



**All Texas Access  
Report  
Part 12:  
Recommendations to  
the Legislature**

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**As Required by**

**Senate Bill 633**

**86th Legislature, 2019**

**Health and Human Services**

**Commission**

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**TEXAS**  
Health and Human  
Services

## 13. Recommendations to the Legislature

The following recommendations were developed by stakeholders and include considerations for how to improve the delivery of mental health services in rural areas of Texas. The recommendations below were not authored by and may not reflect the views and opinions of the Texas Health and Human Services system, its component agencies, or staff.

### Recommendations

#### **Consider amending Texas Health and Safety Code §573.012(h) to streamline emergency detentions**

*Currently, any adult can file an application for emergency apprehension and detention in-person, but only physicians can do so electronically and only then if permitted by a judge. This limitation causes unique challenges in rural areas since an LMHA/LBHA crisis worker may have to drive a considerable distance to file an application in-person.*

Revising the Health and Safety Code to allow an LMHA/LBHA Chief Executive Officer, Executive Director, or their designee to file an application electronically would help people get treatment more quickly and reduce costs to LMHA/LBHAs, law enforcement, and hospitals.

#### **Consider reducing grant match percentage for rural areas to allow greater participation**

*Rural communities have expressed difficulty in meeting local match requirements, making participation in grant activities challenging when the economy falters. Anticipated budget shortfalls in local governments due to COVID-19 may result in difficulties sustaining mental health programs funded by Community Mental Health Grants and the Community Mental Health Grants for the Justice-Involved. These grants currently require a 50 percent match in counties with a population of 250,000 or less. Psychiatric Emergency Service Center funds only require a 25 percent match for counties of 250,000 or less.*

Lowering match requirements for the Community Mental Health Grants and the Community Mental Health Grants for the Justice-Involved, or other similar grants, may help ensure continuity of services in rural areas or counties with a population of 250,000 or less.

### **Enhance collaboration among community mental health partners**

*During regional planning, several LMHA/LBHAs observed there are challenges in partnering with organizations whose primary scope is not mental health (e.g. schools and school districts, FQHCs, or jails). LMHA/LBHAs find it important to first educate these systems about how mental health issues affect those served by the community partner and how collaboration with the LMHA/LBHA can ultimately make the community partner's primary mission easier to achieve, rather than be a distraction or burden to their organization.*

Legislation that creates an incentive for these organizations to collaborate may alleviate these challenges.

### **Consider building on the Broadband Development Council**

*Texas is making strides to address broadband access. H.B. 1960, 86th Legislature, Regular Session, 2019, created the Broadband Development Council, which has the authority to suggest and advise. A state broadband office could implement and respond to council initiatives and help rural communities apply for federal funding. This would expedite the development of broadband for rural Texans and maximize the use of federal funding, increasing access to mental health and health services, as well as jobs and education opportunities in rural areas.*

*Over the last several years, there have been a variety of federal funding opportunities intended to assist rural communities expand broadband capacity; however, rural Texas communities may have experienced difficulty accessing federal funds because the grants are complex, require public-private partnerships, and have short timeframes for submitting proposals. Additionally, some federal grants to expand broadband capacity positively weigh proposals from states with a state coordinating entity.*

Establishing a state office capable of providing technical assistance to rural communities and coordinating statewide efforts may help rural communities access federal funds. If such an office existed in Texas, it could coordinate a strategic statewide approach to expanding broadband, benefiting rural Texans and potentially strengthening the Texas economy for years to come.

### **Evaluate innovations around telehealth in behavioral health services**

*In March 2020, in response to the COVID-19 Disaster Declaration, many telehealth services were broadened to allow services to be delivered telephonically. This development has made a positive impact in all communities where broadband is not readily accessible.*

Codifying telephonic delivery into law, where appropriate, would help Texans maintain access to mental health care, particularly in rural areas.

### **Increase support and training for mental health professionals**

*Texas administers a student loan repayment program for licensed mental health professionals who work in designated mental health professional shortage areas, which includes some urban areas and nearly all rural communities in Texas.*

To help address workforce shortages in rural areas of the state, future legislation may consider additional incentives, training, and support for mental health professionals. Prioritizing opportunities for rural mental health professionals may result in more licensed mental health professionals practicing in rural areas, and prioritizing professionals who work at a state facility, agency, or LMHA/LBHA may help these entities with the struggle to recruit and retain a qualified mental health workforce.

### **Incentivize mental health deputy program and LMHA/LBHA collaboration**

*Mental health deputy programs are highly effective at diverting people in crisis from county jail and emergency rooms. They can also help bridge the divide and increase collaboration between law enforcement and other mental health service providers. One LMHA/LBHA diverted 1,613 people from jail in four years, saving an estimated \$5 million in jail costs and helping*

*individuals in mental health crisis receive services in a more appropriate setting. Despite the cost-saving that can be realized from mental health deputy programs, very few Texas counties have a mental health deputy program.*

To reduce the number of people with mental illness in county jails, future legislation may consider additional funding, incentives, training, and support to encourage LMHA/LBHAs to establish mental health deputy programs.

### **Continue to assess inpatient capacity for civil commitments**

*Over the past several sessions, the Legislature has made significant investments in the state hospital system and these investments impact the lives of thousands of people forensically committed to the state hospitals. The state hospital beds are cost-effective and are usually close to full capacity. With the state hospitals serving a growing number of individuals under a forensic commitment, Texas may need other options for people seeking acute inpatient care. Many LMHA/LBHAs and advocates express that the decreased civil capacity in the state hospital system results in people in crisis not having access to an adequate level of care, which may in turn contribute to them cycling in and out of emergency rooms and county jails.*

Texas should continue to monitor appropriate inpatient capacity and ensure access to inpatient services, including in rural areas.