

SUBJECT: Requiring coordination of children's mental health services

COMMITTEE: State Health Care Expenditures — favorable, without amendment

VOTE: 9 ayes — Delisi, Gutierrez, Berman, Crownover, Deshotel, Harper-Brown, Miller, Truitt, Uresti

0 nays

2 absent — Capelo, Wohlgenuth

WITNESSES: For — Melanie Gantt, Mental Health Association in Texas; Deborah Hyatt, Texas Federation of Families for Children's Mental Health

Against — None

On — Monica Thyssen, Advocacy, Inc.

BACKGROUND: The state delivers mental health services for children through the Texas Department of Mental Health and Mental Retardation (MHMR) and other state agencies and programs. The Interagency Council on Early Childhood Intervention (ECI) serves families with children under age three who have disabilities or developmental delays. Services can include testing, direct medical services, respite care, and therapy.

In September 2002, MHMR and ECI signed a memorandum of understanding on serving very young children with mental health problems. If the parents of a child under age three apply for services at MHMR, they are transferred to ECI, which evaluates incoming children for mental health service needs. If a child has received mental health services or shows a need for them when leaving the ECI program, MHMR joins ECI in transition planning. If the child will continue with MHMR and the parent consents, the child's records are transferred to MHMR. The agencies have jointly funded training programs to educate providers about identifying and treating mental health problems in very young children. Both agencies intend to bring in other partners, such as the Texas Department of Protective and Regulatory Services (DPRS) and the Texas Education Agency (TEA).

DIGEST: HB 1349 would direct MHMR and ECI to coordinate services and to develop a continuum of care for children younger than age seven who have mental illness. The agencies also would have to develop a plan to increase agency expertise in this area.

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: HB 1349 would codify the memorandum of understanding between MHMR and ECI signed in September 2002. The agencies determined that children would be served best if they could obtain MHMR services while under the care of ECI and those working at ECI could benefit from the expertise of MHMR's services for children.

This arrangement has attracted national attention. The National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington, D.C., has invited Texas to join in a training academy that will investigate and develop best practices in early childhood mental health treatment.

Developing a continuum of care between MHMR and ECI makes fiscal, developmental, and policy sense. ECI largely is funded with federal money, while MHMR is funded mostly by state general revenue. If children could obtain mental health services while in ECI, those services could be funded federally. These children would benefit from ongoing care and would require less expensive services later. A continuum of care is the best way to improve a child's developmental pattern, because it prevents problems from overwhelming the child and helps families manage mental health issues rather than remaining in a reactive mode. The continuum of care also makes policy sense because the state would have a single intake point, rather than two.

OPPONENTS SAY: Continuum of care is a good idea, but the premise that the state should treat all mental illness is unrealistic. The state needs to focus on specific diseases and disease management programs rather than on the current overly broad inclusion of all mental health. MHMR should identify children's diagnoses, including organic mental diseases and serious emotional disorders, but not all behavioral problems such as Attention Deficit Hyperactivity Disorder.

**OTHER
OPPONENTS
SAY:**

HB 1349 represents the right approach to administering health services, but it should encompass all health and human services agencies. Another pending bill, HB 2292 by Wohlgemuth, would reorganize all health services under a single department so that population groups no longer would be “siloed.”

The bill should require other agencies and programs to join the continuum of care, such as DPRS, TEA, and Head Start. If bringing MHMR and ECI together is good, bringing together all service providers would be better.

NOTES:

The companion bill, SB 490 by Shapleigh, passed the Senate by 30-1 (Janek) on April 8 and was reported favorably, without amendments, by the House Select Committee on State Health Care Expenditures on April 22.