

- SUBJECT:** Replacing a mental health pilot project with the Texas System of Care
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 9 ayes — Kolkhorst, Naishtat, Collier, Cortez, S. Davis, Guerra, S. King, J.D. Sheffield, Zedler
- 1 nay — Laubenberg
- 1 absent — Coleman
- SENATE VOTE:** On final passage, April 11 — 31-0
- WITNESSES:** (*On House companion bill, HB 3684*)
For — Josette Saxton, Texans Care for Children; (*Registered, but did not testify*: Greg Hansch, National Alliance on Mental Illness Texas; Marilyn Hartman, National Alliance on Mental Illness; Harry Holmes, Harris County Healthcare Alliance; Cynthia Humphrey, Association of Substance Abuse Programs; Kathryn Lewis, Disability Rights Texas; Katharine Ligon, Center for Public Policy Priorities, Janna Lilly, TCASE – Texas Council of Administrators of Special Education; Katie Malaspina, Texans Care for Children; Diana Martinez, TexProtects; Sandra Martinez, Methodist Healthcare Ministries of South Texas; Michelle Romero, Texas Medical Association; John Stuart, National Association of Social Workers Texas Chapter; Gyl Switzer, Mental Health America of Texas)
- Against — None
- On — (*Registered, but did not testify*: Terry Beattie, HHSC; Angela Hobbs-Lopez, DSHS; Elizabeth Kromrei, DFPS)
- BACKGROUND:** SB 1234 by Nelson, enacted by the 76th Legislature, created the Texas Integrated Funding Initiative (TIFI) consortium pilot project to develop and expand local mental health systems of care in communities for minors who are receiving, or are at risk of needing, residential mental health services. The Health and Human Services Commission and the consortium were required to develop model guidelines, establish plans to expand the project in up to six communities, and create a central fund for expansion

communities. The commission had to adopt rules for expansion proposals, award grants, and develop an outcome evaluation system. It also had to collaborate with the consortium to select expansion communities, provide technical assistance, and develop a local evaluation system.

DIGEST: CSSB 421 would replace the TIFI consortium pilot project with the Texas System of Care.

Duties. The Health and Human Services Commission would have to form a consortium that had responsibility and oversight over a state system of care. The consortium would develop local mental health systems of care for minors receiving residential mental health services or inpatient mental health hospitalization, or who were at risk of being removed from their homes and being placed in a more restrictive environment. These environments would include inpatient mental health hospitals, residential treatment facilities, or a placement within Department of Family and Protective Services (DFPS) or the juvenile justice system.

The commission and the consortium would be required to:

- maintain a comprehensive plan to deliver mental health services and supports to minors and their families who were using a system of care;
- implement strategies to expand the use of system-of-care practices throughout the state;
- identify appropriate local, state, and federal funding sources to finance infrastructure and mental health services to support system-of-care efforts; and
- develop a state and local outcome evaluation system.

The Department of State Health Services (DSHS) and the commission would be required to jointly monitor the progress of communities that implemented local systems of care, as well as any cost avoidance and net savings that resulted from implementation. The commission could provide technical assistance to a community that implemented a local system of care.

Reports. By November 1 immediately preceding each regular legislative session, the consortium would submit to the Legislature and the Council on Children and Families an evaluation of outcomes, as well as recommendations to strengthen local support through state policies and

practices. The recommendations would have to identify:

- methods to increase access to services and the capacity of communities to implement local systems of care;
- how to use cross-system performance and outcome data to help individuals and systems make informed decisions; and
- strategies to maximize public and private funding at the local, state, and federal levels.

Members. The consortium would include the DSHS, the DFPS, the commission's Medicaid program, the Texas Education Agency, the Texas Juvenile Justice Department, and the Texas Correctional Office on Offenders with Medical or Mental Impairments. Other members would include a young individual with a serious emotional disturbance who had received mental health services and a family member of a similar individual. The Children's Policy Council could coordinate with the consortium to find appropriate individuals.

Repealed sections. The bill would repeal provisions related to the TIFI consortium pilot project. Specifically, it would remove requirements that the commission evaluate request-for-expansion proposals, award grants, and develop an outcome evaluation system. It also would repeal provisions requiring the commission to collaborate with the consortium to select expansion communities, provide technical assistance, and develop a local evaluation system.

The bill would take effect September 1, 2013.

**SUPPORTERS
SAY:**

CSSB 421 would reestablish and expand an effective children's mental health pilot project. Many different state and local agencies provide services to children with serious mental health conditions, but there is little planning or collaboration among these agencies. In 1999, the TIFI consortium was created to address this problem. The initiative was successful at providing selected communities with the training and resources to develop coordinated systems of care, but program funding was eliminated in 2011. Using federal funds, the program continued for an additional year and developed the Texas System of Care strategic plan.

This bill would codify the strategic plan and create the Texas System of Care Consortium, enabling oversight of local systems of care and providing communities with important resources. A statewide strategic

plan would improve long-term outcomes and save the state money by preventing expensive hospitalizations, incarcerations, and foster-care placements.

**OPPONENTS
SAY:**

CSSB 421 would increase the size of the state government. Mental health services and supports are best developed and administered on the local level. This bill would represent an unnecessary expansion of government.

NOTES:

CSSB 421 differs from the Senate-engrossed version in that the committee substitute would not require the commission to evaluate request-for-expansion proposals.