

BILL ANALYSIS

C.S.H.B. 3621
By: Cortez
Corrections
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Over the last several biennia, the legislature has made significant investments to strengthen the Texas mental health system. These investments have allowed local mental health authorities like the Center for Health Care Services (CHCS) in Bexar County to expand capacity and improve crisis services. In the current crisis continuum, stays may range from 23 hours to 14 days. However, there is evidence that successful recovery for individuals with complex disorders requires longer patient stays of 45 to 90 days. Previously, these individuals were more likely to be treated in state hospitals on voluntary admissions or involuntary civil commitments, but that treatment option may no longer be adequate due to the limited capacity of the state hospital system and the numbers of involuntary forensic admissions for individuals who have been acquitted by reason of insanity or who are admitted for competency restoration to stand trial for criminal offenses. C.S.H.B. 3621 seeks to address this issue by requiring the Health and Human Services Commission to partner with the Bexar County CHCS to develop a mental health jail diversion pilot program that would increase the amount of time a person can stay in inpatient care, include comprehensive care for such patients, and reduce recidivism for this population.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 3621 amends the Health and Safety Code to require the Health and Human Services Commission (HHSC), in cooperation with the local mental health authority that serves Bexar County, to establish a mental health jail diversion pilot program in Bexar County for the purpose of reducing recidivism and the frequency of arrests, incarceration, and emergency detentions among persons with mental illness within the county.

C.S.H.B. 3621 requires the local mental health authority serving Bexar County, in coordination with the University of the Incarnate Word and Texas Vista Medical Center, to design a criminal justice mental health service model oriented toward facilitating treatment for persons with mental illness and substance use disorders to achieve the program's goals. The bill requires the model to include certain evidence-based practices. The bill requires the local mental health authority to design and test the model through the pilot program and to use personnel enrolled in certain Texas Institute of Graduate Medical Education and Research residency training programs to provide services under the program.

C.S.H.B. 3621 requires HHSC and the local mental health authority serving Bexar County, before the implementation of the pilot program, to jointly establish clear criteria for identifying a target population to be served by the program. The criteria must prioritize serving persons at high risk of recidivism and with severe mental illness, substance use disorders, or co-occurring mental illness and substance use disorders. The bill requires the local mental health authority to provide, directly or through partnerships with other community behavioral health organizations, any outpatient services included under the program as mental health and substance use disorder treatment for incarceration diversion services and establishes that HHSC is not required to provide funding for those outpatient services. The bill requires HHSC to ensure that the program has the resources to provide mental health and substance use disorder treatment for incarceration diversion services for at least five inpatient beds and for stays of a period of 90 days.

C.S.H.B. 3621 makes creation of the pilot program contingent on HHSC funding for persons with mental illness or substance abuse disorders provided by the state for the program and sets out certain legislative intent regarding the use of appropriations. The bill requires HHSC, in consultation with the local mental health authority and Texas Vista Medical Center, to pay a case rate at the rate at which services are funded for the program. The bill authorizes the local mental health authority to seek and receive gifts and grants from certain sources for the benefit of the program. The bill authorizes HHSC to make inspections on behalf of the state of the operation of and provision of services through the program to ensure state funds are used effectively.

C.S.H.B. 3621 requires the local mental health authority to collaborate with the South Texas Crisis Collaborative to collect and analyze information regarding rates of recidivism and the frequency of arrests, incarceration, and emergency detentions among persons served through the pilot program and to provide this information and analysis to HHSC. The bill requires the executive commissioner of HHSC, not later than December 1, 2022, to evaluate and submit a report concerning the effectiveness of the program to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officers of the appropriate legislative standing committees. The bill requires the executive commissioner, in conducting that evaluation and using the provided information and analysis, to compare the rate of recidivism in Bexar County among persons in the target population before the date the pilot program is implemented and one year after the program is implemented. The executive commissioner's report must include a description of the features of the service model designed and tested under the pilot program and the executive commissioner's recommendation whether to expand use of the model statewide and may include other measures of effectiveness. The pilot program concludes and the bill's provisions expire September 1, 2023.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3621 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes, along with the purposes of the pilot program established by the original, the additional purpose of reducing emergency detentions among the target population.

The substitute replaces the original's references to Southwest General Hospital with references to the Texas Vista Medical Center and includes a definition for "Texas Vista Medical Center," which was absent from the original.

The substitute includes a requirement absent from the original for the local mental health authority to collaborate with the South Texas Crisis Collaborative to collect and analyze certain information and to provide that information and analysis to HHSC for purposes of the bill's reporting requirement.

The substitute includes provisions absent from the original requiring the local mental health authority to provide directly or through certain partnerships any outpatient services included under the program and establishing that HHSC is not required to provide funding for those outpatient services.

Whereas the original required HHSC to ensure the program has the resources to provide program services for not fewer than 10 inpatient beds and for stays of a period of 60 to 90 days, the substitute changes that requirement to apply with respect to not fewer than five inpatient beds and for stays of a period of 90 days.