

87th Legislature Policy Platform

Increase funding for a broad spectrum of prevention, early intervention, and treatment services for mental illness and substance use disorders, including for suicide and opioid overdose prevention

An estimated 5.8 million Texans have a mental illness, and 1.4 million have a substance use disorder¹. The earlier these illnesses are appropriately identified and treated, the better the outcomes. In addition, prevention services, including for suicide and opioid overdose prevention, are a far more cost-effective investment than the potential costs of the health care, criminal justice, and other systems. If prevention fails, there also must be a pathway for Texans in need to easily access recovery treatment services. Thus, the Legislature should significantly invest in prevention, early intervention, and treatment services—as well ensuring a robust behavioral health workforce—to improve both individual and community outcomes.

Increase access to tele-behavioral health services across all populations in Texas

Several studies have found that tele-behavioral health therapy across the continuum of care is as effective as face-to-face interventions². In response to COVID-19, the state implemented temporary flexibilities to provide telehealth services, which demonstrated that care delivery via telehealth is a safe and effective option for adults and children. The state has also begun implementation of school-based telehealth options through Texas Child Health Access Through Telemedicine (TCHAT) program. To build upon these services, the Legislature should make telehealth flexibilities granted during the pandemic permanent, remove regulatory barriers, ensure payment parity, and increase access to telehealth equipment for providers.

Increase jail diversion options for people with behavioral health issues

An estimated 34% of Texas prisoners have a mental illness, many with a co-occurring substance use disorder.³ Pre-arrest and pre-booking diversion programs, such as the Judge Ed Emmett Mental Health Diversion Center, have demonstrated success in preventing individuals with behavioral health issues from entering the criminal justice system and promote alternatives to arrest, jails and emergency rooms for law enforcement. The Legislature should continue to invest funds in community-based/crisis behavioral health programs and specialty courts that can serve as alternatives to incarceration, as well as re-entry programs that help individuals reintegrate into local communities.

Expand supportive housing and recovery housing options for people with behavioral health issues

In Texas, at least 52.8% of individuals experiencing homelessness have a co-occurring mental illness and substance use disorder⁴. For many people experiencing a behavioral health issue, housing is often the cornerstone of treatment. Without a safe, stable place to live, medication adherence and abstinence from substances can prove difficult. In addition, many who leave acute care treatment need a transitional period of housing and wraparound support to successfully reintegrate back into the community. For this reason, The Legislature should leverage federal funding to expand supportive and recovery housing, as well as other short- and long-term brick and mortar housing options.

Expand Medicaid or other coverage options for people with behavioral health issues

More than 4.8 million people under age 65—or 1 in 5 people—are uninsured in Texas⁵. High unemployment due to the COVID-19 pandemic may continue to increase these numbers. Lack of insurance contributes to an overburdened public behavioral health service system and helps drive overutilization of emergency rooms and acute care. The expiration of the 1115 Transformation Waiver and DSRIP will further reduce access to care, as DSRIP federal funds account for a significant amount of adult public mental health funding statewide and provide needed services for the indigent. The Legislature should seek to either expand Medicaid, extend the 1115 Medicaid Waiver DSRIP projects, or develop a plan that will make low-cost coverage available for adults and their families who currently are ineligible for Medicaid but cannot afford coverage on their own.

¹: <https://store.samhsa.gov/product/Behavioral-Health-Barometer-Volume-5/sma19-Baro-17-US>

²: <https://nasadad.org/wp-content/uploads/2015/03/Telehealth-in-State-Substance-Use-Disorder-SUD-Services-2009.pdf>

³: <https://www.texasstateofmind.org/focus/smart-justice/>

⁴: <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2018/leg-presentations/house-public-health-mental-illness-homelessness-sept-12-2018.pdf>

⁵: <https://www.texmed.org/TexasMedicineDetail.aspx?id=52471>