

1-1 By: Lucio III (Senate Sponsor - Lucio) H.B. No. 1669
 1-2 (In the Senate - Received from the House April 24, 2019;
 1-3 April 29, 2019, read first time and referred to Committee on Health
 1-4 & Human Services; May 19, 2019, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
 1-6 May 19, 2019, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 1669 By: Perry

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to increasing and improving the mental health and
 1-22 substance use disorder workforce in this state and increasing the
 1-23 capacity of local mental health authorities to provide access to
 1-24 mental health services in certain counties.

1-25 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-26 SECTION 1. Subchapter B, Chapter 531, Government Code, is
 1-27 amended by adding Sections 531.0221 and 531.02253 to read as
 1-28 follows:

1-29 Sec. 531.0221. INITIATIVE TO INCREASE MENTAL HEALTH
 1-30 SERVICES CAPACITY IN RURAL AREAS. (a) In this section, "local
 1-31 mental health authority group" means a group of local mental health
 1-32 authorities established under Subsection (b)(2).

1-33 (b) Not later than January 1, 2020, the commission, using
 1-34 existing resources, shall:

1-35 (1) identify each local mental health authority that
 1-36 is located in a county with a population of 250,000 or less or that
 1-37 the commission determines provides services predominantly in a
 1-38 county with a population of 250,000 or less;

1-39 (2) in a manner that the commission determines will
 1-40 best achieve the reductions described by Subsection (d), assign the
 1-41 authorities identified under Subdivision (1) to regional groups of
 1-42 at least two authorities; and

1-43 (3) notify each authority identified under
 1-44 Subdivision (1):

1-45 (A) that the commission has identified the
 1-46 authority under that subdivision; and

1-47 (B) which local mental health authority group the
 1-48 commission assigned the authority to under Subdivision (2).

1-49 (c) The commission, using existing resources, shall develop
 1-50 a mental health services development plan for each local mental
 1-51 health authority group that will increase the capacity of the
 1-52 authorities in the group to provide access to needed services.

1-53 (d) In developing a plan under Subsection (c), the
 1-54 commission shall focus on reducing:

1-55 (1) the cost to local governments of providing
 1-56 services to persons experiencing a mental health crisis;

1-57 (2) the transportation of persons served by an
 1-58 authority in the local mental health authority group to mental
 1-59 health facilities;

1-60 (3) the incarceration of persons with mental illness

2-1 in county jails that are located in an area served by an authority
 2-2 in the local mental health authority group; and
 2-3 (4) the number of hospital emergency room visits by
 2-4 persons with mental illness at hospitals located in an area served
 2-5 by an authority in the local mental health authority group.
 2-6 (e) In developing a plan under Subsection (c):
 2-7 (1) the commission shall assess the capacity of the
 2-8 authorities in the local mental health authority group to provide
 2-9 access to needed services; and
 2-10 (2) the commission and the local mental health
 2-11 authority group shall evaluate:
 2-12 (A) whether and to what degree increasing the
 2-13 capacity of the authorities in the local mental health authority
 2-14 group to provide access to needed services would offset the cost to
 2-15 state or local governmental entities of:
 2-16 (i) the transportation of persons for
 2-17 mental health services to facilities that are not local providers;
 2-18 (ii) admissions to and inpatient
 2-19 hospitalizations at state hospitals or other treatment facilities;
 2-20 (iii) the provision of services by hospital
 2-21 emergency rooms to persons with mental illness who are served by or
 2-22 reside in an area served by an authority in the local mental health
 2-23 authority group; and
 2-24 (iv) the incarceration in county jails of
 2-25 persons with mental illness who are served by or reside in an area
 2-26 served by an authority in the local mental health authority group;
 2-27 (B) whether available state funds or grant
 2-28 funding sources could be used to fund the plan; and
 2-29 (C) what measures would be necessary to ensure
 2-30 that the plan aligns with the statewide behavioral health strategic
 2-31 plan and the comprehensive inpatient mental health plan.
 2-32 (f) In each mental health services development plan
 2-33 produced under this section, the commission, in collaboration with
 2-34 the local mental health authority group, shall determine a method
 2-35 of increasing the capacity of the authorities in the local mental
 2-36 health authority group to provide access to needed services.
 2-37 (g) The commission shall compile and evaluate each mental
 2-38 health services development plan produced under this section and
 2-39 determine:
 2-40 (1) the cost-effectiveness of each plan; and
 2-41 (2) how each plan would improve the delivery of mental
 2-42 health treatment and care to residents in the service areas of the
 2-43 authorities in the local mental health authority group.
 2-44 (h) Not later than December 1, 2020, the commission, using
 2-45 existing resources, shall produce and publish on its Internet
 2-46 website a report containing:
 2-47 (1) the commission's evaluation of each plan under
 2-48 Subsection (g);
 2-49 (2) each mental health services development plan
 2-50 evaluated by the commission under Subsection (g); and
 2-51 (3) a comprehensive statewide analysis of mental
 2-52 health services in counties with a population of 250,000 or less,
 2-53 including recommendations to the legislature for implementing the
 2-54 plans developed under this section.
 2-55 (i) The commission and the authorities in each local mental
 2-56 health authority group may implement a mental health services
 2-57 development plan evaluated by the commission under this section if
 2-58 the commission and the local mental health authority group to which
 2-59 the plan applies identify a method of funding that implementation.
 2-60 (j) This section expires September 1, 2021.
 2-61 Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL
 2-62 HEALTH AND SUBSTANCE USE. (a) The statewide behavioral health
 2-63 coordinating council, under the direction of the commission, shall
 2-64 develop and the commission shall implement a comprehensive plan to
 2-65 increase and improve the workforce in this state to serve persons
 2-66 with mental health and substance use issues. In developing the
 2-67 plan, the council shall analyze and consider available studies,
 2-68 reports, and recommendations regarding that segment of the
 2-69 workforce in this state or elsewhere.

- 3-1 (b) The plan must include:
- 3-2 (1) a strategy and timeline for implementing the plan,
- 3-3 including short-term, medium-term, and long-term goals;
- 3-4 (2) a system for monitoring the implementation of the
- 3-5 plan; and
- 3-6 (3) a method for evaluating the outcomes of the plan.

3-7 SECTION 2. Not later than September 1, 2020, the statewide
 3-8 behavioral health coordinating council shall develop and the Health
 3-9 and Human Services Commission shall begin implementing the plan
 3-10 required under Section 531.02253, Government Code, as added by this
 3-11 Act.

3-12 SECTION 3. The statewide behavioral health coordinating
 3-13 council and the Health and Human Services Commission are required
 3-14 to implement a provision of this Act only if the legislature
 3-15 appropriates money specifically for that purpose. If the
 3-16 legislature does not appropriate money specifically for that
 3-17 purpose, the council and the commission may, but are not required
 3-18 to, implement the provision using other appropriations made to the
 3-19 commission that are available for that purpose.

3-20 SECTION 4. This Act takes effect September 1, 2019.

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