

BILL ANALYSIS

C.S.H.B. 2625
By: Coleman
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

A decade ago, changes to the criteria used to determine the population of individuals required to be served by local mental health authorities resulted in a narrowing of the population to only include adults with schizophrenia, major depression, and bipolar disorder and children with serious emotional illnesses. C.S.H.B. 2625 seeks to expand the population served by local mental health authorities and revise provisions relating to the services provided to that population.

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. 2625 amends the Health and Safety Code to specify that a local mental health authority is required to ensure the provision of assessment services, crisis services, and intensive and comprehensive services using disease management practices for children with serious emotional, behavioral, or mental disturbance and adults with severe mental illness who are experiencing significant functional impairment due to a mental health disorder defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), including certain specified conditions and disorders, rather than the provision of such services using disease management practices for adults with bipolar disorder, schizophrenia, or clinically severe depression and children with serious emotional illnesses. The bill includes the following among those specified conditions and disorders: major depressive disorder, including single episode or recurrent major depressive disorder; post-traumatic stress disorder; schizoaffective disorder, including bipolar and depressive types; obsessive compulsive disorder; anxiety disorder; attention deficit disorder; delusional disorder; bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or any other diagnosed mental health disorder.

C.S.H.B. 2625 expands the mental health conditions for which each local mental health authority is required to incorporate jail diversion strategies into the authority's disease management practices to reduce the involvement of the criminal justice system in managing adults with those conditions to include the following disorders as defined by the DSM-5: post-traumatic stress disorder; schizoaffective disorder, including bipolar and depressive types; anxiety disorder; or delusional disorder.

EFFECTIVE DATE

January 1, 2014.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2625 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 533.0354, Health and Safety Code, is amended by amending Subsection (a) and adding Subsection (a-1) to read as follows:

(a) A local mental health authority shall ensure the provision of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults and children with:

- (1) bipolar disorder;
- (2) [;] schizophrenia;
- (3) major depressive disorder, including single episode or recurrent major depressive disorder;
- (4) post-traumatic stress disorder;
- (5) paranoid disorder;
- (6) schizoaffective disorder, including bipolar and depressive types;
- (7) pervasive developmental disorder;
- (8) obsessive compulsive disorder;
- (9) dysthymia;
- (10) panic disorder;
- (11) anxiety disorder;
- (12) attention deficit disorder; or
- (13) tic disorder, including Tourette's disorder

~~[- or clinically severe depression and for children with serious emotional illnesses].~~

(a-1) The local mental health authority shall ensure that individuals are engaged with treatment services that are:

- (1) ongoing and matched to the needs of the individual in type, duration, and intensity;
- (2) focused on a process of recovery designed to allow the individual to progress through levels of service;
- (3) guided by evidence-based protocols and a strength-based paradigm of service;

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 533.0354, Health and Safety Code, is amended by amending Subsections (a) and (b) and adding Subsection (a-1) to read as follows:

(a) A local mental health authority shall ensure the provision of assessment services, crisis services, and intensive and comprehensive services using disease management practices for children with serious emotional, behavioral, or mental disturbance and adults with severe mental illness who are experiencing significant functional impairment due to a mental health disorder defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), including:

- (1) bipolar disorder;
- (2) [;] schizophrenia;
- (3) major depressive disorder, including single episode or recurrent major depressive disorder;
- (4) post-traumatic stress disorder;
- (5) schizoaffective disorder, including bipolar and depressive types;
- (6) obsessive compulsive disorder;
- (7) anxiety disorder;
- (8) attention deficit disorder;

(9) delusional disorder;

(10) bulimia nervosa, anorexia nervosa, or other eating disorders not otherwise specified; or

(11) any other diagnosed mental health disorder ~~[- or clinically severe depression and for children with serious emotional illnesses].~~

(a-1) The local mental health authority shall ensure that individuals are engaged with treatment services that are:

- (1) ongoing and matched to the needs of the individual in type, duration, and intensity;
- (2) focused on a process of recovery designed to allow the individual to progress through levels of service;
- (3) guided by evidence-based protocols and a strength-based paradigm of service; and

and

(4) monitored by a system that holds the local authority accountable for specific outcomes, while allowing flexibility to maximize local resources.

No equivalent provision.

(4) monitored by a system that holds the local authority accountable for specific outcomes, while allowing flexibility to maximize local resources.

(b) The department shall require each local mental health authority to incorporate jail diversion strategies into the authority's disease management practices to reduce the involvement of the criminal justice system in ~~[for]~~ managing adults with the following disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5):

(1) schizophrenia;

(2) ~~and~~ bipolar disorder;

(3) post-traumatic stress disorder;

(4) schizoaffective disorder, including bipolar and depressive types;

(5) anxiety disorder; or

(6) delusional disorder ~~[to reduce the involvement of those client populations with the criminal justice system].~~

SECTION 2. This Act takes effect January 1, 2014.

SECTION 2. Same as introduced version.