



## **Doctors for Change 2019 Policy Priorities**

### **Improving Access to Mental Health Care in Texas**

#### **ABOUT DOCTORS FOR CHANGE**

Doctors for Change is a member-based organization with over 1,500 participating health care providers, students, and medical residents throughout the Houston region. Our members, Board of Directors, and Leadership Team donate countless hours to make our organization run. The Board and Leadership team work closely with committees and our staff members to accomplish all of the work that we do. Doctors for Change works to increase access to care and improve the health of all Houstonians and all Texans through research, education, collaboration, and advocacy.

#### **WHY ACCESS TO MENTAL HEALTH CARE**

**Nationally, 46.4% of adults experience mental illness at least once in their lifetime; 26.2% of adults experience mental illness annually. > 1.3 million Texas children (or 20%) have a mental health disorder. Texas has made great strides in improving funding for mental health services in the last three legislative sessions. Unfortunately, Texas continues to rank 49th in the US for per capita for spending on mental health. And we continue to take care of patients who struggle to access mental health care.**

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#### **A QUOTE FROM DFC MEMBER AND LOCAL PEDIATRICIAN**

*“Every day I am in clinic I identify a patient with an untreated mental health concern. Unfortunately – even after I refer my patients to mental health services for further evaluation and treatment – many of my patients are either not able to access these services or the wait time is so long that the symptoms get worse and have a negative impact on my patients (in terms of relationships with friends/ family, school performance, attempts to self-medicate with street drugs, etc.).”*

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## **RECOMMENDATIONS FOR IMPROVING MENTAL HEALTH CARE INCLUDE:**

### **1. Improve access to school-based mental health services.**

We must better address mental health in our schools. Children do not feel safe at schools anymore. In addition – many children are trying to cope with trauma – from natural disasters like Hurricane Harvey, school shootings like Santa Fe, fear of deportation of a parent or loved one, bullying, etc. By addressing mental health in schools – we have an opportunity to prevent the tragedies of youth suicide and also ameliorate the negative impact mental illness has on student academic performance and behavior in schools. We recommend the following:

- Increase funding for school mental health services. The initial budget draft in the House included TEA's proposed \$12 million for school-based mental health services. We would like to see this added to the Senate budget.
- Increase access to school-based mental health providers. In Houston ISD, there is only 1 counselor for every 1,604 students (1 for 250 is recommended). We ask for more counselors AND increased access to mental health providers in school-based clinics.
- Require mental health to be included in health education curriculum across all grade levels in a developmentally appropriate manner.
- We also ask for increased training in trauma-informed practices in Texas schools to support students who experience trauma and grief.



Pertinent legislation:

- HB 18 (Price): Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel. **Committee report sent to Calendars 4/4.**
- SB 913 (Watson): Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel. Referred to Education 3/1.
- HB 198 (Thierry): Relating to providing mental health services and mental health education to public school students at school-based health centers. **Left pending in Public Education committee on 2/26.**
- HB 204 (Thierry): Relating to the inclusion of instruction about mental health in the required curriculum for public school students. **Left pending in Public Education committee on 2/26.**
- HB 906 (Thompson, Senfronia): Relating to the establishment of a collaborative task force to study certain public school mental health services. **Sent to Local and Consent Calendar 3/27.**
- HB 1072 (Price): Relating to mental health and substance use resources for certain school districts. Referred to Public Health 2/26.
- HB 1312 (Moody): Relating to the provision of on-campus mental health services by a school district and reimbursement under Medicaid for certain services provided to eligible students. **Left pending in Public Education on 3/26.**
- HB 1335 (Price): Relating to the establishment of school-based behavioral health centers by school districts and a grant program administered by the executive commissioner of the Health and Human Services Commission for the operation of those centers. **Scheduled for a hearing in Public Health on 4/10.**
- SB 344 (Watson): Relating to the participation of campus-based mental health professionals in certain health benefit plans. Referred to Business & Commerce 2/7.
- HB 2997 (Talarico): Relating to suicide prevention training for certain public school employees and public school mental health related programs and the applicability of related immunity provisions. **Left pending in Public Education on 3/26.**
- HB 3411 (Allison): Relating to suicide prevention in public school curriculum and certain educational programs concerning suicide prevention and substance abuse prevention. **Left pending in Public Education on 3/26.**
- SB 1390 (Menendez): Relating to suicide prevention in public school curriculum and certain educational programs concerning suicide prevention and substance abuse prevention. Referred to Education 3/14.
- HB 3888 (Ramos): Relating to a school district's plan for parental involvement concerning mental health and substance use issues and suicide prevention. Referred to Public Education 3/19.



**2. Improve access to mental health services and utilize more integrated behavioral health models to provide both mental and physical health care. Utilization of telemedicine to make mental health care more accessible.**

Pertinent legislation:

- HB 628 (Thierry): Relating to an acute psychiatric bed registry to list available beds for the psychiatric treatment of certain individuals. Referred to Public Health 2/21.
- HB 1578 (Thierry): Relating to establishing the Mental Health Crisis and Suicide Prevention Task Force. Referred to Public Health 3/4.
- HB 1598 (Lambert): Relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties. Referred to Public Health 3/4.
- SB 633 (Kolkhorst): Relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties. **4/4 Not again placed on intent calendar.**
- HB 2693 (Thierry): Relating to the establishment of a grant program to enhance community-based suicide prevention efforts. Referred to Public Health 3/11.

The creation of a **Texas Mental Health Care Consortium** would establish a network of comprehensive child psychiatry access centers to provide consultation services and training opportunities for pediatricians and primary care providers on a regional basis. The consortium would also seek to expand the use of telemedicine for identifying and assessing behavioral health needs and providing access to mental health care services.

Pertinent legislation:

- SB 10 (Nelson): Relating to the creation of the Texas Mental Health Care Consortium. Committee hearing 2/12 - Health & Human Services. **Out of the Senate and referred to Public Health on 3/28.**



The creation of a **Texas Mental & Behavioral Health Research Institute** would revolutionize the understanding of the causes of and treatment options for mental illnesses in Texas children.

Almost half of children ages 13 to 18 will suffer from a mental health disorder during their lifetime. For 1 in 5 of these adolescents, the mental illness will be serious enough to warrant treatment, and yet in Texas only a fraction of these adolescents receive needed services from behavioral health providers.

Unidentified and untreated mental illnesses progress, causing multiple health problems for adolescents including substance abuse, secondary mental illnesses, teen pregnancy, and suicide. Untreated illness in children and teens often progresses into untreated illness in adulthood, reducing the productivity of the workforce and increasing days missed from work. Mental illnesses also negatively impact performance in the classroom, both for the students struggling with the illness as well as for their peers. Students with mental health illnesses have an increased risk of repeating a grade, skipping school, and even dropping out of school.

According to the CDC, in 2017, Texas students aged 14-17 years reported that 21% were in a physical fight, 19% were bullied on school property, 15% were electronically bullied, 10% experienced sexual violence, 34% felt sad or hopeless, 18% seriously considered attempting suicide and 12% attempted suicide.

Pertinent legislation:

- HB 10 (Thompson, Senfronia): Relating to grants and programs for researching and treating behavioral health and psychiatric issues. This bill would create the Texas Mental & Behavioral Health Research Institute, increase the number of child and teen psychiatrists and specialized nurses in Texas, and establish a telemedicine program connecting doctors and school nurses to mental health providers. **Considered in Calendars on 4/5.**
- HJR 5 (Thompson, Senfronia): Proposing a constitutional amendment providing for the issuance of general obligation bonds by the Texas Public Finance Authority to fund research, treatment, and access to services in this state for behavioral health, mental health, and substance use and addiction issues. **Considered in Calendars on 4/5.**

**3. Maintain Graduate Medical Education funding to continue the pipeline of trainees providing mental health to future Texans. Continue to grow the loan repayment program, an evidence-based program to bring more mental health providers to the underserved Texas population.**

Pertinent legislation:

- HB 955 (Thompson, Senfronia): Relating to eligibility requirements for student loan repayment assistance for certain mental health professionals. Referred to Public Health 2/25.
- SB 503 (Seliger): Relating to eligibility requirements for student loan repayment assistance for certain mental health professionals. Referred to Higher Education 2/14.
- HB 1669 (Lucio III): Relating to a comprehensive plan for increasing and improving the workforce in this state to serve persons with mental health and substance use issues. **Scheduled for hearing in Public Health on 4/10.**
- SB 429 (Lucio): Relating to a comprehensive plan for increasing and improving the workforce in this state to serve persons with mental health and substance use issues. Referred to Health and Human Services 2/14.

#### **4. Address the opioid crisis and all substance abuse in Texas.**

There were 1,375 deaths from opioid overdoses in Texas in 2016. From 2012 – 2015, drug overdose was the leading cause of maternal death in the first year after birth (58% due to opioids). In 2015, approximately 40% of opioid-overdose deaths occurred in young people (15-34 years). Opioid addiction costs the state of Texas over \$20 billion annually (\$706 per capita). Texas Medicaid claims for opioid-related emergency department visits increased by more than 40% from 2008 – 2011. Texas, like the United States as a whole, needs to further address this crisis. We therefore recommend:

- Use the Medicaid program to increase access and funding for medication-assisted treatment (MAT). Texas Medicaid covers MAT (i.e. methadone, suboxone or buprenorphine, and naltrexone) for individuals diagnosed with opioid use disorder. If Texas were to expand access to care through Medicaid, more individuals who need treatment for opioid use disorder would be able to access MAT.
  - Amongst Texans who qualify for state-funded MAT in 2016, only 30% of those on the waitlist were able to receive treatment. Only 5.8% of uninsured adults needing treatment were able to receive it through funding from the Substance Abuse Prevention & Treatment federal block grant. The average wait time for access to MAT is 68 days.
- Mandate prescriber education on pain management (5 states already require that physicians receive Continuing Medical Education on pain management).
- Require electronic medical records to directly connect with the Texas Prescription Drug Monitoring at no cost to the physician (thus decreasing the administrative burden of physician).
- Fund integrative, multidisciplinary pain management programs. Addiction to opiates and chronic pain are complex biopsychosocial issues that are optimally managed using a multifactorial approach. Texas lacks programs that approach the problem in an integrative, evidence-based manner (including promoting use of non-opioids first,



stepwise approach, physical therapy, counseling and other interventions that de-emphasize medication alone for pain control).

- Specifically address opioid addiction during and after pregnancy.
- Implement primary prevention strategies targeting children in school given the increasing use in adolescents and young adults.

Pertinent legislation:

- HB 1292 (Price): Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder. Referred to Public Health 2/27.
- SB 436 (Nelson): Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder. **Committee Report printed and distributed.**
- HB 1293 (Price): Relating to recommendations by local school health advisory councils regarding opioid addiction and abuse education in public schools. Referred to Public Education 2/27.
- SB 435 (Nelson): Relating to recommendations by local school health advisory councils regarding opioid addiction and abuse education in public schools. **Committee Report printed and distributed.**
- HB 536 (Thierry): Relating to distinctive packaging for opioid drugs. Referred to Public Health 2/20.

## **5. Improve access to mental health care for women with postpartum mood disorders:**

Perinatal depression (PPD) is a serious depressive mood disorder that affects mothers during pregnancy and the year following childbirth. While there is no formal collection of PPD diagnoses across the U.S., it is estimated that 10-25% of women suffer from PPD. Beyond significant maternal distress, untreated PPD is associated with poor child health outcomes.

In 2015 – 2016, Texas recognized the importance of increasing the awareness, education, and continuity of care for women with PPD. Initiatives included the designation of May as PPD Awareness Month in tandem with a PPD outreach campaign in May 2016, as well as the HTW auto-enrollment process to close the coverage gap for vulnerable Texas women using MPW. In 2017, Texas Medicaid policy changed to allow pediatricians and family physicians to screen mothers for PPD during well-child visits and reimburse both screening and treatment costs through Children’s Medicaid (CHIP): However, there are still many barriers to identifying and treating Texas mothers with PPD. We therefore recommend:

- Extend Medicaid for Pregnant Women coverage to one-year post-childbirth (discussed above).
- Broaden coverage within HTW to cover more comprehensive care for perinatal mood disorders such as postpartum anxiety and postpartum psychosis. Postpartum anxiety is



very common and affects up to 20% of women. While postpartum psychosis is rare and affects less than 1% of women, patients with postpartum psychosis can have severe symptoms such as delusions, mood swings, confused thinking, and disorganized behavior which may result in harm to themselves or their infants.

- Expand care options for patients with perinatal mood disorders.

Pertinent legislation:

- HB 253 (Farrar): Relating to a strategic plan to address postpartum depression. **Considered in Calendars on 3/27.**
- HB 2600 (Coleman): Relating to coverage for certain services relating to postpartum depression under the medical assistance and CHIP perinatal programs. **Scheduled for a hearing in Public Health on 4/10.**
- SB 307 (Watson): Relating to the Medicaid eligibility of certain women for behavioral health services after a pregnancy. Referred to Health & Human Services 2/7.