

BILL ANALYSIS

H.B. 1232
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

The Texas Health and Human Service Commission began a project in Bexar County to identify children with complex special health care needs that often require a broad array of health care services, including physician services, physical therapy, speech therapy, and durable medical equipment. In those cases, coordination of care is essential to ensure that children are referred for needed services, care is planned with input from all of the involved providers and the children's families, and information about the children's care is communicated to the providers and families. Proper identification is the first step in ensuring that these children receive needed care coordination services.

Identification of persons with special health care needs is considered a core component of the care coordination process. Many health maintenance organizations employ a screening process to identify elderly enrollees who are at risk for high service costs and disability and who are likely to require ongoing support and monitoring. Over the last several years, similar approaches to identify children with special needs have proliferated. Most screening efforts rely on diagnostic criteria or non-categorical approaches that emphasize the children's health care needs and function. The commission project used non-categorical approaches in Bexar County to screen children for referral for care coordination services.

When identifying children with complex special health care needs, it is important to understand the specific characteristics of the children identified. For example, if the goal is to identify children who require increased health care resources compared to most other children, it is important to assess the health care use and charges of children identified as having complex special health care needs compared to others. The Maternal and Child Health Bureau defines children with special needs as "those who have or are at elevated risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount not usually required by children." A key component of this definition is the need for or actual use of health and other services that are not usually required by most children, emphasizing the importance of understanding the health care use and expenditures of children with special needs.

The purpose of this bill is to direct the Department of State Health Services (DSHS) to establish a cross-system coordinated behavioral health intervention pilot project for children in Bexar County. The local mental health authority would collaborate with state and local agencies that work directly with children, including DSHS, the Department of Family and Protective Services, the Texas Youth Commission, and the Texas Education Agency. One function of this group would be to identify children at-risk of developing mental health and substance abuse problems and divert them to integrated systems of care services to reduce cross-system gaps or inefficiencies. In addition, this group of agencies would develop a best practices plan regarding informed consent, confidentiality, uniform behavioral health screening, early intervention and treatment services, and information sharing. Funding for the pilot project would come from DSHS crisis prevention programs funds and local funds, including school districts and criminal justice agencies. The local mental health authority would report to DSHS by December 1, 2010, regarding results of the pilot project.

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

H.B. 1232 requires the Department of State Health Services to establish a local behavioral health intervention pilot project for children in Bexar County that expires on September 1, 2011. The bill requires the department, in its implementation of the pilot project, to require a local mental health authority serving the county to enter into an agreement with state and local agencies that work directly with children, including the Department of State Health Services, the Department of Family and Protective Services, the Texas Youth Commission, and the Texas Education Agency for a collaborative effort to provide uniform early intervention behavioral health services to identify children with written parental consent, who are at risk of placement in an alternative setting for behavior management, or intervention by the juvenile justice or child protective services systems, and divert those children to a system of care services to reduce gaps or inefficiencies in the provision of care. The bill requires the collaborative agreement to provide for the development of best practices relating to informed consent, confidentiality, screening, referral processes, service delivery, and information exchange. The bill requires the agreement to identify outcome measures for the efficiency of coordination and ensure the availability of an extensive listing of providers and related information for children and their families. The bill authorizes a local mental health authority serving Bexar County, the agencies party to a collaboration agreement, and school districts to disclose, accept, and share personal information relating to a child with the consent of a child's parents or guardians, including information on a child's identity, needs, treatment, social, criminal, and educational history, probation or supervision status and compliance with the conditions of a child's probation or supervision, and medical or mental health history for purposes of the pilot project; accept information relating to a child that serves the purpose of the pilot project. The bill establishes that the confidential status of information being shared is not affected by its provisions and authorizes the Department of State Health Services to use funds for crisis prevention programs in collaboration with funds from local authorities, including school districts and criminal justice agencies, to implement the pilot project.

H.B. 1232 requires the local mental health authority involved in the pilot project to submit a report on the behavioral health intervention pilot project to the Department of State Health Services no later than December 1, 2010, that includes a comprehensive analysis of the efficacy of the project and the local authority's findings and recommendations.

EFFECTIVE DATE

September 1, 2009.