

BILL ANALYSIS

C.S.H.B. 2401
By: McClendon
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There is concern that state law does not adequately provide for alternatives to inpatient hospitalization for persons who have or may have mental illness. Many patients who present signs of mental illness may also be struggling with other conditions, such as intellectual or developmental disabilities, dementia, or Alzheimer's disease. Interested parties contend that such patients may not need to be placed in an inpatient hospital environment and should not be housed in city or county jails simply because there is nowhere else for them to go.

The parties assert that the current system of delivering mental health services presents problems with the lack of alternatives for inpatient or outpatient treatment, which creates inefficiencies in the delivery of care and an over-reliance on inpatient care. The parties point out that local mental health authorities have resource capabilities to help provide suitable alternatives to inpatient hospitalization, if the appropriate statutory authority is enacted and funding is allocated to support such activities, and note that funding such resources would prove to be cost saving in the long run. C.S.H.B. 2401 seeks to ensure that community-based alternatives to inpatient treatment are available in Texas.

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

Section 531.0055, Government Code, as amended by Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, expressly grants to the executive commissioner of the Health and Human Services Commission all rulemaking authority for the operation of and provision of services by the health and human services agencies. Similarly, Sections 1.16-1.29, Chapter 198 (H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, provide for the transfer of a power, duty, function, program, or activity from a health and human services agency abolished by that act to the corresponding legacy agency. To the extent practical, this bill analysis is written to reflect any transfer of rulemaking authority and to update references as necessary to an agency's authority with respect to a particular health and human services program.

C.S.H.B. 2401 amends the Health and Safety Code to require the Department of State Health Services (DSHS) to ensure that community-based alternatives to inpatient hospitalization are available in each local mental health authority service area. The bill requires DSHS to ensure the availability of appropriate and timely services designed to meet acute mental health placement needs of patients in order to reduce a patient's acute symptoms of mental illness and to prevent a patient's admission to an inpatient mental health facility. The bill requires the available services to include at least one of the following: crisis stabilization services; short-term residential treatment, respite care, or extended observation services; and medical and nursing services to address the patient's mental health condition or presenting symptoms. The bill requires DSHS to provide funding for the cost of ensuring the availability in each service area of community-based

alternatives to inpatient hospitalization to the extent those costs are not paid from the delivery system reform incentive payments received under the Texas Health Care Transformation and Quality Improvement Program 1115 waiver. The bill requires DSHS to contract with a local mental health authority to provide programs designed to make community-based alternatives accessible and available in order to avert or mitigate the need for inpatient hospitalization.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2401 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 534.053, Health and Safety Code, is amended by amending Subsection (a) and adding Subsection (d) to read as follows:

(a) The department shall ensure that, at a minimum, the following services are available in each service area:

(1) 24-hour emergency screening and rapid crisis stabilization services;

(2) community-based crisis residential services or hospitalization;

(3) community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;

(4) family support services, including respite care;

(5) case management services;

(6) medication-related services, including medication clinics, laboratory monitoring, medication education, mental health maintenance education, and the provision of medication; ~~and~~

(7) psychosocial rehabilitation programs, including social support activities, independent living skills, and vocational training; and

(8) community-based alternatives to inpatient hospitalization.

(d) The department shall ensure the availability of services designed to reduce a patient's acute symptoms of mental illness and any other services necessary to prevent a patient's admission to an inpatient mental health facility, as defined by Section 571.003.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 534.053, Health and Safety Code, is amended by amending Subsection (a) and adding Subsection (d) to read as follows:

(a) The department shall ensure that, at a minimum, the following services are available in each service area:

(1) 24-hour emergency screening and rapid crisis stabilization services;

(2) community-based crisis residential services or hospitalization;

(3) community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;

(4) family support services, including respite care;

(5) case management services;

(6) medication-related services, including medication clinics, laboratory monitoring, medication education, mental health maintenance education, and the provision of medication; ~~and~~

(7) psychosocial rehabilitation programs, including social support activities, independent living skills, and vocational training; and

(8) community-based alternatives to inpatient hospitalization.

(d) Notwithstanding any other law, the department shall ensure the availability of appropriate and timely services designed to meet acute mental health placement needs of patients in order to reduce a patient's acute symptoms of mental illness and to prevent a patient's admission to an inpatient mental health facility, as defined by Section

The available services must include:

- (1) crisis stabilization services;
- (2) short-term residential treatment; and
- (3) medical and nursing services.

SECTION 2. Subchapter B, Chapter 534, Health and Safety Code, is amended by adding Section 534.0531 to read as follows:
Sec. 534.0531. FUNDING FOR COMMUNITY-BASED SERVICES. The department shall provide funding for the cost of ensuring the availability of community-based alternatives to inpatient hospitalization to the extent those costs are not paid from the delivery system reform incentive payments received under the Texas Health Care Transformation and Quality Improvement Program 1115 waiver.

SECTION 3. Section 534.054, Health and Safety Code, is amended by adding Subsection (b) to read as follows:
(b) The department shall contract with a local mental health authority to provide programs to provide community-based alternatives to inpatient hospitalization. Notwithstanding Section 533.0358 and subject to Subsection (c), the contract must require the local mental health authority to operate the programs to provide those alternatives.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect September 1, 2013.

571.003. The available services must include at least one of the following:

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

SECTION 2. Subchapter B, Chapter 534, Health and Safety Code, is amended by adding Section 534.0531 to read as follows:
Sec. 534.0531. FUNDING FOR COMMUNITY-BASED SERVICES. The department shall provide funding for the cost of ensuring the availability in each service area of community-based alternatives to inpatient hospitalization to the extent those costs are not paid from the delivery system reform incentive payments received under the Texas Health Care Transformation and Quality Improvement Program 1115 waiver.

SECTION 3. Section 534.054, Health and Safety Code, is amended by adding Subsection (b) to read as follows:
(b) The department shall contract with a local mental health authority to provide programs designed to make community-based alternatives accessible and available in order to avert or mitigate the need for inpatient hospitalization.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.