

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Appropriations
For Hearing Date: Tuesday, February 18, 2025 8:00 AM
Compiled on: February 18, 2025 2:20 PM

Note: Comments received by the committee reflect only the view of the individual(s) submitting the comment, who retain sole responsibility for the content of the comment. Neither the committee nor the Texas House of Representatives takes a position on the views expressed in any comment. The committee compiles the comments received for informational purposes only and does not exercise any editorial control over comments.

COMMENTS FOR Behavioral and Mental Health

Jessica Hagerty
self
Manor, TX

The Texas Legislature should direct TX Health and Human Services to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community.

Texas has invested over \$2 BILLION in a State Hospital System Redesign. As a reminder, the State Hospital is part of the PUBLIC MENTAL HEALTH SYSTEM - but the majority of people are accessing this service after incarceration - for competency restoration. In order to maximize investment, people must be able to access the right care, at the right place, at the right time.

The state hospital system redesign is an "acute care" model. For those who no longer need hospital level care, but are not yet appropriate for community placement, we have no good options. We need residential options in between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim.

We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary services, but not acute enough for inpatient care as they are at "baseline" - and "baseline" means they cannot live safely and successfully in the greater community. When these individuals are arrested, they are "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR) - and many of them will not be on the waitlist for inpatient services because....they are at baseline. When these individuals end up in the emergency rooms or a psychiatric hospital - they are either not admitted or discharged quickly because...baseline. These individuals cannot be served in the criminal legal system - and we have not included them in our continuum of care and housing. At a great fiscal and human cost, we are wittingly leaving these individuals to cycle through the hospitals, the jails, and homelessness/ inappropriate settings.

Jane Prince Maclean, Ms.
self - manager
Austin, TX

Please use state hospitals to give land for Therapeutic Communities - a level of care below hospitalization but above unregulated group homes which are terrible for our vulnerable adults with IDD or Serious mental illness.

Kate Pumarejo

self - I am a Mental Health Public Defender

Austin, TX

The Texas Legislature should direct TX Health and Human Services to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community. Texas has invested over \$2 BILLION in a State Hospital System Redesign. As a reminder, the State Hospital is part of the PUBLIC MENTAL HEALTH SYSTEM - but the majority of people are accessing this service after incarceration - for competency restoration. In order to maximize investment, people must be able to access the right care, at the right place, at the right time. The state hospital system redesign is an "acute care" model. For those who no longer need hospital level care, but are not yet appropriate for community placement, we have no good options. We need residential options in between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim. We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary services, but not acute enough for inpatient care as they are at "baseline" - and "baseline" means they cannot live safely and successfully in the greater community. When these individuals are arrested, they are "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR) - and many of them will not be on the waitlist for inpatient services because....they are at baseline. When these individuals end up in the emergency rooms or a psychiatric hospital - they are either not admitted or discharged quickly because...baseline. These individuals cannot be served in the criminal legal system - and we have not included them in our continuum of care and housing. At a great fiscal and human cost, we are wittingly leaving these individuals to cycle through the hospitals, the jails, and homelessness/ inappropriate settings. I represent this group of people again, and again, and again. The legal system is not an appropriate setting. Jail is not appropriate housing. PLEASE be part of a solution that keeps these people off the streets, out of jail, and receiving a very high level of care in the community.

Elizabeth Henry
RecoveryPeople
Round Rock, TX

Recommendation: Support budget rider directing HHSC to allocate \$4.3 million over the biennium to implement and administer accreditation programs authorized by HB 299 (88R) for Level II-III recovery homes and signed by Gov. Abbott. To address concerns regarding recovery housing quality, Texas has taken steps to implement accreditation standards by NARR. Last session, HB 299 passed with strong bipartisan support and was signed by Gov. Abbott, creating a voluntary accreditation program for recovery housing. However, funding for implementation did not pass. This session, we are seeking a budgetary rider of approximately \$4.4 million over the biennium to fund the program. HB 299 (88R), passed by the Texas Legislature, established a voluntary accreditation program to ensure quality and informed choice in recovery housing while avoiding burdensome regulation. Accredited recovery housing reduces relapse rates and emergency interventions, saving taxpayer dollars and supporting individuals' long-term recovery. For example, recovery housing significantly lowers recidivism rates compared to the 36% recidivism rate of Substance Abuse Felony Punishment (SAFP) facilities. In 2024, Texas spent approximately \$66.7 million to house 2,077 individuals in these facilities (LBB, 2024). Additionally, Texas relies heavily on federal funding for substance use services. The Substance Use Prevention, Treatment, and Recovery Block Grant covers 70% of all substance use services in the state (HHSC, 2025). Currently, Texas faces a critical shortage in accredited Level II and Level III recovery housing, with fewer than 75 homes statewide and an estimated need for over 300 additional homes across 218 counties with no identified recovery housing. Addressing this gap can save millions in public spending while providing high-quality, safe environments for individuals in recovery.

Investing in recovery housing accredited by the state affiliate of the National Alliance of Recovery Residences is a fiscally responsible solution that saves taxpayer dollars and reduces public spending. Recovery housing offers a cost-effective alternative to incarceration, inpatient treatment, or hospitalization while promoting self-sufficiency and reducing recidivism.

NARR sets evidence-based standards to ensure quality and consistency in recovery housing, recognized as best practices in the field. These standards promote safe, supportive, and substance-free environments for individuals recovering from substance use disorders (SUD) and help address concerns about substandard housing by ensuring basic habitability and recovery support requirements. The development of NARR's standards was, in part, a response to concerns from legislators and the public regarding the quality of recovery residences. NARR accreditation aims to ensure that recovery residences adhere to best practices, providing environments conducive to sustained recovery and reducing the likelihood of relapse or re-incarceration.

Krish Gundu, Co-founder & Executive Director
Texas Jail Project
Cypress, TX

We've a unique opportunity RIGHT NOW to utilize current buildings on the campuses of the state hospitals that have new facilities for their clients.

Please advocate for those who cannot advocate for themselves: The Texas Legislature should direct TX Health and Human Services to pilot INTERMEDIATE CARE FACILITIES (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community.

Texas has invested over \$2 BILLION in a State Hospital System Redesign. The State Hospital is part of the PUBLIC MENTAL HEALTH SYSTEM - but the majority of people are accessing this service AFTER incarceration - for competency restoration. In order to maximize investment, people must be able to access the right care, at the right place, at the right time. In our work at Texas Jail Project, we often see people who repeatedly cycle through the mental health and criminal punishment system. Jails are de-facto housing options for them because nothing exists for them in our communities between the jails and the streets. This unaddressed public health crisis has transformed into a public safety crisis making sheriffs and jailers unwilling partners in a system they have no capability or capacity to serve. The horrific murder of a 28 yr old jailer in Ellis county jail in Jan 2025 at the hands of a man who had repeatedly cycled through these systems is just one of the failures of not addressing these gaps.

The state hospital system redesign is an "acute care" model. For those who no longer need hospital level care, but are not yet appropriate for community placement, we have no good options. We need residential options in-between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim.

We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary services, but not acute enough for inpatient care as they are at "baseline" - and "baseline" means they cannot live safely and successfully in the greater community. When these individuals are arrested, they are "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR) - and many of them will not be on the waitlist for inpatient services because...they are at baseline. When these individuals end up in the emergency rooms or a psychiatric hospital - they are either not admitted or discharged quickly because...baseline. These individuals cannot be served in the criminal legal system - and we have not included them in our continuum of care and housing. At a great fiscal and human cost, we are wittingly leaving these individuals to cycle through the hospitals, the jails, and homelessness/ inappropriate settings.

sonja burns
Self/ Advocate
Austin, TX

The TX Legislature should direct TX Health and Human Services to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community. My twin brother has resided at ASH for over 16 yrs. in this admission - after cycling through the revolving door for many more years: hospitalizations, incarceration, homelessness/ inappropriate settings. He lives with a TBI (partial lobectomies of each temporal lobe and major left frontal lobe damage), Autism, Bipolar Disorder, a silent seizure disorder, PTSD, and OCD. He is NOT the sum of his diagnoses! He is an amazing person who loves to care for animals. He loves to work - picking up trash and doing lawn work. He is a prolific artist and loves making drawings for people for their birthdays or just to show appreciation. He loves Bob Marley, dancing, church, playing games, and going to horse therapy. And he needs a supervised and structured setting with a lot of predictability in order to thrive. He is NOT a unicorn - we need safe and appropriate campus settings for his population so that they can live with dignity and purpose. TX has invested over \$2 BILLION in a State Hospital System Redesign - which is now an "acute care" model, unlike the long(er)term model (safety net) it once was. The State Hospital is part of the PUBLIC MENTAL HEALTH SYSTEM - but the majority of people are accessing this service for competency restoration. Why are we waiting for a crime?! We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim. TX needs residential options in between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. TX has the opportunity to create more campus settings/ intentional communities and should innovate within programs we already have: HCS, HCBS-AMH, and ICF (Intermediate Care Facilities). We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary services, but not acute enough for inpatient care as they are at "baseline" - and "baseline" means they cannot live safely and successfully in the greater community. When arrested, they are "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR). These individuals cannot be served in the criminal legal system - and we have not included them in our continuum of care and housing. At a great fiscal and human cost, we are wittingly leaving these individuals to cycle through the hospitals, the jails, and homelessness/ inappropriate settings. This is a public health crisis that has become a public safety crisis. NAMI TX, the Travis County BHCJAC, and HHSC's JCAFS have all recommended innovative Intermediate Residential Care models to serve our highest needs individuals.

Paul Barrows, DHS/ICE (Ret.)

Self - DHS/ICE (Ret.)

Whitewright, TX

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My son Cody could have used this type of facility. He's been arrested 15 times and hospitalized 21 times. His most recent arrest, a felony, was reduced to a misdemeanor after competency restoration and 2 1/2 years in Denton County Jail awaiting his plea hearing. He needed a civil commitment order to a state hospital. An intentional therapeutic community secure hospital facility. Instead he was released to the streets last Thursday.

Linda Mikolajek, Ms.

Self

Austin, TX

I have a 42-year-old son who has been a patient @ ASH for five years. He has schizophrenia and is on the autism spectrum. He needs a supportive, structured, supervised living environment that would allow him to integrate w/the community by working, volunteering, and contributing and most importantly to make sure that he is mandated to take his medications. He does not understand that he has an illness – ANOSOGNOSIA. He has told us that he will not take his medication after discharge. Without this, he will go back to living on the streets, and will once again become a danger to himself and others. This population has been overlooked for too long. He currently helps at food banks and Charley's place and at our church... He just needs the appropriate housing that does not exist!!

I urge you to utilize current buildings on the campuses of the state hospitals that have new facilities for their clients. The Texas Legislature should direct TX HHS to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community.

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This recommendation for Intermediate Residential Care has been made by multiple stakeholder groups:

NAMI TX in their Housing Policy Brief Residential Intermediate Care: A New Model for Texas' Mental Health System.

BHCJAC made this recommendation in their letter submitted to Texas Health and Human Services in May 2024 re: the Texas State Hospital Long-range Plan.

JCAFS, in a legislative advisory committee under TX Health and Human Services - made recommendations for innovative housing models to serve the vulnerable population with complex mental and behavioral health needs:

<https://www.hhs.texas.gov/sites/default/files/documents/state-hospital-bed-day-allocation-method-utiliz-review-fy-2024.pdf>

Thank you for listening and your help.

Jeffrey Mikolajek, Mr.
Central Texas NAMI Advocacy Committee
Austin, TX

Good morning all,

I have a 42 year-old son who is suffering from schizophrenia being at the Austin State Hospital on his fifth year for treatment of this disorder. He is finally on the correct medicines and is doing well however is still suffering from a disease entity called an Senoia, which means he doesn't recognize that he has mental illness. He says if he gets released from the hospital, he will not take his medicine. The state of Austin has already utilized \$1.4 million to treat him to get him in an appropriate. He says if he gets released from the hospital, he will not take his medicine. The state of Austin has already utilized \$1.4 million to treat him to get him in a appropriate state of mind however, if he was released back to the community now And stopped his medicine, all that money would be totally wasted, and he would revert back to his schizophrenic mind within three days from stopping his medicine.

There are a number of new psychiatric hospitals built in Texas in which the grounds and housing that once were occupied are now open and free to be utilized for a transitional unit that would allow the individuals like my son to have a place to sleep in supervised medication disbursement so that he can stay in his right state of mind. The Austin State Hospital had such a transitional unit in the 90s for nearly 10 years and all the healthcare practitioners who served during that time said it was a fantastic idea with the patients being secured as necessary And were individually released to get part-time jobs and get exposed in the community. They learned to see what the community could do for them, and what they could do for the community along with being counseled by the healthcare practitioners that they would come back and meet with at night. It was the best of two worlds for the individuals who needed both a taste of the community and still needed medical counseling and supervision to ensure that they took their medicine and solved any issues they had that had occurred during the day when in the community. It really doesn't make any sense to release someone into the community Without having adequate supervision to ensure that they can transition back in the community safely! We need you all to realize that this is the most effective way to treat individuals with mental illness and transition them back into the Community

Sincerely

Jeffrey MIKOLAJEK
In Texas.

Mickey Mcginty
self
Seguin, TX

It is past time for a solution to care for individuals with complex mental health issues. They require secured housing with a built in community. The Austin State Hospital campus is an ideal place to initiate the appropriate care environment for these citizen.

Employment will be boosted by the need for caregivers, physicians, nurses, social workers and other Healthcare professionals.

This type of care will be more cost effective than the the legal system used to incarcerate the mentally ill over minor crimes such as loitering and petty theft. Caring for these individuals properly will prevent other crimes and stop the cruelty of living on the streets. The seriously mentally ill are incapable of caring for themselves. Therefore, that responsibility falls collectively on the rest of us. Those of us who are most involved with the mentally ill population, have the best understanding of what they need. We encourage you and insist that you do the right thing and invest the time and other resources in providing a secured, permanent living arrangement on the campus of ASH.

Paula Thompson
self retired
Coppell, TX

I have a 31 year old son with severe mental illness. He was diagnosed at age 17. I have spent most of my life since then learning about his illness, working with him, advocating for him and working in the current system in Texas. In spite of my education and attempts in working with others, his illness has progressed to the point that he needs 24/7 care. The current system does not provide what he needed to prevent him from decompensating. Intermediate care is desperately needed after acute care in either a state hospital or regular hospital. He was the best he has ever been upon release from the state hospital before covid. He quickly decompensated in spite of every financial, physical and emotional means I had. He then needed to go back to the state hospital during covid, but he was left in jail 4.5 months where he worsened even more. He hasn't been the same since. This not only causes human suffering, but financial waste by housing him and others like him in jail instead of providing appropriate level of care after hospitalization. It also causes homelessness and lack of safety for others. Please read the NAMI housing policy brief. I have lived this out, and I am a very educated, loving, involved parent with support from friends and family, and we could not get him the help he needed in the current system. I have also seen it play out in many others I have met along the way. The NAMI housing policy brief speaks to exactly what I have experienced and seen the need for. Thank you!
[Housing Policy Brief NAMI Texas.pdf](#)

Mary Gawron
NAMI Advocate
Austin, TX

To: TX House Appropriations Committee members

From: Mary and Zbigniew Gawron, 11710 Fence Post Trail, Austin, TX 78750, (512) 423-1815

There are critical gaps in housing for persons with complex Mental/ Behavioral Health Needs.

PLEASE! - Advocate for those who cannot advocate for themselves, like our 36 year old son with a diagnosis. He cannot function and live safely and successfully in a community. He is suffering without appropriate supervision and his anosognosia (lack of awareness) limits the ability to provide support. Our son needs an intermediate care facility to survive. This is REAL for us. We helplessly watch him going through psychotic episodes and fear for his life.

Thank you. This is a request for your support for our son and thousands of other Texans with serious mental illness. Please confirm receipt of this serious message.

PLEASE! Support needed Mental and Behavioral Health solutions!

The Texas Legislature should direct TX Health and Human Services to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) on the campuses of the state hospitals for those individuals who require a more structured and supervised setting than is currently available in the community.

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Marilyn Hartman

Member, Advocate, and Co-chair of Advocacy Committee, NAMI Central Texas (National Alliance on Mental Illness, affiliate in Austin)

Austin, TX

There is a CRITICAL HOUSING MODEL missing in Texas' Mental Health Continuum of Care: Residential Intermediate Care. PLEASE FUND THIS COST-EFFECTIVE SOLUTION.

This model fills the gap between intensive state hospital care and traditional or current community placements, including HCBS-AMH and Step-Down, both of which do not have a secure setting nor a level of care that is high enough for the individuals in question who are stable, but cannot be discharged from our state hospitals due to lack of this model.

Multiple issues continue as a result, including:

- a shortage of state hospital beds, serving primarily forensic patients and leaving few for civil cases
- stays that are not long enough for adequate stabilization
- stays that are long-term for those who are clinically stable but for whom there are no appropriate community placements; they continue to fill beds needed by those in crisis, which is creating tremendous backlogs in our jails
- these factors promote continuous cycling through our institutions and homelessness at great cost to taxpayers and to the potential recovery of those with mental illnesses.

For this residential solution, the repurposing of vacated buildings on state hospital campuses that have had new facilities built, is ideal, creating an intentional community. A budget rider or similar appropriation is envisioned for funding this endeavor. Note that regulatory changes are needed to create a secure facility and medication adherence outside state hospitals, provisions which have been attained in Arizona and California. Without these elements, individuals, many of whom cannot see or understand that they even have a mental illness (called anosognosia, part of the mental illness itself), are at high risk of leaving the facility and going off their medications, restarting their cycling.

Please refer to the Residential Intermediate Care housing brief which I attached on the email I recently sent.

This model, which would fill the gap in Texas' Continuum of Care, is critical in our system of mental health care. It's a model for which we in the mental health community have been advocating for years. Thank you once again for your consideration and help, through funding, in making this finally come to fruition.

Deborah Winters
Self
Gainesville, TX

My name is Deborah Winters. I am the mother of Jonathan Taylor Ngumbi, a 32 year old who died a preventable death in Kaufman County Jail on November 2, 2023 after being arrested while in a mental health crisis. He died 6 days after his arrest. This was 22 - 25 arrest after being diagnosed with Bipolar1 with manic and psychotic episodes. Taylor had worked hard to ensure is future when he had his first episode psychosis in college. He was 19. Taylor was intelligent, athletic, kind and a wonderful friend to many. He was loved. He was even award the Texas Shining Star in high school. He represented this state with dignity and grace, yet he was left to flounder for 13 years seeking help and died alone in a jail cell. I stood by my son those 13 years having to fight just to get help that left him at risk every time. Taylor was medication compliant until the meds stopped working. We turned to the LMHAs, who completely failed him going so far as to put him in danger and, in the end were a played a part in his death. Next it was hospitals, crisis units, all released him 2 steps away from the very psychotic state that brought him to them. Taylor was deemed " not bad enough " for inpatient care, yet he was too unstable to live safely and successfully in the greater community. This left him open to the risk of the streets or arrest. There was no safe place for him when he was to acute for voluntary commitment. He cycled in and out of jails over and over, till his death. I'm asking for lives to be saved, for those who fall into the "Gap" in our communities. These are Texans. These are YOUR people who end up homeless, in jails and are dying. We need meaningful front end interventions AND long-term, therapeutic communities for people like Taylor whose baseline is too acute for outpatient support yet not acute enough for hospitalization. This is a public safety concern, that has become a jail based crisis and people are dying. Over \$2 billion has been invested in a State Hospital System Redesign, yet there are no options for the "baseline" or "Gap" communities. Recommendations for intermediate Residential Care have been made by multiple stakeholder groups: NAMI Texas, BHCJAC, and the JCAFS. The Texas Legislature should direct TX Health and Human Services to pilot intermediate Care Facilities on the campuses of the state hospitals for individuals who require a more structured and supervised setting than is currently available to the community. A population that is ever growing. I watched Taylor lose everything he loved in life. We searched for help and found incompetence. My son had no place to find help and I watch him lose his dignity and life. No one can begin to heal without the safety of a place to belong, people who care and a purpose in this life. Help them get the safety of a place. Texas should be leading the way, not sitting at the bottom. Fight for OUR people who cannot fight for themselves. They are counting on YOU ALL! Thank you. Over

Carol Elliot
NAMI Texas occupation-sales
Plano, TX

The mental health care system in Texas is a travesty! We desperately need reform NOW! The tragedy is that people with serious mental illness have nowhere to go. My 36 year old daughter is a victim of the system here in Texas. She is currently living on the streets of San Antonio with schizophrenia and cannot care for herself. I just spoke to a doctor at University Hospital there because apparently she needs surgery for an infection that is the result of being abused on the streets. PLEASE HELP all of the innocent victims who cannot help themselves. I have been going through this for decades with her. It is up to YOU to help change the system so that these individuals have decent housing and mental health care. Thank you.

Jane Malin, Dr.
NAMI Greater Houston
Houston, TX

We have a unique opportunity RIGHT NOW to use current buildings on the campuses of the state hospitals that have new facilities for their clients. Please advocate for those who cannot advocate for themselves: The Texas Legislature should direct TX HHS to pilot Intermediate Care Facilities (Intentional Therapeutic Communities) in these buildings for those individuals who require more structured and supervised settings than those available in the community. Texas State Hospitals are part of the public mental health system, but the majority of clients access this service after incarceration - for competency restoration. This limits the availability of psychiatric hospital beds. Ill people must be able to access the right care, at the right place, at the right time. If they cannot, we wait for an arrestable offense and we hope there is no victim.

Texas has invested over \$2 billion in a State Hospital System Redesign. By focusing on an "acute care" model, we have no good options for those who no longer need hospital level care, but are not yet ready for community placement. We need residential options in between the hospitals and community placement, with a secure option for those who have failed in less restrictive settings and are not safe unsupervised in community settings. We have a growing population of individuals who are "too acute" to meaningfully engage in voluntary treatment. When these individuals are arrested, they are likely to be found "incompetent to stand trial" (IST) and "unlikely to restore/regain" (UTR). These individuals cannot be served humanely in the criminal legal system - and we have neglected them in our design for the continuum of care and housing. At great fiscal and human cost, we are leaving these individuals to cycle through the hospitals, the jails, and homelessness and other inappropriate settings. Using Secure, Residential Intermediate Care Facilities instead of Texas State Hospitals for clients needing this level of care is projected to produce total annual savings of over \$30 Million because of lower staffing needs, shared services and less restrictive environments (NAMI TX Brief).

Recommendations for Intermediate Residential Care have been made by multiple stakeholder groups: 1) The Joint Committee on Access and Forensic Services (JCAFS) - a TX HHS legislative advisory committee: - Recommendations for innovative housing models for the population with complex mental and behavioral health needs:

<https://www.hhs.texas.gov/sites/default/files/documents/state-hospital-bed-day-allocation-method-utiliz-review-fy-2024.pdf> (pp. 27-28); 2) NAMI Texas has worked with stakeholders across Texas and is making this Recommendation in their Housing Policy Brief: Residential Intermediate Care: A New Model for Texas' Mental Health System; and 3) The Travis County Behavioral Health Criminal Justice Advisory Committee (BHCJAC) recommendation in their letter submitted to TX HHS, May 2024 re: the Texas State Hospital Long-range Plan.

James Palmer
self, retired software analyst
Austin, TX

My son suffers from the serious mental illness schizophrenia. He is currently under a Not Guilty by Reason of Insanity (NGRI) commitment at Austin State Hospital (ASH). He is there largely because he does not accept that he needs to take medication to treat his illness. When he does not take his medication, he becomes a danger to himself and others.

It is unclear when or if my son will meet the criteria to leave ASH. If he leaves ASH, I am very concerned that he will not continue to take his medication and, unless he is transferred to some sort of step-down facility, similar to that outlined in the recommendations of the 2023 Psychiatric Services Stakeholder Workgroup, become a renewed threat to himself and others. Commitment to such a secure facility would need to include the possibility of court ordered medication.

More recent recommendations for facilities that may be appropriate for my son, should he be released from ASH include:
- "Residential Intermediate Care: A New Model for Texas' Mental Health System" by NAMI Texas, December 2024
- "Comments to HHSC: Evolving the Landscape: A Report on Maximizing Resources and Long-Range Planning for Texas State Hospitals" by The Travis County Behavioral Health and Criminal Justice Advisory Committee, May 15, 2024

I believe that adoption of such proposals would have a substantial positive effect on the health and safety of Texas residents.

Elise McGarrah

Nami

Austin, TX

Good morning!

I have a son who was diagnosed with Schizophrenia in 2016. After quick hospitalization and care he was stable for 5 years and earned his MA at UT. The meds stopped working and we've been in a cycle of hospitalizations the past three years due to his anosognosia (lack of insight into illness). He's been at BrightQuest in Nashville Tn the past 8 months where he's doing well and stable on a new med. He's searching for a job currently and working towards independence. We pay \$20,000 out of pocket monthly which is crushing. It's ridiculous that we have to send our son out of state to get care. Texas desperately needs interim housing for people coming out of the hospital who need further stabilization. It takes time for the medicine and therapy to work—the brain needs time to heal. My husband worked hard to start his advertising agency here in Austin and now so much of what he's worked so hard for is going towards our son's care. My son is the lucky one—so many don't have parents who can afford to pay and they often end up homeless. Please care enough to create and fund a long term residential solution for so many impacted by these unfortunate illnesses. Our family could be any family in Texas. We depend on our lawmakers to help us.

Joseph Meyer, Mr

Self

Austin, TX

Mental Health America recently ranked Texas 50th among the states in overall availability of mental health services. Our state needs to be more creative and pragmatic in its approach to providing services by encouraging the use of telehealth not only by physicians but also by couns

Joseph Meyer, Mr.

Self

Austin, TX

Texas was recently ranked 50th among the states by Mental Health America's assessment of the availability of mental health services. Texas must be creative and pragmatic in encouraging solutions to this problem. Consider telehealth not only by physicians but also counselors, social workers, and peer support specialists. Create incentives for those professionals and family caregivers to be more proactive in mental healthcare. Encourage non-profits that are already involved in providing housing for the homeless to provide on-site mental health services for residents. Hold state and state-supported agencies more responsible for the quality of services they provide with meaningful performance measures that are defined and audited by an independent agency such as the Legislative Budget Board. Make it easier for family caregivers to keep persons with serious mental illnesses out of homelessness, hospitals, and jails with incentives that make it easier to keep them housed and in the care of other family members with the support of professionals. Simplify the ridiculously complex and disjointed network of mental health services that are difficult for anyone to understand and nearly impossible for those with serious mental illnesses to navigate. Reduce the interaction of persons with serious mental illnesses and the justice system by encouraging law enforcement agencies to divert minor offenses away from arrests and jails—specifically define the offenses that should generally be diverted when following best practices. Involve family caregivers like myself in policymaking—we devote more time and resources to caregiving than any other stakeholders and should have a prominent role in creating solutions. We do not want our adult children to be homeless, incarcerated, or dead from mental illness. We have ideas for making changes that will improved Texas' national image for the quality of mental health services. Texas-style conservatism has traditionally been pragmatic and effective in identifying solutions to problems. Together, we can make Texas mental healthcare services better and more efficient.

Cindy Pearce
Self - retired
Kingsland, TX

As the mother of a son who has had a Serious Mental Illness for 24 years. I am unfortunately all too experienced with the lack of appropriate housing for those who are discharged from a state hospital and do not have an appropriate housing option. My son has been hospitalized for his mental illness 26 times & each time my son was about to be discharged, panic set in because my husband & I knew the only options available for housing for our son were inappropriate & would yield failure in our son's situation. Those options were: live with us, live in a group home none of which would adequately address his needs & he would leave, live alone in an apartment or live on the street. You may think living with parents is a great option but unless you have lived with a person with a Serious Mental Illness, you cannot understand how this option doesn't work especially in the long term & especially with aging parents. I speak from many years of experience of my husband & me trying to live with our adult mentally ill son. Most group homes are not desirable with inadequate facilities & conditions & our son left every time. We tried an apartment & even tried putting him in a small home. I can attest to the fact that neither of those options worked either - loneliness, inability to take medications on his own & being taken advantage of by others who needed a place to stay are just a few of the reasons living alone didn't work for our son. It was very disheartening for our son to be discharged & for lack of appropriate housing to end up like he was when he had been admitted to the hospital in the first place. The revolving door of care was frustrating, damaging to our son's mental state, devastating for us as parents & a HUGE WASTE OF TIME, EFFORT & MONEY!!!!!!

The state hospital system redesign is an "acute care" model. For those who no longer need hospital level care, but are not yet appropriate for community placement, we have no good options. We need residential options in between hospital level care and community placement, to include a secure option for those at risk of leaving and who are not safe unsupervised in the greater community. We must advocate for a person's true level of need. By not doing this, we wait for an arrestable offense and we hope there is no victim.

Please listen to the recommendations of the groups who know what is wrong with the present system. And above all please listen to the representatives of families who know that the present system is not working.

Thank you.

Brenda Cummins
My son Robert Daniel Cummins
FERRIS, TX

I am advocating for my son, Robert Daniel Cummins, he has a severe mental illness and is forced to live on the streets of Austin most of the time due to the fact that there is not placement for my son and others who deserve through no fault of their own to be housed and treated fairly.

Adles Reyes
Self
Kyle, TX

Good morning, My name is Adles Reyes and I am advocating for my son Daniel Duran. He has been in jail since 12-10-24 and he is incompetent to stand trial. He has been in jail without getting medication and the attorney is not communicating with me nor the jail. I don't know how long they will keep him in there due to the jail nor his attorney giving me much information. Not sure, if they have him on a waiting list or if they are just keeping him in there to serve his time. I am desperate for a change. Evolving the Landscape: A Report on Maximizing Resources and Long-Range Planning for Texas State Hospitals would be a good help for my son. I believe that the court system, jail and hospitals need more assistance and working together to help people like my son. Thank you.

Daniel Armendariz

Self

Austin, TX

I write to you as a homeowner who resides on one property with my immediate and extended family. I am urgently imploring you to ensure that state resources are adequately appropriated for mental health services. This is a dire need in our community. As a family, we have been directly impacted by the lack of mental health services and treatment accommodation facilities for the mentally challenged. As an example, daily, we encounter a neighbor of ours who is a middle aged man suffering tremendously from mental health illness. We have sought to call 911 and ask for mental health response as well as response from Integral Care of Travis County but all to little or no effect. Our neighbor desperately needs and deserves immediate, direct and continuous treatment in a housing facility with trained professional staff. The police are often called to respond to something that he has done in public and our fear is that some day the police response will be excessive and someone will get hurt. This is not an uncommon occurrence in our state or nation. We care for our neighbors and only wish for them to receive the treatment that they deserve. Thank you.
