

**To:** Texas Health & Human Services Commission

**Subject:** Legislative Appropriations Request Recommendations from the Network of Behavioral Health Providers

**Date:** November 19<sup>th</sup>, 2021

Greetings,

My name is Sydney Carter, and I am the Mental Health Policy Fellow at the Network of Behavioral Health Providers (NBHP). NBHP is a collaborative of the leadership of over 40 public and private, for-profit, and non-profit mental health and substance use treatment providers in greater Houston. I am pleased to provide comments today concerning NBHP's recommendations to HHSC concerning the Legislative Appropriations Request to the Texas Legislature.

NBHP stands firmly behind the belief that all Texans who suffer with mental illness and/or substance use disorder(s) deserve access to timely, high-quality care. Increasing the amount of funding available to various areas of the behavioral health system in Texas will help ensure an increase in access to care that millions of vulnerable Texans so desperately need and deserve. We believe the following issues should be included in HHSC's request to the Texas Legislature for the 2024-2025 Texas Budget:

- Increase the Medicaid reimbursement rate for various behavioral health services. Mental health and substance use disorder services historically have received lower Medicaid reimbursement rates than comparable physical health services. Additionally, the Medicaid reimbursement rate for Mental Health Peer/Recovery Support Specialists is abysmally low, with a proposed new rate of \$9.53 per quarter-hour<sup>i</sup> compared to \$15-25 per quarter-hour in Georgia.<sup>ii</sup> ***We urge HHSC to prioritize increasing the Medicaid reimbursement rate for behavioral health services, including at least doubling the current peer support services reimbursement rate of \$7.58 per quarter-hour to \$15.16 per quarter-hour.***
- Increase funding for the public behavioral health (mental health and substance use) care system in Texas to expand capacity in terms of services. Amid the COVID-19 pandemic, over 40% of adults reported behavioral health issues such as depression, substance use, and trauma related issues, including 10% who reported suicidal ideation.<sup>iii</sup> Prevention, early intervention, and treatment services not only provide people with the services they need but are a much more cost-effective option than the alternatives of homelessness, incarceration, and emergency room utilization. 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 residents in need to easily access recovery treatment services. ***We urge HHSC to request increased funding for both state-contracted mental health and substance use treatment services.***

- Allocate specific funding towards recovery housing in Texas.

For those 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. ***We urge HHSC to request the following investments for recovery housing:***

- **\$4.8 million** over the biennium, to provide rental assistance to 2,000 people per year (persons moving into Oxford House/NARR recovery homes), at \$1,200 per person (estimate of total rent for each person for first 90 days in the facility).
- **\$2.4 million** over the biennium, to employ 20 Recovery Housing Navigators across the state (aligned with the 20 Regional Healthcare Partnerships), at \$60,000 each per year.
- **\$120,000** over the biennium, to provide recovery housing certification to 50 houses per year, at \$600 per house, and 1 FTE to oversee the certification at \$60,000 per year.

- Invest funding into workforce development initiatives across the state.

Mental illnesses and substance use disorders are common, yet serious illnesses, and the isolation, loss, and trauma associated with the COVID-19 pandemic has further exacerbated these issues. While treatment for these illnesses has proven to be effective, access continues to be a barrier, particularly for vulnerable communities. One of the most significant factors affecting an individual's ability to access high-quality care is the availability of a well-trained behavioral health workforce. Texas' behavioral health workforce shortage is dire, with all but one county designated a full or partial Mental Health Professional Shortage Area (MHPSAs). ***We urge HHSC to request the investment of specific funds towards addressing behavioral health workforce development in the state:***

- **\$2.5 million** over the biennium to create a grant program for pipeline initiatives to educate a diverse array of students on behavioral health careers (high school/community college presentations, etc.) across the state.
- **\$7 million** over the biennium to cover clinical supervision costs for 1,000 behavioral health professionals across the state (1,000 x avg. \$70/hour for 100 hours of direct supervision)
- **\$1 million** over the biennium to fully certify 500 Mental Health Peer/Recovery Support Specialists across the state (500 x avg. \$650 for didactic training + avg. \$50/hour for 26 hours of direct supervision + application fee).
- Funding to at least double the Medicaid reimbursement rate for Mental Health Peer/Recovery Support Specialists (as previously described above).

- Funding for the continued operation of 168 indigent beds at the UTHealth Behavioral Sciences Center in Houston, Texas.

During the 87<sup>th</sup> Legislative Session, the Legislature funded the operation of 168 beds at the soon-to-be completed UTHealth Behavioral Sciences Center, which is expected to open in February 2022. These added beds will help to significantly relieve the strain on both the civil and forensic state hospital beds. ***We urge HHSC to request funding to ensure that these 168 beds remain open and available to serve indigent patients during the 2024-2025 biennium.***

Thank you so much for your time and for the opportunity to provide comments. Please do not hesitate to reach out if you have any comments, questions, or concerns. I can be reached via email at [scarter@nbhp.org](mailto:scarter@nbhp.org), or by phone 443-618-6086.

Sincerely,  
Sydney Carter

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<sup>i</sup> <https://pfd.hhs.texas.gov/rate-packets>

<sup>ii</sup> Kaufman, L., Kuhn, W., & Stevens Manser, S. 2016. Peer Specialist Training and Certification Programs: A National Overview. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

<sup>iii</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>