

SUBJECT: Systems of care for children with severe emotional disturbances

COMMITTEE: Human Services — committee substitute recommended

VOTE: 6 ayes — Uresti, Naishtat, McCall, Olivo, Reyna, Wohlgemuth
0 nays
3 absent — Christian, Miller, Villarreal

SENATE VOTE: On final passage, April 22 — voice vote

WITNESSES: For — Melanie Gant, Mental Health Association of Texas; Deborah Hyatt, Texas Federation for Families; Monica Thyssen, Advocacy, Inc.; Sherri Gothart-Barron

Against — None

BACKGROUND: Statutory authority for the Texas Integrated Funding Initiative (TIFI) was enacted by the 76th Legislature in 1999 through SB 1234 by Nelson. TIFI is a consortium of representatives from the Texas Department of Mental Health and Mental Retardation, Department of Protective and Regulatory Services, Texas Education Agency, Texas Youth Commission, Texas Juvenile Probation Commission, and Texas Commission on Alcohol and Drug Abuse and family advocates. TIFI is authorized to operate in six communities and was funded through Rider 9 of the Health and Human Services fiscal 2002-03 budget. TIFI received about \$1 million by transfer from participating agencies.

The consortium evaluates services and develops local mental health care systems in communities for children who receive residential mental health services or who are at risk of residential placement. The systems include multi-agency involvement and services that cross traditional agency jurisdiction, including assessment, treatment, support services, family training, and others.

A Community Resource Coordinating Group (CRCG) is a local consortium that assists state and local agencies with coordination of local service delivery. Originally created by the 70th Legislature to coordinate services for children, the concept was broadened in 2001 by the 77th Legislature in SB 1468 by Moncrief to services for other specialty populations. Currently, all 254 Texas counties have access to a CRCG.

DIGEST:

CSSB 60 would direct each community resource coordination group to evaluate the system of care in each community and identify any barriers to effective delivery of care for children with severe emotional disturbances. Each would report findings and any recommendations, including policy or statutory changes, for removing barriers.

TIFI would compile the reports and coordinate, where applicable, with recommendations from other reports prepared by TIFI and reports required by other legislation enacted by the 78th Legislature — SB 490 by Shapleigh, relating to coordination of state mental health services for young children; and SB 491 by Shapleigh, which would require an assessment of school-based mental health and substance abuse programs.

TIFI's report would be distributed to the agencies involved, and the recommendations would have to be implemented. Progress of the implementation would be required in a report to the governor and Legislature by January 11, 2005.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2003.

**SUPPORTERS
SAY:**

CSSB 60 would improve the delivery of services by requiring CRCGs to evaluate the system of care in a community for children with severe emotional disturbances. Often children go undiagnosed for mental illness because their symptoms are not yet differentiated — the broad term “severe emotional disturbances” would include those children. Also, some children need services to help them function in school and the community, even if their symptoms never develop into diagnosable mental illnesses.

The bill would use existing resources at the local level and work with communities to determine how systems of care best could be implemented at the local level. The committee substitute is preferable to the Senate engrossed version because it would not create a top-heavy administration but rather would keep the focus at the local level.

**OPPONENTS
SAY:**

CSSB 60 is not needed because CRCGs already assist state and local agencies with coordination of local service delivery and have been doing so with services for children since 1987. CRCGs can assist specialty populations in addition to children with mental illnesses, so they do not need additional authority to work with systems of care for children with severe emotional disturbances. Every county has access to a CRCG, so it would not add any new areas.

Sending reports to TIFI would be a waste of time and effort for CRCGs because the future of TIFI is uncertain. Neither the House nor Senate budget proposal includes the rider that funded TIFI in the current biennium.

The Senate engrossed version of the bill was a much better proposal because it would have created a council to develop and oversee systems of care in Texas for children with severe emotional disturbances. The new council would have replaced TIFI and the CRCGs in a way that improved the delivery of services by stipulating a set of measures by which current services would be evaluated and setting clear measures and reporting requirements.

**OTHER
OPPONENTS
SAY:**

The state should not focus resources on ever broader categories of children. As state policies in adult mental health move toward serving the neediest populations — such as people with schizophrenia, bipolar disorder, and severe depression — so should the policies for children be made more specific. Texas cannot serve adequately every child with behavior problems and instead should focus on children diagnosed with organic mental illnesses.

NOTES:

The committee substitute would not create a new council, but would use the existing CRCG structure to study and report on systems of care for children with severe emotional disturbances.