By: Nelson, et al. S.B. No. 10

(In the Senate - Filed February 5, 2019; February 7, 2019, read first time and referred to Committee on Health & Human Services; February 19, 2019, reported adversely, with favorable Committee Substitute by the following vote: Yeas 8, Nays 0; February 19, 2019, sent to printer.)

COMMITTEE VOTE

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COMMITTEE SUBSTITUTE FOR S.B. No. 10

By: Campbell

A BILL TO BE ENTITLED

AN ACT

relating to the creation of the Texas Mental Health Care Consortium.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 113 to read as follows:

CHAPTER 113. TEXAS MENTAL HEALTH CARE CONSORTIUM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 113.0001. DEFINITIONS. In this chapter:

(1) "Community mental health provider" means an entity that provides mental health care services at a local level. The term includes community centers established under Subchapter A, Chapter 534.

(2) "Consortium" means the Texas Mental Health Care Consortium.

(3) "Executive committee" means the executive committee of the consortium.

SUBCHAPTER B. CONSORTIUM

Sec. 113.0051. ESTABLISHMENT; PURPOSE. The Texas Mental Health Care Consortium is established to:

(1) leverage the expertise and capacity in the health-related institutions of higher education listed in Section 113.0052 to address urgent mental health challenges and improve the mental health care system in this state;

(2) enhance the state’s ability to address mental health care needs through stronger collaboration and institutional alignment of the health-related institutions of higher education listed in Section 113.0052;

(3) improve the effectiveness and efficiency of mental health care services delivered in this state;

(4) facilitate access to mental health care services through telemedicine, telehealth, and other cost-effective, evidence-based programs;

(5) improve mental health and substance use disorder research efforts conducted by health-related institutions of higher education; and

(6) improve and expand the psychiatric workforce through training and development opportunities between the health-related institutions of higher education listed in Section 113.0052 and community mental health providers.

Sec. 113.0052. COMPOSITION. The consortium is composed of:
the following health-related institutions of higher education:

(A) Baylor College of Medicine;

(B) The Texas A&M University System Health Science Center;

(C) Texas Tech University Health Sciences Center;

(D) Texas Tech University Health Sciences Center at El Paso;

(E) University of North Texas Health Science Center at Fort Worth;

(F) Dell Medical School at The University of Texas at Austin;

(G) The University of Texas Medical Branch at Galveston;

(H) The University of Texas Health Science Center at Houston;

(I) The University of Texas Health Science Center at San Antonio;

(J) The University of Texas Rio Grande Valley School of Medicine;

(K) The University of Texas Health Science Center at Tyler; and

(L) The University of Texas Southwestern Medical Center.

(2) the commission;

(3) three nonprofit organizations that focus on mental health care, designated by a majority of the members described by Subdivision (1); and

(4) any other entity that the executive committee considers necessary.

Sec. 113.0053. ADMINISTRATIVE ATTACHMENT. (a) The consortium is administratively attached to the Texas Higher Education Coordinating Board for the purpose of receiving and administering appropriations and other funds under this chapter. The board is not responsible for providing to the consortium staff human resources, contract monitoring, purchasing, or any other administrative support services.

Sec. 113.0101. EXECUTIVE COMMITTEE COMPOSITION. The consortium is governed by an executive committee composed of the following members:

(1) the chair of the academic department of psychiatry of each of the health-related institutions of higher education listed in Section 113.0052;

(2) a representative of the commission with expertise in the delivery of mental health care services, appointed by the executive commissioner;

(3) a representative of the commission with expertise in mental health facilities, appointed by the executive commissioner;

(4) a representative of an organization that represents the interests of community centers established under Subchapter A, Chapter 534, designated by a majority of the members described by Subdivision (1);

(5) a representative of each nonprofit organization described by Section 113.0052 that is part of the consortium, designated by a majority of the members described by Subdivision (1); and

(6) any other representative designated by a majority of the members described by Subdivision (1) at the request of the executive committee.

Sec. 113.0102. PRESIDING OFFICER. The executive committee shall elect a presiding officer from among the membership of the executive committee.

Sec. 113.0103. MEETINGS. The executive committee shall
meet at the call of the presiding officer.

Sec. 113.0104. VACANCY. A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Sec. 113.0105. GIFTS, GRANTS, AND DONATIONS. The executive committee may accept on behalf of the consortium gifts, grants, or donations from any public or private source for the purpose of carrying out this chapter.

SUBCHAPTER D. POWERS AND DUTIES

Sec. 113.0151. GENERAL DUTIES. (a) The executive committee shall:

1. Coordinate the provision of funding to the health-related institutions of higher education listed in Section 113.0052 to carry out the purposes of this chapter;
2. Establish procedures and policies for the administration of funds under this chapter;
3. Monitor funding and agreements entered into under this chapter to ensure recipients of funding comply with the terms and conditions of the funding and agreements; and
4. Establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.

(b) In carrying out the duties under Subsection (a), the consortium shall ensure that evidence-based tools, including telemedicine and telehealth, are used to help expand the delivery of mental health care services.

(c) The consortium shall designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

Sec. 113.0152. ACCESS TO CARE; CHILD PSYCHIATRY ACCESS NETWORK AND TELEMEDICINE AND TELEHEALTH PROGRAMS. (a) The consortium shall establish a statewide network of comprehensive child psychiatry access centers at the health-related institutions of higher education listed in Section 113.0052. A center established under this section shall collaborate with community mental health providers to better care for children and youth with behavioral health needs by providing consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region.

(b) The consortium shall establish or expand telemedicine or telehealth programs at health-related institutions of higher education listed in Section 113.0052 for identifying and assessing behavioral health needs and providing access to mental health care services. The consortium shall develop a statewide plan to implement this subsection that makes the behavioral health needs of at-risk children and adolescents a priority.

(c) A health-related institution of higher education listed in Section 113.0052 may enter into a memorandum of understanding with a community mental health provider to carry out Subsection (a) or (b).

(d) The consortium shall leverage the resources of a hospital system to carry out Subsection (a) or (b) if the hospital system:

1. Provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with those described by Subsection (a); and
2. Has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

Sec. 113.0153. MENTAL HEALTH RESEARCH PLAN. (a) The consortium shall:

1. Develop and implement a mental health research plan to advance the research component of the statewide behavioral health strategic plan;
2. Create an aggregated inventory of mental health and substance use disorder research completed by institutions of higher education in this state; and
3. Coordinate mental health and substance use
disorder research efforts by the health-related institutions of higher education listed in Section 113.0052 to ensure those institutions engage in effective and targeted research to leverage additional funding.

(b) The executive committee shall establish a process for the selection of research projects to fund under this section. The process must evaluate research projects based on their alignment with the statewide behavioral health strategic plan and multi-institutional collaboration among the health-related institutions of higher education listed in Section 113.0052.

Sec. A113.0154. PSYCHIATRY WORKFORCE EXPANSION PROJECT. (a) The consortium shall enhance collaboration between the health-related institutions of higher education listed in Section 113.0052 and community mental health providers to increase psychiatric residency training and improve the quality of care for persons receiving mental health care services in this state.

(b) The executive committee may provide funding to the academic department of psychiatry at a health-related institution of higher education listed in Section 113.0052 for the purpose of funding:

(1) one full-time psychiatrist who treats adults or one full-time psychiatrist who treats children and adolescents to serve as academic medical director for a community mental health provider; and

(2) two resident rotation positions.

(c) An academic medical director described by Subsection (b) shall collaborate and coordinate with community mental health providers to expand the amount and availability of mental health care resources by:

(1) developing training opportunities for residents and medical students; and

(2) promoting the use of telemedicine, telehealth, or other evidence-based tools to provide comprehensive mental health care services to a greater population.

(d) An institution of higher education that receives funding under Subsection (b) shall require that psychiatric residents participate in rotations through a facility operated by a community mental health provider.

Sec. A113.0155. REIMBURSEMENT FOR SERVICES. A child psychiatry access center established under Section 113.0152 may not submit an insurance claim or charge a pediatrician or primary care provider a fee for providing consultation services or training opportunities under that section.

Sec. A113.0201. JUDICIAL INSTRUCTION REGARDING MENTAL HEALTH CARE RESOURCES. The Supreme Court of Texas and the Texas Court of Criminal Appeals, in consultation with the consortium, shall develop a training program to educate and inform designated judges and their staff on mental health care resources available within the geographic region in which the designated judges preside. The Supreme Court of Texas and the Texas Court of Criminal Appeals may develop and operate the training program in conjunction with any other training programs.

SECTION 2. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human
Services Commission and the members of the executive committee described by Section 113.0101(1), Health and Safety Code, as added by this Act, shall make the appointments and designations required by Section 113.0101, Health and Safety Code, as added by this Act.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2019.