

- SUBJECT:** Requiring community-based services for individuals with mental illness
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — Kolkhorst, Naishtat, Coleman, Collier, Cortez, Guerra, S. King, J.D. Sheffield
- 3 nays — S. Davis, Laubenberg, Zedler
- WITNESSES:** For — Daniel Burkeen, Limestone County; Leon Evans, The Center for Health Care Services; Lee Johnson, Texas Council of Community Centers; A.J. Louderback, Jackson County and the Sheriffs Association of Texas; Josette Saxton, Texans Care for Children; Dennis Wilson, Limestone County, Sheriff’s Association of Texas; (*Registered, but did not testify*: Jim Allison, County Judges and Commissioners Association of Texas; Sherry Bailey, The Center for Health Care Services; Gilbert Gonzales, The Center for Health Care Services; Marilyn Hartman; Harry Holmes, Harris County Healthcare Alliance; Patti Jones, Lubbock County, Texas; Donna Klaegar, Burnet County; Kathryn Lewis, Disability Rights Texas; Katharine Ligon, Center for Public Policy Priorities; Diane Lowrance, Behavioral Health Center of Nueces County; Mark Mendez, Tarrant County; Seth Mitchell, Bexar County; Laura Nicholes, Texas Association of Counties; John Smith, The Center for Health Care Services; Gyl Switzer, Mental Health America of Texas; Catherine Weaver, NAMI Texas; Stacy Wilson, Texas Hospital Association; Eric Woomer, Federation of Texas Psychiatry)
- Against — None
- On — Lauren Lacefield Lewis, DSHS; Lee Spiller, Citizens Commission on Human Rights; (*Registered, but did not testify*: Nancy Hohengarten; Greg Jensen, Lone State Circle of Care)
- BACKGROUND:** Health and Safety Code, sec. 534.053 specifies the required community-based services that must be offered in every mental health service area.
- DIGEST:** CSHB 2401 would require the Department of State Health Services to ensure that community-based alternatives to inpatient hospitalization were available in each service area.

Services. The department would have to ensure the availability of appropriate and timely services to meet a patient's acute mental health placement needs in order to reduce acute symptoms and the need for inpatient services. Each service area would have to offer at least one of the following services:

- crisis stabilization services;
- short-term residential treatment, respite care, or extended observation services; or
- medical and nursing services to address the patient's mental health condition or presenting symptoms.

The department would have to contract with local mental health authorities to provide programs designed to ensure the accessibility and availability of community-based alternatives to inpatient hospitalizations.

Funding. The department would need to provide any funding above what is provided by federal funds (from Texas' 1115 waiver) to ensure the availability of community-based treatment options in every service area.

Federal authorization. A state agency would be required to seek any necessary federal authorization and could delay the implementation of any provision until permission was granted.

The bill would take effect September 1, 2013.

**SUPPORTERS
SAY:**

CSHB 2401 would help ensure that individuals with mental illness received timely and appropriate care. By requiring service areas offer community-based treatment options, this bill would help reduce reliance on emergency rooms, county jails, and state hospitals. Without the proper community services and supports, too many individuals will continue to receive inappropriate and expensive care.

This bill would not mandate minimum requirements for mental health services. In contrast, it simply would provide parameters for community-based options – programs that the department and service areas would probably already be implementing. This bill would give the department the flexibility to determine the most effective form of acute care treatment and require it to contract with local mental health authorities who were familiar with a service area's unique needs.

**OPPONENTS
SAY:**

CSHB 2401 would set mandates that could impede state agency discretion. The state will likely appropriate a considerable amount of funding for mental health services in the next biennium, and the budget riders will probably give state agencies the discretion to decide how best to use these funds in the different service areas. This bill would hinder this discretion by establishing minimum requirements for mental health services.