MENTAL HEALTH ADVOCACY IN THE 85th LEGISLATIVE SESSION

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Presented to: NAMI Austin

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A BIT ABOUT NAMI TEXAS

- Founded by volunteers in 1984
- Our offices are right here at ASH, down the hall from NAMI Austin
- We do education, support, and advocacy
- Significant focus on affiliate support (we work for you)
- Significant focus on public policy
- 2017 conference dates and location to be released shortly
PRESENTATION COMPONENTS

- How and why to tell your story to policymakers
- Legislative Session 101
- NAMI Texas Public Policy Platform and partners
- A few ‘Issues in Focus’
- Your Austin delegation
- A few bills worth mentioning
- Call-to-action
- Conclusion/Discussion
WHAT DOES IT MEAN TO BE AN ADVOCATE?

- Advocate comes from the Latin word, “vocare” – “to call, to voice, to speak”
- When you speak out to influence circumstances or services for yourself or someone you care about, you are engaging in personal advocacy.
- When you advocate to improve circumstances for others, you are engaging in policy advocacy.
WHAT DOES NAMI TEXAS ADVOCACY LOOK LIKE?

- Policy analysis
- Education
- Testimony
- Direct Lobbying
- Grassroots Advocacy Coordination
- Media Engagement
- Bill Drafting
- Planning Mental Health Rally
- Coalition-Building
WHY TELL YOUR STORY TO AN AUDIENCE OF POLICYMAKERS?

- Because your story has inherent value
- Because we need a seat at the table
- Because policymakers work for us
- Because your story illustrates what is needed, what helps, and what the gaps are
- Because this is a movement
- Because it helps Greg
- Because it allows policymakers to understand that treatment works and that recovery is possible – that they will get return on their investment
- Because we deserve better
A PLUG FOR NAMI AUSTIN’S NAMI SMARTS FOR ADVOCACY OFFERINGS

• NAMI Smarts for Advocacy is a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy.

• Walks through the steps of effective grassroots mental health advocacy

• NAMI Austin has a highly effective, experienced NAMI SMARTS Teacher

• Each module is 90 minutes

• Interested? You’re in luck:

  When: Saturday, January 28, 2017

  What: NAMI SMARTS for Advocacy Modules 1 and 2

  Where: Woodland Ave. in SE Austin

  Why: To learn effective grassroots mental health advocacy, particularly with regard to telling your story and contacting your policymaker. Great preparation for Capitol Day.

  How: Register with NAMI Austin at 512-420-9810 or info@namiaustin.org. Training is free but registration is required.
MENTAL HEALTH CAPITOL DAY RALLY & ADVOCACY TRAINING (SLIDE ONE OF TWO)

LOOKS JUST LIKE THIS:
WELL, MAYBE MENTAL HEALTH CAPITOL DAY RALLY & ADVOCACY TRAINING LOOKS A LITTLE BIT MORE LIKE THIS:

- Wednesday, February 8, 2017 – 10 a.m. to 4 pm
- Advocacy training in the morning; Rally from 12:30 to 1:15; visits your legislators in the afternoon
- Expected attendance 250 to 350
- Parking in the Capitol Garage or take the MetroRapid
- Lunch and refreshments are provided
- $10 registration fee
- BE PART OF THE MOVEMENT FOR MENTAL HEALTH REFORM
THE ESSENTIALS

• First day of the legislative session was January 10, 2017

• NAMI Texas works for you – email me or call me so that we can continue this dialogue

• Capitol Day: February 8th

• Bill-filing deadline: March 10th

• Write, email, call, meet, ADVOCATE

• Regular session ends on May 29th

• Bill-signing deadline June 18th

• The Legislature won’t meet again until 2019, so now is the time to make our mark
HOW TO STAY INFORMED ON CAPITOL ACTIVITY

- Email me to get on my distribution list
- Make sure NAMI Austin keeps you updated
- Watch hearings and floor activity online
- Create an account on T.L.O.
- Follow on Twitter at #txlege
- Read the Statesman, Tribune, and Quorum Report
- Be there!
What are the policy issues that matter the most to YOU?
A FEW ADVOCACY PARTNERS

- You
- Other NAMI affiliates
- Texas Council of Community Centers
- Meadows Mental Health Policy Institute
- Texas Clubhouse Coalition
- Mental Health America of Texas
- Disability Rights Texas
- Provider organizations
- DBSA
- NAMI Austin
A NOD TO MY CO-PRESENTER

- Leadership in mental health advocacy
- Leads the way in coalition with partners for expanded capacity in the mental health system
- A reliable resource on mental health policy
- Their work facilitated significant investments in the mental health system in both 2013 and 2015
- $128 million in new funds for the mental health system in 2015
- These investments impact peoples' live: eliminating waitlists, keeping people out of the criminal justice system, building stabilization options in the community
- Expand mental health system capacity and best practices
- Close the health insurance coverage gap and retain the 1115 Waiver
- Pair jail diversion and reentry strategies with increased access to quality care
- Expand the availability of safe Permanent Support Housing

- Maintain medication access and continuity across treatment systems
- Support children’s mental health
- Strengthen suicide prevention and public safety policies
- Ensure mental health parity
CannonDesign report from 2013 legislative session recommends replacement of Austin State Hospital

Cost estimate: $14 million to prepare and $181 million to replace

Various recent federal government citations for safety violations, staffing shortages, etc.

Lack of capacity

Report required from 2015 considers various options, including the potential relocation of Austin State Hospital
ISSUE IN FOCUS: AUSTIN STATE HOSPITAL

Policy considerations

- What is best for consumers and families?
- What does the surrounding community want?
- Are there any partnerships that we can leverage?
- What is realistic, in terms of finance and political will?
- What would it take to provide the best possible care?
- How do we ensure that community organizations aren’t left out?

Policy options

- Status quo
- Moving Austin State Hospital
- Combining with State Supported Living Center
- Renovating
- Replacing
- Partnering with Dell Medical School
- Implementing strategies to address workforce challenges
Having mental health parity means that health insurance companies cover mental health in a way that is comparable to other health conditions.

2015 NAMI parity report finds the insurance companies denial medical care for mental health conditions on the basic of medical necessity twice as often as they deny other medical care on the basic of medical necessity.

2016 NAMI parity report people with insurance had more difficulty locating in-network providers and facilities for mental health care compared to general or specialty medical care.

Complex policy and regulatory landscape – limited state authority.
ISSUE IN FOCUS: MENTAL HEALTH PARITY

Policy considerations

- What is the appropriate role for the state of Texas in enforcing mental health parity?
- How can we facilitate the complaint and appeals process for families, consumers, and providers?
- What might the changing federal health policy landscape mean for mental health parity in TX?
- What resources are needed to enforce mental health parity in Texas?
- How can we get the right data to know whether or not we are making progress on parity?

Policy options

- Expand Texas Department of Insurance (TDI) scope in terms of types of plan that they review for parity.
- Offer parity protections for Non-Quantitative Treatment Limitations.
- Create an ombudsman for parity complaints.
- Collect data from health plans to determine rates of medical necessity denial / prior authorization.
- Create a parity advisory committee / workgroup.
Estimated 20,000 people in Texas county jails with serious mental illness

Travis County Jail: the number of people being treated for mental health issues has gone from 250 per month to 650 (as of Jan. 2016).

Ongoing concerns about law enforcement response to mental illness

New Sheriff in town

Bluebonnet jail diversion program through 1115 Waiver: over 1,600 people diverted and $5 million saved over 4 years
ISSUE IN FOCUS: CRIMINALIZATION OF MENTAL ILLNESS

Policy considerations

- How can early intervention programs disrupt the criminalization of mental illness?
- Which local, regional, and state partnerships or program models can we leverage?
- If we implement diversion, are there services on the outside?
- How can we appropriately care for those who do fall through the cracks?
- What can be done to strengthen law enforcement response to mental illness?
- How can we best prepare people for life on the outside?

Policy options

- Expand First Episode Psychosis programming, possibility through a Medicaid waiver or general revenue.
- Replicate Harris County Jail Diversion Pilot Program in other areas of the state.
- Address capacity issues in state hospitals.
- Improve oversight of jails and increase mental health training requirements.
- Reduce penalties for certain minor nonviolent crimes.
- Suspend rather than terminate Medicaid benefits while individual is confined in county jail. Facilitate reentry.
YOUR AUSTIN DELEGATION

Senate

- Sen. Charles Schwertner
- Sen. Kirk Watson
- Sen. Judith Zaffirini
- Sen. Dawn Buckingham
- Sen. Donna Campbell

House

- Rep. Jason Isaac
- Rep. Dawnna Dukes
- Rep. Paul Workman
- Rep. Donna Howard
- Rep. Gina Hinojosa
- Rep. Celia Israel
- Rep. Eddie Rodriguez
- Rep. Larry Gonzales
- Rep. Tony Dale
A FEW BILLS FOR YOUR REVIEW

- Budget bill – SB 1 and House version – Senate Finance public hearing on Jan. 31!
- HB 1153 / SB 220 – keeping guns out of state hospitals
- HB 309 – home-and-community-based-services programs for adults with serious mental illness
- SB 11 / SB 74 – foster care
- HB 562 / HB 637 / SB 292 – criminal justice system diversion

Many other bills are on our list, and many bills are left to be filed
“Our lives begin to end the day we become silent about things that matter.”

-Martin Luther King, Jr.
QUESTIONS OR COMMENTS?

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