

Affiliate Input Survey Items Descriptions for 2014-15 NAMI Texas Public Policy Platform Development

a. Supportive Housing – Access to housing and supportive housing services is a critical need throughout the state. This critical component of recovery is often overlooked and it consistently emerges as one of the most pressing needs of individuals with mental illness in Texas. The supply of permanent supportive housing in the community should be increased. Individuals with mental illness need more rental assistance dollars and expanded opportunities to stay out of the hospital and in the community. This requires housing with built-in supports that enable individuals with mental illness to maintain stable lives that are on a course of recovery. It is important that the population served by new housing opportunities not exclude those with felony convictions that occurred due to untreated or undertreated mental illness. We will be supporting the continuation of the housing funding that was appropriated in the 2013 session for each area of the state.

b. Supported Employment – Supported employment is a well-defined approach to helping people with disabilities participate in the competitive labor market, helping them find meaningful jobs and providing ongoing support from a team of professionals. Most consumers with mental illness want to work and feel that work is an important goal in their recovery. However, it seems they are often excluded from employment programs offered through the state's Division of Assistive and Rehabilitative Services. We consistently hear from families around the state that their loved ones with mental illness are unable to access employment. The state should provide more funding for and attention to supported employment for individuals with mental illness. Particularly, funding for the growth and expansion of Clubhouses should be looked at, much like the states of Massachusetts and North Carolina have done.

We will be supporting exceptional item 5d in the DSHS Legislative Appropriations Request (LAR) that will award funding to both existing and start-up clubhouses as clubhouses are excellent sources of employment readiness training and supported employment.

c. Mental Health Information Disclosures – Families of individuals with mental illness often have trouble accessing basic information about their loved ones who present in hospitals and other treatment settings. Facilitating the involvement of family members in the recovery processes of their loved ones strengthens a critical component of the support system and makes it less likely that people will return to expensive acute treatment settings. The disclosure of basic information to family members is permitted under HIPAA but not the Texas Health and Safety Code. Legislation should be considered to clarify the scope of the information that can be communicated to family members. The release of such information, provided that it falls within the confines of federal laws and respects an individual's right to self-determination, would bring peace of mind to family members and enhance their extremely important role in their loved ones' recovery processes. We have been watching the federal bill filed by Rep. Murphy of PA that includes loosening HIPAA restrictions on communications with families and will also be proliferating the federal clarification of HIPAA as it concerns communications with families as it allows much more communication than previously thought.

d. Treatment rather than Jail in Misdemeanor Assault Cases involving Persons with Mental Illness – All too often, domestic violence incidents committed by individuals with mental illness leads to criminal charges, even when the person's mental illness was a direct causative factor and no one (not even the victim) wants to see assault charges filed. This leads to involvement with the criminal justice system, despite the fact that treatment is a more appropriate and desirable intervention than jail when mental illness was a primary contributing factor to the incident. In misdemeanor assault / domestic violence cases involving individuals with mental illness, police officers should, when requested by the victim, take the perpetrator to an approved psychiatric facility rather than jail. Later on, a follow up investigation should be completed to determine if charges should be filed or dismissed due to the violator's mental illness.

Rep. Burkett's office is revisiting filing a bill on this subject again this session and we will work with her on this. However, it may be too late to get all of the law enforcement entities from around the state and the organizations that are active in opposing domestic violence together on the exact language of the bill, which has been the sticking point in the past.

e. Continuation of Benefits upon Release from Criminal Justice Facility – Persons receiving Medicaid benefits who are jailed or in the State Hospital, or other free standing psychiatric hospitals, for longer lengths of stay have those benefits suspended or terminated due to state regulations governing the preclusion of use of Medicaid to cover treatment costs

in jails or prisons and CMS regulations about funding free standing psychiatric hospitals. It is cumbersome to have those benefits restored upon release, sometimes necessitating re-application, which is a very lengthy process. Legislation should be considered to ensure that benefits are immediately reinstated upon the release of an inmate or person who has been hospitalized so that follow-up treatment in the community is not jeopardized due to lack of payor source and/or lack of ability to access stable housing and to meet basic needs.

Rep. Menendez has refilled a bill to accomplish this and we will strongly support it. He carried it last session but it got stuck in committee because the sheriffs' association opposed it. We have begun working with that association behind the scenes and hope to get movement on this bill this session. Their issue was the work involved in reporting releases to Social Security.

f. Emergency Room Holds in Med/Surg Hospitals - Currently, when medical/surgical emergency room staff encounters an individual they believe to be a danger to themselves or others, they are faced with two less-than-ideal options. The first option is to let the person go, call the police, and hope that law enforcement arrives in time, which usually does not happen. Their other choice is to hold the individual without any legal authority to do so and call the police to detain them on an Apprehension by a Police Officer Without a Warrant. This puts hospitals in a precarious situation regarding liability, overburdens the police, and neglects to link individuals in mental health crises to appropriate interventions. Furthermore, it exposes them to removal from an emergency room by law enforcement, which can be more traumatic than having the emergency room get a warrant to transport the person to an appropriate psychiatric facility by private transport. Hospitals should be authorized to adopt policies allowing attending physicians to hold the individual to whom the physician is providing medical services for a specified period of time (not to exceed 24 hours) when the individual has a mental illness and may be a danger to themselves or others.

It is probably that one or more bills will be filed on this issue and NAMI TX will work with the other advocates to agree on a time period for the holds that will satisfy all parties, as that was the deal-breaker last session.

g. Funding – This perennial concern of advocates for better mental health services will undoubtedly be a leading issue again in the 2015 session. Though funding was significantly increased in 2013, it is likely that Texas still ranks well below the national average in per capita spending. There are still major components of our mental health system that remain underfunded. Decreasing funding would counteract the progress that has been made on this issue and weaken our system. At the very least, funding for mental health services should not dip below levels set by the SFY 2015 budget. This is a perennial issue for NAMI and we will strongly support continued funding at the 2014 level and additional funding for special projects.

h. Mental Health Workforce Shortages – Legislation was passed in the 2013 session requiring the state to study and make recommendations on alleviating mental health workforce shortages. As of March 2014, there is a draft report out with recommendations including incentives for workers, expansion of medical education, reconsideration of scope of practice and integrated care, targeted recruitment, telemedicine, curriculum changes, expanded training in clinical settings, assessment of mental health service needs, and workforce development data. Some or all of these recommendations should be prioritized by the Legislature in the 2015 session.

NAMI Texas will be supporting all legislation that will enhance all levels of the behavioral health workforce.

i. Peer Supports – Peer support means getting help from someone who has been there. People with similar experiences may be able to listen, give hope and guidance toward recovery in a way that is different, and may be just as valuable as professional services. Texas needs a greater supply of peer support services. There should be more funding available for peers to be training and certified in providing these services. Peer provider certification should be available at Texas community colleges. Additionally, Texas must work to make sure that peers with felony convictions are not barred from providing peer support services – they offer a valuable perspective on recovery and should be brought into the fold. NAMI TX is already talking to several legislators about carrying legislation to study the feasibility of having a certification program in the Community and Technical Colleges to educate Peer Providers.

j. Insanity Defense – This issue is brought up in every session and NAMI Texas regularly supports efforts to more appropriately define the definition of “not guilty by reason of insanity” and ensure better legal representation for those entering this plea. **k. Competency Restoration** - This issue is brought up in every session. Reasonable time frames for the resumption of criminal proceedings should be set after an individual's competency is restored. Failure to do so results in persons cycling between jail and the state hospital because competency is lost before court proceedings are held when such proceedings are not scheduled timely. This presents both hardships for the person who is incarcerated and a burden on limited state hospital beds.

Legislation on this issue is filed each session and NAMI TX will work to help pass legislation that recognizes modern scientific knowledge on this issue.