



# Policy Priorities 88<sup>th</sup> Legislative Session



Integral Care supports adults and children living with mental illness, substance use disorder and intellectual and developmental disabilities. Services include a 24-hour helpline for anyone who needs immediate support, ongoing counseling to improve mental health, substance use treatment to help with recovery, and housing to regain health and independence. Founded in 1967, Integral Care helps people build health and well-being, so everyone has the foundation to reach their full potential.

The COVID-19 pandemic has had a monumental effect on Texans – impacting our emotional, physical and financial health. **Nearly three years into the COVID-19 pandemic, the demand for mental health services and substance use treatment continues to rise.**

**With good mental health** and access to prevention and quality health care, our **children thrive in school**. Our **workforce is stronger**, saving businesses billions in lost productivity. **Taxpayers see cost savings** when people receive the right care at the right time, diverting them from unnecessary emergency services. **Lives are saved** through suicide and substance use prevention efforts. With safe and stable housing, people can **maintain their health and recovery**. The right services that prioritize **self-determination** ensure Texans with IDD can live, work and thrive in our community.

Integral Care is committed to helping ensure access to critical health services. In FY22, Integral Care’s 900+ dedicated staff served over 32,000 adults and children in Travis County. To support the health and well-being of our community, we approach the upcoming session by leading with the following policy priorities.

**Certified Community Behavioral Health Clinic**

Expand crisis care, evidence-based practices, care coordination and integrated behavioral and physical health care

**Mental Health Services**

Strengthen community-based services and invest in increased demand on the crisis response system associated with implementation of 988, the new National Suicide Prevention Lifeline.

**Children’s Crisis Services**

Support the delivery of mental health services in schools by investing in school counseling services and telehealth.

**Substance Use Disorder Services**

Fund harm reduction interventions. Naloxone and fentanyl test strips save lives.

**Housing**

Invest in Permanent Supportive Housing, which includes support services like mental and primary health care, substance use treatment and employment services.

**Intellectual & Developmental Disabilities**

Strengthen efforts to ensure that individuals with IDD are not at risk of long-term institutionalization or incarceration.

**Criminal Justice**

Expand the authority to place individuals on a Peace Officer Emergency Detention (POED) to mental health professionals.

***When people have access to tools that support their mental and physical health, they can reach their full potential and Texas is stronger.***

Behavioral health integration, substance use and intellectual and developmental disability service capacity, adequate recovery supports, and appropriate diversion from emergency services and jails are among Integral Care’s top priorities in behavioral health. Integrated care refers to primary and behavioral health integration as well as integration between substance use and mental health services. Integration is a best practice, offering comprehensive care with no wrong point of entry.

We envision a continuum of community-based services in alignment with best practice and consideration of the social determinants of health. When individuals have access to community supports such as employment training and assistance, affordable housing, food security, peer supports and early childhood development, they can achieve and maintain recovery and reach their full potential.

Access to adequate crisis services coupled with a connection to an array of ongoing community-based supports alleviates costs due to an overdependence on restrictive, longer-term hospital stays and readmissions, as well as overuse of law enforcement. For individuals who have a mental illness, jails and emergency rooms are the most expensive places to get care. Post-discharge coordination and an interconnected, evidence-based system helps people access community-based services and avoid readmission.

As the Local Mental Health Authority (LMHA) and Local Intellectual and Development Disability Authority (LIDDA) for Travis County, adequate support and flexibility from the State positions us to determine local plan requirements and provide quality services to our community. LMHAs across the state have an important authority role in planning, developing policy, and coordinating and allocating resources for mental health services in their local service areas.

## Certified Community Behavioral Health Clinics (CCBHC)

- Support the expansion and scope of the CCBHC model in order to expand crisis care, utilization of evidence-based practices, care coordination and the advancement of the integration of behavioral health and physical healthcare. CCBHCs are designed to provide a comprehensive array of integrated mental health and substance use services using an alternative payment strategy that aligns reimbursement with the delivery of high quality, comprehensive services for complex populations. With the recent approval of the Directed Payment Program for Behavioral Health Services (DPP – BHS) and the Public Health Provider – Charity Care Program (PHP – CCP) as alternate financing strategies for individuals with serious mental illness, continued advancement to improve financial sustainability of CCBHC’s is vital to advancing a value-based model of care.

## Mental Health Services

- Explore funding opportunities to strengthen and expand access to proven treatments, interventions, and other recovery supports, while developing new and innovative solutions to strengthen community based mental health services, Community Mental Health Centers and CCBHC’s.
- Develop a robust education and employment pipeline to attract, recruit, train, and retain individuals to work in the mental health system. Investments that allow for flexibility to address increased operational costs and workforce recruitment and retention challenges in Adult and Children’s Mental Health services. Flexibilities can include, but are not limited to loan repayments, paid internships, streamlined licensure, salary increases and increased opportunities to obtain supervision hours.
- Invest funds to address increased demand on the LMHA crisis response system associated with implementation of 988, the new National Suicide Prevention Lifeline and Veterans Crisis Line number. Increased funding to LMHA/CCBHC’s will be necessary for outpatient services to go to scale, in order to meet the demand for referrals from the 988 intervention. Ready access to crisis response, mobile crisis outreach, and comprehensive care is critically important to the success of 988.
- Support the expansion of LMHA Mobile Crisis Outreach Teams that connect individuals in crisis as quickly as possible to a mental health professional in order to divert individuals from jails, emergency rooms and involuntary commitments. Made up of mental health professionals, these teams have the knowledge and skills to respond and refer individuals in crisis to the appropriate resources. They work closely with law enforcement, crisis services, and communities to support individuals and their families in navigating systems and supports.

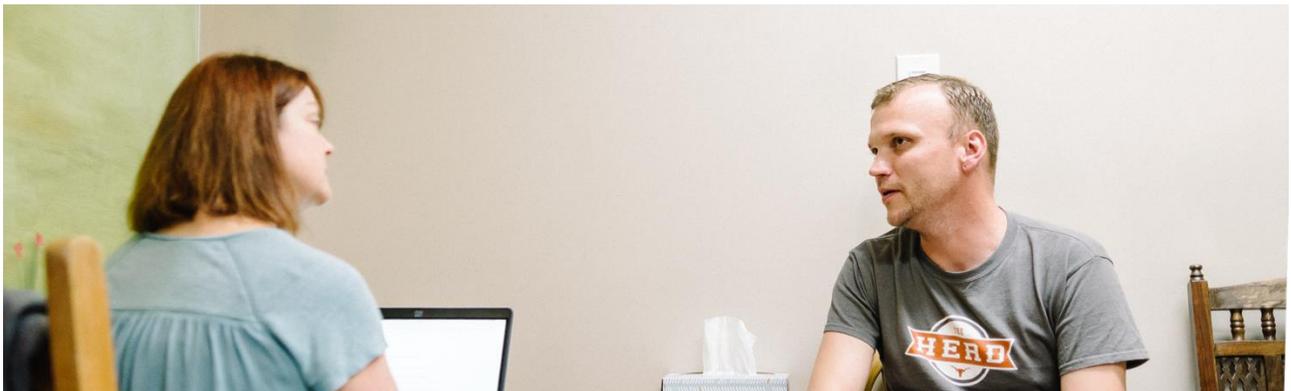
## Children's Crisis Services

- Increase overall service capacity for children's mental health services, with integrated care for both mental health and intellectual and developmental disabilities. Providers need coordinated delivery systems and integrated care working on both sides in order to successfully serve children in the community.
- Increase crisis respite services and other alternatives to inpatient care. Currently, families are experiencing lengthy wait times, sometimes weeks, in emergency departments. Stressors due to the Covid-19 pandemic coupled with a limited number of beds dedicated to pediatric psychiatric care has created a bottleneck in emergency departments. Children need a safe place to stay as well as support as they transition back into the community.
- Require insurance companies to provide coverage for serious emotional disturbances and first episode psychosis.
- Support the delivery of mental health services in schools by investing in school counseling services and telehealth initiatives. Texas Child Health Access Through Telemedicine (TCHAT) is a short-term service, currently limited to five sessions. Increasing in-person services with access to longer term care will improve the behavioral health needs among school-age youth.



## Substance Use Disorder Services

- Increasing the level of funding, reimbursement rates, access and care for substance use disorder services to meet parity with mental health and primary care services in service availability, peer services and accessible integration with mental health services, particularly for youth.
- Increasing investment in residential treatment programs and Medication Assisted Treatment (MAT) for co-occurring conditions in order to ensure recovery supports as well as prevent and reduce justice involvement.
- In addition to clinic-based solutions - providing access to acute treatment, housing resources and sober homes would help create a more robust and comprehensive system of care. Linkage to ongoing care is a growing issue in Travis County due to community capacity, particularly for individuals without insurance.
- Explore harm reduction interventions which are demonstrably effective for substance use disorder. Increase funding and access to Naloxone, a medication that reverses an opioid overdose and key overdose strategy. Allow access to harm reduction tools such as fentanyl test strips and other safe use supplies to individuals with substance use disorder and for distribution by community-based organizations. Numerous studies confirm that harm reduction prevents overdose, infectious diseases, and supports recovery for those who seek it. Harm reduction is also effective in recruiting a larger proportion of affected clients and in reaching populations that conventional treatment programs rarely reach.
- The Good Samaritan Law: Provide immunity from arrest, charge or prosecution for individuals who are around persons who use substances and may have overdosed. This will encourage reporting and reduce overdose death. Currently, our law disqualifies many people from protection in Texas. Most notably, people who have been previously convicted of a drug offense and people who have called for medical assistance for an overdose in the last 18 months.
- Expansion of 340B drug pricing to Local Mental Health Authorities and CCBHC's. This would allow for access to prescription drugs at significantly reduced prices.



## Housing

- Support greater development of Housing First in Texas to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry. Stable housing and regular access to cost-effective services are imperative to achieving and maintaining recovery as well preventing the cycle of re-institutionalization and re-incarceration.
- Invest funding in Permanent Supportive Housing with wraparound support services, such as case management, primary and mental health care, substance use treatment and employment services. Funding for ongoing service provision and clinic care is needed in order to sustain recovery.
- Explore and support housing options for populations who cannot be served by current housing solutions such as individuals with co-morbidities, chronic medical conditions, brain trauma, legal issues or other needs that do not currently fit within the bounds of current housing solutions.
- Support funding for rental assistance programs, utilities, down payments and other housing supports for individuals with substance use disorder, intellectual and developmental disabilities and youth.



## Intellectual and Developmental Disabilities (IDD)

- Invest funds to address increased operational costs and severe workforce shortages in community-based IDD services by increasing compensation for direct care workers and adjusting provider rates to support the actual cost of service delivery in ICF, HCS and TxHmL Waiver Programs.
- Continue efforts to reduce or eliminate Interest Lists for individuals with IDD and address increased demands on LIDDA intake, enrollment, and other service coordination activities. Encourage the State to coordinate with the LIDDA in advance of the release of Interest List slots so that LIDDAs may begin hiring service coordinators in anticipation of increased needs. Hiring staff can take anywhere from 8-12 weeks, and in the meantime, clients are assigned to current service coordinators who are already at capacity or more.
- Further strengthen efforts to ensure that individuals with IDD are not at risk of long-term institutionalization or incarceration. Our communities need programs and services that offer temporary specialized residential placement options, increased access to out-patient mental health care and other clinical services such as occupational therapy, social work and board-certified behavior analysts. Providing quality mental health services reduces the need for higher cost crisis services and costly institutional services.
- Appropriate funds and coordinate collaborative efforts with community healthcare providers and other interested parties to develop long-term children's IDD crisis residential centers with built-in psychiatric and other clinical services. Currently, children with IDD either have to be placed out of county, out of state, be considered for admission to a State Supported Living Center (SSLC) or remain with their family -- risking repeated law enforcement involvement and hospitalization.
- Support funding to create awareness about the Employment First Initiative, encouraging competitive employment for individuals with IDD in jobs other than those offering minimum wage.



## Criminal Justice

- Prevent the overuse and misuse of arrests, emergency detentions, hospitalizations, and Emergency Department admissions during a mental health crisis, by having robust crisis response in communities at all times.
- Establish programs that divert individuals with co-occurring mental health and substance use disorders and intellectual and developmental disabilities from the criminal justice system to community-based services prior to arrest.
- Further expand outpatient capacity to accommodate population growth, promote prevention, ensure ready access to outpatient care when needed, provide alternatives for individuals who are diverted from incarceration and ensure access to services for individuals transitioning out of more intensive levels of care, particularly those with IDD who need specialized housing options in the community.
- Expand the authority to place individuals on a Peace Officer Emergency Detention (POED) to Licensed Professional Counselors (LPC) and Licensed Clinical Social Workers (LCSW). Mental health professionals are trained to serve individuals in crisis, de-escalate and link individuals to ongoing care. Certifying LPCs and LCSWs to issue emergency detentions will reduce the burden on law enforcement and provide additional supports in crisis intervention for our community.
- Expand supports for individuals with co-occurring IDD and mental illness waiting in hospitals and jails for competency restoration evaluations. There is a need for access to the least restrictive levels of care that are safe and secure.
- Increase funding for Outpatient Competency Restoration programs. There are a limited number of competency restoration programs operating in the state. As a result, many people with mental illness remain in jail while waiting for an inpatient bed.
- Increase investments in the SB 292 Grant Program with a focus on co-responder models that partner law enforcement and mental health professionals, as well as collocation with and/or training for 911 operators on what to do when a call involves a mental health crisis.



# Glossary of Terms

## Terms and Definitions

**340B Drug Pricing Program:** Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients.

**988 Suicide & Crisis Lifeline:** formerly known as the National Suicide Prevention Lifeline, offers 24/7 call, text and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

**Certified Community Behavioral Health Clinic (CCBHC):** a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

**Community-Based Services:** encompass a wide variety of programs and services designed to meet local needs. These programs are delivered primarily by community agencies and sometimes through hospitals or health clinics. These include but are not limited to housing services, case management, multi-disciplinary teams providing treatment to clients in their homes and in their communities, peer support and self-help programs, crisis and mobile crisis services, diversion programs, club houses, and employment services.

**Employment First Initiative:** the concept that competitive and integrated employment in the general workforce should be the first and preferred option for people with disabilities receiving assistance from publicly-funded systems. As a part of this initiative, both employment assistance and supported employment are provided by HHSC which help find and maintain employment.

**Good Samaritan Law:** the law states that a person who in good faith administers emergency care at the scene of an emergency or in a hospital is not liable in civil damages for an act performed during the emergency unless the act is willfully or wantonly negligent.

**Harm Reduction:** a set of practical strategies and ideas aimed at reducing negative consequences associated with substance use. Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use substances “where they’re at,” and addressing conditions of use along with the use itself.

**Housing First:** a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.

**Intellectual and Developmental Disabilities (IDD):** includes many severe, chronic conditions that are due to mental and/or physical impairments. IDD can begin at any time, up to 22 years of age. It usually lasts throughout a person's lifetime. People who have IDD have challenges with major life activities such as language, mobility, learning, self-help, independent living.

**Local Intellectual and Developmental Disability Authority (LIDDA):** serve as the point of entry for publicly funded intellectual and developmental disability (IDD) programs, whether the program is provided by a public or private entity. LIDDAs provide or contract to provide an array of services and supports and are responsible for enrolling eligible individuals into the following Medicaid programs – Intermediate Care Facilities for individuals with IDD (ICF/IID), Home and Community-based Services (HCS) and Texas Home Living (TxHML).

**Local Mental Health Authority (LMHA):** also referred to as community mental health centers, LMHAs provide community mental health services to a specific geographic area of the state called a local service area. The Health and Human Services Commission (HHSC) requires each authority to plan, develop policy, coordinate and allocate and develop resources for mental health services in the local service area. HHSC contracts with 39 community mental health centers to deliver mental health services in communities across Texas.

**Medication Assisted Treatment (MAT):** the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA) and MAT programs are clinically driven and tailored to meet each patient’s needs.

**Mobile Crisis Outreach Team (MCOT):** a team made up of mental health professionals who help adults and children having a mental health crisis. Help is available 24/7 anywhere someone needs help – at home, work or school, in clinics, or on the streets. Services include mental health support for up to 90 days and care plans to help keep people safe. Clients are also connected to other Integral Care programs and local resources for ongoing care and recovery support. MCOT also works with police and EMS.

**Outpatient Competency Restoration:** the process by which defendants who have been found incompetent to stand trial (IST) are provided treatment and education so that they have a rational and factual understanding of the legal proceedings they will encounter.

**Permanent Supportive Housing (PSH):** an intervention that combines affordable housing assistance with voluntary support services to address the needs of individuals experiencing chronic homelessness. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.

**Peace Officer Emergency Detention (POED):** when an individual is detained and transported to a facility for psychiatric care, and is issued after an officer determines a person in the throes of a mental health crisis represents an immediate risk to themselves or others, or is deteriorating mentally to the point where they're unable to make safe choices.

**SB 292 Grant:** senate bill passed in the 2017 legislative session creating a grant program to reduce recidivism rates, arrests, incarceration among individuals with mental illness and a reduction in wait times for forensic services by offering collaborative grants for justice-involved individuals. Collaborative partners must include the county, LMHA and hospital district; other local entities may also participate.

**State Supported Living Center (SSLC):** serve individuals with IDD who are medically fragile or who have behavioral challenges with an IQ of 69 or below. SSLCs provide 24-hour residential services, comprehensive behavioral treatment services and health care services, including physician services, nursing services and dental services. Other services include skills training, occupational, physical and speech therapies, vocational programs and services to maintain connections between residents and their families and natural support systems.

**Substance Use Disorder (SUD):** a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.

**Texas Child Health Access Through Telemedicine (TCHAT):** provides telemedicine or telehealth programs to school districts to help identify and assess the behavioral health needs of children and adolescents and provide access to mental health services.