

BILL ANALYSIS

H.B. 2597
By: Reynolds
Corrections
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties contend that treatment options for individuals who suffer from a mental illness are limited once such an individual is incarcerated. When released, some individuals who suffer from mental illness may not be able to establish and maintain a manner of living that avoids reentry into the criminal justice system. The parties assert that, given that short-term assistance outside of prison has proved inadequate in some cases and prison remains an expensive and flawed long-term solution, there is a need for programs that provide mental health treatment options for individuals after incarceration to reduce recidivism. H.B. 2597 seeks to address this need.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

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. 2597 amends the Health and Safety Code to require the Department of State Health Services (DSHS), in cooperation with the Fort Bend County Commissioners Court, to establish a pilot program in Fort Bend County to be implemented by the commissioners court for the purpose of reducing recidivism and the frequency of arrests and incarceration among persons with mental illness in that county. The bill requires the commissioners court to design and test through the pilot program a criminal justice mental health service model oriented toward facilitating treatment for persons with mental illness to reduce the recidivism and frequency of arrests and incarceration of persons with mental illness in the county. The bill requires the model initially to apply the critical time intervention principle and to include caseload management; multilevel residential services; and easy access to integrated health, mental health, and chemical dependency services, benefits acquisition services, and multiple rehabilitation services. The bill requires the commissioners court, in applying the critical time intervention principle through the pilot program, to endeavor to give persons with mental illness access to available social, clinical, housing, and welfare services during the first weeks after the person's release from jail.

H.B. 2597 requires the commissioners court to seek input from and coordinate the provision of services with certain entities in designing the criminal justice mental health service model. The bill requires the commissioners court, in implementing the pilot program, to ensure that the program has the resources to provide mental health treatment for incarceration diversion services to not fewer than 10 individuals and requires the commissioners court to endeavor to serve each year the program operates not fewer than 10 or more than 20 individuals cumulatively. The bill

requires DSHS and the commissioners court, before the commissioners court implements the pilot program, to jointly establish clear criteria for identifying a target population to be served by the program and requires the criteria to prioritize serving a target population composed of members at high risk of recidivism and with severe mental illness. The bill authorizes the commissioners court, in consultation with the appropriate entities, to adjust the criteria during the operation of the program, provided the adjusted criteria are clearly articulated.

H.B. 2597 makes the creation of the pilot program contingent on the continuing agreement of the commissioners court to contribute to the program each year in which the program operates services for persons with mental illness equivalent in value to funding provided by the state for the program. The bill authorizes the commissioners court to seek and receive gifts and grants from federal sources, foundations, individuals, and other sources for the benefit of the pilot program. The bill authorizes DSHS to make inspections of the operation of and provision of mental health treatment for incarceration diversion services through the pilot program on behalf of the state to ensure state funds appropriated for the pilot program are used effectively.

H.B. 2597 requires the commissioner of DSHS, not later than December 1, 2018, to evaluate and submit a report concerning the effect of the pilot program in reducing recidivism and the frequency of arrests and incarceration among persons with mental illness in the county to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officers of the standing committees of the senate and house of representatives having primary jurisdiction over health and human services issues and over criminal justice issues. The bill requires the report to include a description of the features of the criminal justice mental health service model developed and tested under the pilot program and the commissioner's recommendation on whether to expand use of the model statewide. The bill requires the commissioner, in conducting the evaluation, to compare the rate of recidivism in the county among persons in the target population before the date the program is implemented in the community to the rate of recidivism among those persons two years after the date the program is implemented in the community and three years after the date the program is implemented in the community. The bill authorizes the commissioner to include in the evaluation measures of the effectiveness of the program related to the well-being of persons served under the program.

H.B. 2597 establishes that the pilot program concludes and the bill's provisions expire September 1, 2019.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2015.