rate of 7.4 percent among all high school students.

TCHM advocates the following strategies to continue addressing these issues:

- Integrate mental health and substance use disorder services into the primary care system, alleviate workforce shortages, and assist primary care providers in assessing mental health concerns through methods like the Child Psychiatry Access Network and the Collaborative Care Model, in which mental health specialists support non-specialist health workers in settings such as primary care and school health centers.
- Increase services for co-occurring mental health and substance use disorders.
- Provide enhanced mental health services for people with intellectual and developmental disabilities.
- Bolster services at intercepts of involvement in the criminal justice system using the Sequential Intercept Model as a framework. This model helps communities identify points at which to intercede with diversionary and treatment strategies addressing the needs of individuals with behavioral health challenges and criminal justice involvement.

Member Organizations

American Foundation for Suicide Prevention

Association of Substance Abuse Programs

Austin Clubhouse

Center for Public Policy Priorities

Clarity Child Guidance Center

Communities for Recovery

Corporation for Supportive Housing

Depression and Bipolar Support Alliance

Texas G.O.

Disability Rights Texas

Easter Seals Central Texas

Federation of Texas Psychiatry

Methodist Healthcare Ministries of South Texas, Inc.

National Alliance on Mental Illness Austin

National Alliance on Mental Illness North Texas

National Alliance on Mental Illness Texas

National Association of Social Workers, Texas Chapter

RecoveryPeople

Rees-Jones Center for Foster Care Excellence

San Antonio Metropolitan Health District

Texans Care for Children

Texas Association of Community Health Centers

Texas Association of Marriage and Family Therapists

Texas CASA

Texas Catalyst for Empowerment

Texas Council of Community Centers

Texas Counseling Association

Texas Criminal Justice Coalition

Texas Family Voice Network

Texas Gun Sense

Texas Hospital Association

Texas Impact

Texas Medical Association

Texas Nurses Association

Texas Nurse Practitioners

Texas Pediatric Society

Texas Psychological Association

Texas Suicide Prevention Council

United Way of Greater Austin

United Ways of Texas

Young Invincibles

