

## **BILL ANALYSIS**

Senate Research Center  
83R23326 AED-F

S.B. 1912  
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Health & Human Services  
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As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Mental health resources in Texas come from various entities, one of the most proactive and direct being local mental health authorities (LMHAs). These authorities provide crisis, long-term, and rehabilitative care to individuals with the “Big 3” of mental health as listed in statute—bipolar disorder, schizophrenia, or clinically severe depression.

Currently, however, it is unclear how much LMHAs can help individuals with severe recognized mental health issues that are not one of the “Big 3,” such as post-traumatic stress disorder (PTSD). This often leaves individuals with mental health illnesses trapped in a cycle of short-term help, pieced together from various sources, instead of being able to receive rehabilitative care from qualified LMHA staff.

S.B. 1912 expands the list of nationally recognized mental health illnesses for which LMHAs can provide services.

As proposed, S.B. 1912 amends current law relating to disease management practices of local mental health authorities.

[**Note:** While the statutory reference in this bill is to the Texas Department of Mental Health and Mental Retardation (TXMHMR), the following amendments affect the Department of State Health Services, as the successor agency to TXMHMR.]

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

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

(a) Requires a local mental health authority 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 bipolar disorder; schizophrenia; 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. Deletes existing text requiring a local mental health authority to ensure the provision of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults with bipolar disorder, schizophrenia, or clinically severe depression and for children with serious emotional illnesses.

(a-1) Creates this subsection from existing text of Subsection (a). Makes no further change to this subsection.

(b) Requires the Texas Department of Mental Health and Mental Retardation (TXMHMR) to 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 managing adults with the following disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) schizophrenia; bipolar disorder; post-traumatic stress disorder; schizoaffective disorder, including bipolar and depressive types; anxiety disorder; or delusional disorder. Deletes existing text requiring TXMHMR to require each local mental health authority to incorporate jail diversion strategies into the authority's disease management practices for managing adults with schizophrenia and bipolar disorder to reduce the involvement of those client populations with the criminal justice system.

SECTION 2. Effective date: January 1, 2014.