

**Behavioral Health Advisory Committee
Recommendation
May 5, 2023**

Advisory Committee: Behavioral Health Advisory Committee
Advisory Committee Charge-Vision-Mission:

The purpose of the committee is to provide customer/consumer and stakeholder input to the Health and Human Services system in the form of recommendations regarding the allocation and adequacy of behavioral health services and programs within the State of Texas. The BHAC considers and makes recommendations to the HHS Executive Commissioner consistent with the committee's purpose.

Advisory Committee Contact:

Name: Anna H. Gray

Phone Number: *phone number will be included when submitted to the Executive Council*

Email Address: ahgray59@gmail.com

Please provide the critical need that will be addressed, or problem solved.

In an effort to prevent people from losing coverage during the pandemic, the Federal government did not allow States to take anyone off Medicaid for three years. During that time, the periodic reviews of people who were already on Medicaid were suspended. New people who would normally only qualify for limited Medicaid were allowed to stay on, because of this mandate from the Federal Government. The Federal government announced last month that States could begin the process of doing the reviews and to remove those who no longer qualified for this entitlement. The States have a year to complete this process, letters to recipients are to go out starting April 1, 2023 and end April 1, 2024. Texas has 5.6 million people to contact within this 1 year time line and to review those they contact to see if they still qualify. If you don't respond to the envelope, you will be dropped from the Medicaid rolls and have to reapply.

Please provide background and/or justification for the recommendation.

When it comes to adults with a mental health diagnosis and the resulting challenges, there are some underlying issues to recognize.

1. For the past 26 years the public mental health system has actively worked to get the people they serve enrolled in benefits. This has resulted in roughly 40% of adults receiving public mental health services being enrolled in SSI/Medicaid.

2. This population is very transient and often change addresses without notifying everyone who needs to know.
3. Many do not regularly check their mail. The letter being sent out must be responded to within 30 days.
4. If they do get their mail out of the mailbox, it may lay in a heap of unread mail, without them even realizing there is something important which they need to respond to.
5. Seeing an official document can result in delaying opening the envelope and reading the contents due to fear of the message or concerns about understanding the official language.
6. After responding to the envelope some people may become concerned about having done it right and fear losing their income. This leads to increased anxiety and stress. Prior to COVID, when people came up for review, many would end up in the hospital because of the anxiety of having to requalify.

The last item is one of the most crucial for people with mental health issues. If they have been doing well, the anxiety and traumatic stress response over possibly losing their income may cause them to refer to old coping skills that didn't work and at best end up in a hospital. This is one item not being considered in the conversations about reaching people with the unwinding information.

Please provide a description of recommendation.

- We recommend that HHSC provide special focus on notifying people with lived experience of mental health issues as they roll out their efforts to reach Medicaid recipients. Includes language on the Medicaid website that will minimize adverse reactions/fear response. Make sure all communication is trauma informed in a way to avoid eliciting a traumatic stress response.
- We recommend that HHSC work collaboratively with organizations that have initiatives to reach people on Medicaid, especially those who work with people with lived experience of mental health issues and support them by providing up-to-date and accurate information as the initiative moves forward. Example organizations include, but not limited to:
 - Every Texas
 - Texas Council of Community Centers
 - Hogg Foundation
 - Prosumers International
 - Texans Care for Children
 - Sick of It Texas
 - Clubhouses
 - Recovery Community Organizations
 - Consumer Operated Services Programs
- HHSC encourage/ask LMHAs and LBHAs to have a point person responsible for educating staff about this to get the word out to everyone that is served.

Have point person be included in information disseminated to collaborating organizations.

- HHSC put specific language on Medicaid website about mental health (ex: "If you are on Medicaid because of MH know that this includes you.")
- Have all the material that is produced by HHSC about the unwinding of Medicaid include a QR code that directs people to up to date information.
- Having information disseminated in different formats to accommodate various learning styles.

How would the recommendation resolve the above-stated problem?

By having a focus on the challenges faced by people with lived experience of mental health issues and acknowledging that they face special challenges when applying for benefits, this population can receive the information they need to maintain their benefits and their recovery.

This will also provide an opportunity for a wider reach with accurate and timely information to the people affected by the "Unwinding of Medicaid".

How is the recommendation related to the Advisory Committee charge?

It addresses the BHAC's responsibility to advise the Executive Commissioner on issues that impact Texans with mental health issues.

Is legislative action needed?

No

Are there anticipated or estimated costs associated with the recommendation?

There will be a need for staff time to collaborate with organizations that are working on notifying people of the "Unwinding of Medicaid". It is anticipated that this staff are already aware of many of the organizations and can include this in existing collaborative work.

Otherwise, there is no additional cost as HHSC is already addressing this initiative.

What other impacts are anticipated?

Additional meetings and efforts to ensure timely communication and collaboration.

What is the anticipated impact on HHS consumers/clients?

They will be better served and informed about the impact that the Unwinding of Medicaid will have on them.

What is the timeline for implementation?

Immediately.

Please describe any cross-system issues that the recommendation may impact.

This recommendation will benefit from being shared with the Coordinating Council to promote cross agency consistency and efficiency of effort, as many of them are impacted by this as well.

Please describe any anticipated support or opposition.

No opposition has been noted.

Please describe if any Advisory Committee member has background or expertise related to the recommendation?

Anna H. Gray, BHAC Member, Co-Chair of the Peer and Family Partner Subcommittee

Are there any other additional areas of interest or concern related to the recommendation that needs to be considered?

"This recommendation was prepared by members of the Behavioral Health Advisory Committee. The opinions and suggestions expressed in this recommendation are the members' own and do not reflect the views of the Texas Health and Human Services Commission Executive Council or the Texas Health and Human Services Commission."