Appropriations
Mental Health America of Greater Houston seeks to increase or maintain the funding levels for mental and behavioral health achieved during the 84th Legislative Session.

Protecting Funding for Community-based Behavioral Health Services
Over the last two sessions, the Texas Legislature has made substantial investments in community-based and support services that help people with mental health and substance use disorders achieve recovery and live meaningful lives. Despite this, in a December 2015 report, the Department of State Health Services reports that more than 1,400 adults remain on the statewide waiting list for mental health services. When people cannot access necessary behavioral health services, they have the potential to deteriorate into crisis and set off a costly and inefficient cycle of emergency room utilization, incarceration and homelessness.

Recommendation: Increase funding for Community-based mental health and substance use services to eliminate waiting lists and ensure that the indigent are able to access necessary services.

Providing Permanent Supportive Housing & Continuity of Care
Approximately 75% of Houston’s homeless population has a mental illness, many with a co-occurring substance use disorder. Homeless individuals with mental illness are more likely to be incarcerated and utilize acute-care services than those without mental or behavior health issues. Permanent supportive housing and continuity of care services have been proven to be effective at reducing involvement in acute care systems.

Recommendation: Support funding initiatives that will increase access to permanent supportive housing and continuity of care services for individuals with mental illness and substance use disorders.

Addressing the Shortage of Qualified Behavioral Health Professionals
Almost 90% of Texas counties have been designated total or partial Mental Health Professional Shortage Areas. In order to ensure that people with mental illness can access quality mental health services, the State of Texas must prioritize increasing the number of behavioral health professionals throughout the state – particularly in underserved communities.

Recommendation: Support initiatives to further reduce the behavioral health workforce shortage, including funding for residency positions and loan forgiveness/repayment programs for behavioral health professionals and expanding the use of certified peer specialists in environments such as emergency rooms, FQHCs, consumer-operated service centers and criminal justice facilities.

Increasing School Behavioral Health Services
National prevalence estimates indicate that 20% - or 1 out of every 5 – of our children has a mental illness or addictive disorder that causes at least some level of functional impairment. Youths with behavioral health issues may experience challenges such as academic underachievement, criminal justice involvement and even suicide. In fact, more than one-quarter of the total costs for mental health treatment services among adolescents were incurred in the education and juvenile justice systems.

Children and adolescents spend the majority of their waking hours at school, making classrooms the ideal setting to recognize and initiate services to address the social, emotional and behavioral needs of our kids.

Recommendation: Support school-based initiatives that improve prevention, identification and treatment of behavioral health issues among students.
Ensuring the Integrated Delivery of Behavioral Health and Primary Services
People with mental illness are five times more likely to have a co-occurring physical health condition than those in the general population, and those with serious mental illness die 25 years earlier than the population at-large, mainly due to treatable co-occurring physical health conditions. In addition, people with substance use disorders are affected by a range of health conditions that are directly related to those disorders, e.g. cardiomyopathy, gastritis and liver disease, as well as a greater risk of congestive heart failure and pneumonia. Overall, the health care costs for treating people with mental health and substance use disorders are more than twice the costs of treating those without them and are projected to exceed $280 billion by 2020.

During the past two decades, studies have shown that integrating behavioral health and primary care services can improve mental and physical outcomes, reduce substance use and decrease service utilization and medical costs.

Recommendation: Promote the expansion and sustainability of integrated health care in Texas, with a focus on financing mechanisms and provider preparation.

Supporting the Mental Health and Well-Being of Women During and After Pregnancy
Mental disorders are the second leading cause of hospitalization of women of child-bearing age in Harris County and in Texas. Approximately 12,000 - 15,000 women in Harris County and 69,000 - 79,000 women in Texas experience postpartum depression (PPD) each year. Despite such great prevalence of PPD in our communities, one of the biggest obstacles to treating both PPD and other perinatal mood disorders remains access to care. Many providers emphasize the importance of screening and identification, but coverage for these services, as well as for treatment, is too often difficult to access and frequently expires before it can be used. Stigma surrounding PPD and perinatal mood disorders also presents a significant barrier to women and families who should be seeking care.

Recommendation: Increase funding to provide for additional screening, increased awareness and educational tools for women during the perinatal period. In addition, increase Medicaid funds to ensure new mothers have mental health care coverage for a full-year following the birth of a child.

Protecting the Mental and Behavioral Health of Our Veterans
More than 200,000 veterans of military service live and work in Houston/Harris County, making it home to one of the largest populations of military service members and families in the nation. Research continues to show that many of these veterans who were deployed in Iraq and Afghanistan may experience a variety of issues that can compromise their successful return to their families, jobs and community and that the behavioral health needs of veterans returning from war fronts in Iraq and Afghanistan are not being adequately met by our current systems of care.

Recommendation: Continue funding for programs such as the Military Veteran Peer Network (MVPN) and the Harris County Veterans’ Treatment Court Mentor Program to ensure that our veterans’ behavioral health needs are met.

Expanding Coverage to the Uninsured
With the nation’s highest uninsured rate of 19.1%, Texas is home to more uninsured children and adults - approximately 1 in 5 - than any other state in the country. Among these, approximately 1 million have a mental health or substance use disorder. Without access to coverage, many uninsured Texans end up in local hospitals and emergency rooms, with local taxpayers footing the bill.

While Medicaid expansion as laid out under the ACA may not currently be practical for Texas, the Centers for Medicare and Medicaid services has approved several 1115 Waivers that provide greater flexibility to states to tailor coverage programs to meet their specific local needs while still offering the enhanced federal Medicaid matching rate.

Recommendation: Leverage the use of federal funds available through 1115 Waiver Programs to expand health coverage to adults making less than 138% of the Federal Poverty Level.