Behavioral Health Advisory Committee 2017
Legislative Recommendations

Texas Behavioral Health Advisory Committee
January 2017
Table of Contents

1. Executive Summary........................................................................................................3
2. Introduction..................................................................................................................3
3. Background................................................................................................................4
4. BHAC Recommendations ..........................................................................................4
   • Recommendation 1: Develop a Texas mental health/substance use workforce comprehensive plan .................................................................5
   • Recommendation 2: Increase officer mental health training.................................6
   • Recommendation 3: Extend officer probationary periods, and administer an additional psychological exam .................................................................7
   • Recommendation 4: Initial and periodic officer psychological evaluations should be performed by different providers than evaluations performed for purposes involving remediation........................................................................8
5. Implementation and Next Steps ................................................................................8
6. List of Acronyms..........................................................................................................9
7. Appendix A: Behavioral Health Advisory Committee Members .............................10
1. Executive Summary

Section 3.02, S. B. 200, 84th Legislature, Regular Session, 2015, authorized the Health and Human Services Commission (HHSC) Executive Commissioner to establish the Behavioral Health Advisory Committee (BHAC) as the state mental health planning council in accordance with the state’s obligations under 2 U.S.C. §300x-3. The BHAC is tasked with development of stakeholder recommendations to be submitted to the HHSC Executive Commissioner regarding the allocation and adequacy of mental health and substance use services and programs within the State of Texas. The BHAC may also submit a written report to the Texas Legislature of any policy recommendations made to the Executive Commissioner.

This report addresses the recommendations of the BHAC membership in the following areas:

- Direct HHSC to develop and implement a comprehensive plan for developing, increasing and improving the Texas mental health/substance use (MH/SU) workforce;
- Promote a graduated increase in officer mental health training, such that every FTO (field training officer) accrues at least 40 hours of mental health officer training by year 2022;
- Extend officer probationary periods, and administer an additional psychological exam in the first 18 to 24 months; and
- Initial and periodic officer psychological evaluations, should be performed by different providers than evaluations performed for purposes involving remediation.

The Behavioral Health Advisory Committee plans to work diligently in coordination with other stakeholders to implement the above listed recommendations to strengthen the MH/SU workforce and increased law enforcement training and oversight.

2. Introduction

The Behavioral Health Advisory Committee allows HHSC and the former Department of State Health Services (DSHS) Behavioral Health unit to streamline efforts to receive stakeholder input regarding mental health and substance use programs. The BHAC recommendations to the Health and Human Services system agencies regarding behavioral health services include:

- The promotion of cross-agency coordination, state/local and public/private partnerships in the funding and delivery of behavioral health services;
- The promotion of data-driven decision-making;
- The prevention of behavioral health issues and the promotion of behavioral health wellness and recovery;
- The integration of mental health and substance use disorder services in prevention, intervention, treatment, and recovery services and supports;
- The integration of behavioral health services and supports with physical health service delivery;
- Access to services and supports in urban and rural areas of the state;
• Access to services and supports to special populations;
• Rules, policies, programs, initiatives, and grant proposals/awards for behavioral health services; and
• The five-year behavioral health strategic plan and coordinating expenditure plan.

3. Background

The Sunset Advisory Commission directed the HHSC to establish a behavioral health advisory committee to provide regular input and make recommendations regarding mental health and substance abuse programs across the health and human services system. Additionally, S.B. 200 and S.B. 277, 84th Legislature, Regular Session, 2015, required the executive commissioner to establish and maintain advisory committees to consider issues and solicit public input across major areas of the health and human services system, including behavioral health.

The Behavioral Health Advisory Committee consolidated the functions of the Local Area Network Advisory Committee and the Drug Demand Reduction Advisory Committee, both abolished by S.B. 277. The Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders was reconstituted as a subcommittee of the Behavioral Health Advisory Committee to meet requirements for a mental health planning council under federal law. Additionally, it consolidated the Texas Children Recovering from Trauma Steering Committee and the Texas System of Care Consortium as another subcommittee of the Behavioral Health Advisory Committee. This subcommittee addresses the requirements of the National Child Traumatic Stress Grant and the Children’s Mental Health Initiative through the Substance Abuse and Mental Health Services Administration, as well as the requirements under S.B. 200. This subcommittee will continue the collaboration of state and local efforts for seamless systems of mental health supports and services for children, youth, and their families.

4. Behavioral Health Advisory Committee Recommendations

The Behavioral Health Advisory Committee sought input from community stakeholder groups the membership represents to identify recommendations related to behavioral health issues, and the promotion of behavioral health wellness and recovery that include:

- **Recommendation 1:** Develop a Texas mental health/substance use workforce comprehensive plan
- **Recommendation 2:** Increase officer mental health training
- **Recommendation 3:** Extend officer probationary periods and administer an additional psychological exam
- **Recommendation 4:** Initial and periodic officer psychological evaluations should be performed by different providers than evaluations performed for purposes involving remediation
Recommendation 1: Develop a Texas Mental Health/Substance Use Workforce Comprehensive Plan

Recommendation: Direct HHSC to develop and implement, to the extent possible without additional legislative direction, a comprehensive plan for developing, increasing, and improving the Texas mental health/substance use workforce. The comprehensive plan must include an analysis of existing studies, reports and recommendations, as well as implementation strategies, monitoring processes, and outcome evaluations methods. Timelines should be developed in conjunction with the comprehensive plan outlining short, mid, and long term quantifiable goals and objectives to ensure a framework for accountability.

Problem:

Mental health workforce challenges are not new to Texas or to the nation. Various legislative initiatives, agency reports, and advocacy efforts have offered recommendations for addressing workforce challenges across the various mental health disciplines. Texas has not adequately invested in developing a strong mental health workforce and the consequences remain the same. The crisis will continue unless Texas prioritizes the mental health workforce shortage and develops a comprehensive plan to address capacity problems. Lack of access to mental health professionals does not decrease costs to the state, it simply transfers the costs to more expensive alternatives such as incarceration, hospitalization, emergency department admissions, and homelessness. Additional costs to Texas include lost productivity, unemployment, job absenteeism, and lack of involvement in the community.

Some of the gaps and barriers contributing to the current state of the mental health workforce include:

- Unwillingness of mental health providers to accept patients with Medicaid
- Insufficient reimbursement rates
- Limited access to peer support services
- Aging mental health workforce
- Lack of internship sites and residency slots
- Insufficient recruitment and retention practices
- Outdated education and training practices and requirements
- Existence of linguistic barriers
- Lack of cultural competency
- Lack of diversity among mental health providers

In order to ensure access to adequate treatment services, we need a robust and diverse mental health workforce in Texas. Mental health professionals, including psychiatrists, psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, licensed chemical dependency counselors, substance use recovery coaches, community health workers or promoters, mental health and substance use peer support specialists, family partners and psychiatric nurse practitioners are some of the professionals working with individuals to help achieve recovery and mental wellness in a variety of settings.
Rationale:
Various legislative initiatives, agency reports, and advocacy efforts have offered recommendations for addressing workforce challenges across the various mental health disciplines. However, without a thoroughly conceived and well-developed plan for workforce analysis, policy implementation, and outcome evaluation, advances will probably be limited and difficult to measure. To make real progress in addressing the critical mental health workforce, strategies and resources must be identified, developed, and implemented as an ongoing initiative. The lack of action is not due to a lack of concern; it is because few simple solutions exist.

Recommendation 2: Increase Officer Mental Health Training

Recommendation: Promote a graduated increase in officer mental health training, such that every FTO (field training officer) accrues at least 40 hours of mental health officer training by year 2022.

Problem: The state currently mandates 16 hours of crisis intervention training (CIT) within a two-year period in the academy. Although the CIT Refresher 8-hour class (TCOLE #3843), is mandated every two years, the Mental Health Officer 40-hour class (TCOLE #4001) is not mandated for certification throughout Texas.

Solution:
- By year 2022, at least 40 hours of mental health training will be mandated for a new recruit or to maintain certification.
- Align with initiatives such as, the International Association of Chiefs of Police’s “One Mind” campaign that focuses on providing Mental Health First Aid for Public Safety, can insure that training meets national standards. Providing financial incentives, such as a criminal justice grant, may help defray the costs associated with training and labor.
- Align with recommendations in the curriculum, ideally that the training should be facilitated by a TCOLE instructor, a mental health provider from the community, as well as, a person with lived experience in the community.¹

Rationale: There needs to be more stringent focus on training. Studies demonstrate that there are significant cost savings and measurable opportunity costs with increased mental health officer training.
- CIT improves officer safety. After the introduction of CIT in Memphis, Tenn., officer injuries sustained during responses to “mental disturbance” calls dropped 80%.
- CIT is the best program. Compared to other jail diversion programs, officers say CIT is better at minimizing the amount of time they spend on mental disturbance calls, more effective at meeting the needs of people with mental illness and better at maintaining community safety.
- CIT saves public money. Pre-booking jail diversion programs, including CIT, reduce the number of re-arrests of people with mental illness by a staggering

¹Texas Commission on Law Enforcement Officer Standards and Education, Mental Health Officer Curriculum, Course 4001
58%. Individuals who encounter a CIT-trained officer receive more counseling, medication and other forms of treatment than individuals who are not diverted—services that keep them out of expensive jail beds and hospitals. For example, in a study in Detroit, housing an inmate with mental illness in jail costs $31,000/year, while community-based mental health treatment costs only $10,000/year.²

References


Recommendation 3: Officer Probationary Periods and Additional Psychological Exam

Recommendation: Extend officer probationary periods, and administer an additional psychological exam in the first 18 to 24 months.

Problem: Law enforcement officers frequently confront high stress situations, which require sound judgement, consistent impulse control, and a sense of calm, among many other traits.

Solution:
Rationale: Psychological screening of applicants is widely used by law enforcement agencies throughout the country. This screening may help determine which candidates reveal characteristics consistent with the high ethical standards that the public expects from law enforcement officers.

The probationary period allows ample opportunity to evaluate an officer’s conduct and performance on the job. This will allow time to demonstrate officer capabilities, and determine if an appointment should be finalized.³

References


Recommendation 4: Psychological Evaluations should be performed by different Providers

**Recommendation:** Initial and periodic psychological evaluations, should be performed by different providers than evaluations performed for purposes involving remediation.

**Problem:** In many areas of Texas, the clinician provided by a department to support the mental and emotional needs of an officer is often the same clinician that conducts psychological evaluations.

**Solution:**

**Rationale:** This practice limits a conflict of interest, and promotes impartial and valid testing results.

5. Implementation and Next Steps

The BHAC will continue to identify gaps and service improvement recommendations to promote cross-agency coordination, data-driven decision making, prevention of behavioral health issues, integration of behavioral health and substance use disorder access, services and supports.

The BHAC will also build upon and support goals identified within the Texas Statewide Behavioral Health Strategic Plan.

**Goal 1: Program and Service Coordination** – Promote and support behavioral health program and service coordination to ensure continuity of services and access points across state agencies.

**Goal 2: Program and Service Delivery** – Ensure optimal service delivery to maximize resources in order to effectively meet the diverse needs of people and communities.

**Goal 3: Prevention and Early Intervention Services** – Maximize behavioral health prevention and early intervention services across state agencies.

**Goal 4: Financial Alignment** – Ensure that the financial alignment of behavioral health funding best meets the needs across Texas.

**Goal 5: Statewide Data Collaboration** – Compare statewide data across state agencies on results and effectiveness.
## List of Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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<tbody>
<tr>
<td>BHAC</td>
<td>Behavioral Health Advisory Committee</td>
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<tr>
<td>CAP</td>
<td>Council for Advising and Planning</td>
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<tr>
<td>CIT</td>
<td>Crisis Intervention Training</td>
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<tr>
<td>DSHS</td>
<td>Department of State Health Services</td>
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<tr>
<td>FTO</td>
<td>Field Training Officer</td>
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<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
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<tr>
<td>IDD</td>
<td>Intellectual and Developmental Disabilities</td>
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<tr>
<td>LMHA</td>
<td>Local Mental Health Authority</td>
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<tr>
<td>MH/SU</td>
<td>Mental Health/Substance Use</td>
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<td>SACC</td>
<td>State Agency Coordinating Council</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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<td>TCOLE</td>
<td>Texas Commission on Law Enforcement</td>
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Appendix A: Behavioral Health Advisory Committee

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