

BILL ANALYSIS

Senate Research Center
86R33673 JG-D

C.S.H.B. 1669
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Health & Human Services
5/17/2019
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, Texas is experience a shortage in the workforce that serves persons with mental health and substance use issues. The number of individuals who are in need of the services given by a specialized and trained workforce increases every day in Texas. These individuals are at a higher risk of unemployment, health risks, and possibly homelessness.

H.B. 1669 seeks to address this shortage by directing the Statewide Behavioral Health Coordinating Council (under the direction of the Health and Human Services Commission (HHSC)) to develop a comprehensive plan to increase and improve the Texas workforce which serves persons with mental health and substance use issues. In so doing, H.B. 1669 directs the council to analyze existing data (studies, reports, and recommendations), and develop implementation strategies, monitoring processes, and outcome evaluations methods that HHSC can use to better assist those in need of specialized services. (Original Author's/Sponsor's Statement of Intent)

C.S.H.B. 1669 amends current law relating to increasing and improving the mental health and substance use disorder workforce in this state and increasing the capacity of local mental health authorities to provide access to mental health services in certain counties.

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 Subchapter B, Chapter 531, Government Code, by adding Sections 531.0221 and 531.02253, as follows:

Sec. 531.0221. INITIATIVE TO INCREASE MENTAL HEALTH SERVICES CAPACITY IN RURAL AREAS. (a) Defines "local mental health authority group."

(b) Requires the Health and Human Services Commission (HHSC), not later than January 1, 2020, using existing resources, to:

(1) identify each local mental health authority that is located in a county with a population of 250,000 or less or that HHSC determines provides services predominantly in a county with a population of 250,000 or less;

(2) in a manner that HHSC determines will best achieve the reductions described by Subsection (d), assign the authorities identified under Subdivision (1) to regional groups of at least two authorities; and

(3) notify each authority identified under Subdivision (1):

(A) that HHSC has identified the authority under that subdivision;
and

(B) which local mental health authority group HHSC assigned the authority to under Subdivision (2).

(c) Requires HHSC, using existing resources, to develop a mental health services development plan for each local mental health authority group that will increase the capacity of the authorities in the group to provide access to needed services.

(d) Requires HHSC, in developing a plan under Subsection (c), to focus on reducing:

(1) the cost to local governments of providing services to persons experiencing a mental health crisis;

(2) the transportation of persons served by an authority in the local mental health authority group to mental health facilities;

(3) the incarceration of persons with mental illness in county jails that are located in an area served by an authority in the local mental health authority group; and

(4) the number of hospital emergency room visits by persons with mental health illness at hospitals located in an area served by an authority in the local mental health authority group.

(e) Provides that in developing a plan under Subsection (c):

(1) HHSC is required to assess the capacity of the authorities in the local mental health authority group to provide access to needed services; and

(2) HHSC and the local mental health authority group is required to evaluate:

(A) whether and to what degree increasing the capacity of the authorities in the local mental health authority group to provide access to needed services would offset the cost to state or local governmental entities of:

(i) the transportation of persons for mental health services to facilities that are not local providers;

(ii) admissions to and inpatient hospitalizations at state hospitals or other treatment facilities;

(iii) the provision of services by hospital emergency rooms to persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group; and

(iv) the incarceration in county jails of persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group;

(B) whether available state funds or grant funding sources could be used to fund the plan; and

(C) what measures would be necessary to ensure that the plan aligns with the statewide behavioral health strategic plan and the comprehensive inpatient mental health plan.

(f) Requires HHSC, in collaboration with the local mental health authority group, to determine a method of increasing the capacity of the authorities in the local mental health authority group to provide access to needed services in each mental health services development plan produced under this section.

(g) Requires HHSC to compile and evaluate each mental health services development plan produced under this section and determine:

(1) the cost-effectiveness of each plan; and

(2) how each plan would improve the delivery of mental health treatment and care to residents in the service areas of the authorities in the local mental health authority group.

(h) Requires HHSC, not later than December 1, 2020, using existing resources, to produce and publish on its Internet website a report containing:

(1) HHSC's evaluation of each plan under Subsection (g);

(2) each mental health services development plan evaluation by HHSC under Subsection (g); and

(3) a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, including recommendations to the legislature for implementing the plans developed under this section.

(i) Authorizes HHSC and the authorities in each local mental health authority group to implement a mental health services development plan evaluated by HHSC under this section if HHSC and the authorities in each local mental health authority group to which the plan applies identify a method of funding that implementation.

(j) Provides that this section expires September 1, 2021.

Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL HEALTH AND SUBSTANCE USE. (a) Requires the statewide behavioral health coordinating council (council), under the direction of HHSC, to develop and HHSC to implement a comprehensive plan to increase and improve the workforce in this state to serve persons with mental health and substance use issues. Requires the council, in developing the plan, to analyze and consider available studies, reports, and recommendations regarding that segment of the workforce in this state or elsewhere.

(b) Require the plan to include:

(1) a strategy and timeline for implementing the plan, including short-term, medium-term, and long-term goals;

(2) a system for monitoring the implementation of the plan; and

(3) a method for evaluating the outcomes of the plan.

SECTION 2. Requires HHSC, not later than September 1, 2020, to develop and begin implementing the plan required under Section 531.02253, Government Code, as added by this Act.

SECTION 3. Provides that the council and HHSC are required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. Authorizes, but does not require, the council and HHSC, if the legislature does not appropriate money specifically for that purpose, to implement a provision of this Act using other appropriations available for that purpose.

SECTION 4. Effective date: September 1, 2019.