

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

April 26, 2019

TO: Honorable Senfronia Thompson, Chair, House Committee on Public Health

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: SB10 by Nelson (Relating to the creation of the Texas Mental Health Care Consortium.),
As Engrossed

Depending on the amount of funding distributed by the Consortium's executive committee to health-related institutions of higher education for mental health research projects and for workforce expansion, there would be some fiscal impact to the state. The Senate Committee Substitute for House Bill 1 includes \$50 million in General Revenue for each year of the 2020-21 biennium for this purpose.

The bill would establish the Texas Mental Health Care Consortium to coordinate the delivery of mental health care services. The consortium would consist of twelve health-related institutions of higher education (HRIs), the Health and Human Services Commission, at least three nonprofit organizations that focus on mental health care, and any other entity the executive committee of the consortium considers necessary. The consortium is administratively attached to the Texas Higher Education Coordinating Board (HECB) for the purpose of receiving an appropriation. The HECB is not responsible for providing to the consortium staff, human resources, contract monitoring, purchasing or any other administrative support services. The HECB cannot use funds intended to carry out the purposes of this subchapter for any costs incurred by the Board.

The consortium would establish a network of comprehensive child psychiatry access centers at the member HRIs. A center shall collaborate with community health providers to better care for children and youth with behavioral needs by providing consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region. The consortium would develop and post in its website a consent form for parents, guardians, or caretakers to sign on behalf of children under 18 years old.

The consortium would also establish or expand telemedicine or tele-health programs at the member HRIs for identifying and assessing behavioral health needs. The consortium would develop a statewide plan for implementing this requirement that makes the behavioral health needs of at-risk children and adolescents a priority.

In carrying out these responsibilities, the consortium would leverage the resources of a hospital system if the hospital system provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with the consultation and training requirements of the child psychiatry access centers and if the hospital system has an existing telemedicine or tele-health program for identifying, assessing, and providing services for the behavioral and mental health needs of children and adolescents.

The consortium also shall develop and implement a mental health research plan to advance the research component of the statewide behavioral health strategic plan, create an aggregated inventory of mental health and substance use disorder research completed by institutions of higher education, and coordinate mental health and substance use disorder research efforts by HRIs. The executive committee shall establish a process for the selection of research plan projects to fund. The process must evaluate the research projects based on their alignment with the statewide behavioral health strategic plan and multi-institutional collaboration among the member HRIs.

The executive committee may provide funding to the academic department of psychiatry at an HRI for the purpose of funding one full-time psychiatrist to serve as medical director for a community mental health provider and two resident positions. The director of the academic department shall collaborate and coordinate with community mental health providers to expand the amount and availability of mental health state resources by developing training opportunities for residents and medical students and promoting the use of telemedicine.

The cost, timing, and institutional recipients of the funding authorized by the bill are not known. Costs of the funding may vary depending on the size, infrastructure, and existing resources of the member institutions.

For illustrative purposes, the University of North Texas Health Science Center at Fort Worth estimated they would need approximately \$1.8 million per fiscal year to implement the provisions of the bill related to access centers and workforce expansion. Their estimate includes costs related to hiring providers (including behavioral health specialists and a pharmacist) and staff members, two psychiatry residents, telemedicine units for each provider and resident, and other ongoing annual costs related to running a residency program.

The Supreme Court of Texas and the Texas Court of Criminal Appeals shall develop a training program to educate and inform designated judges on available mental health care resources.

HHSC, HECB and the Office of Court Administration indicate no significant costs to their agencies or the courts.

Local Government Impact

No immediate fiscal implication to units of local government is anticipated, though as rural health clinics and hospitals develop their telemedicine programs there could be some cost from being brought into the statewide network of access centers.

Source Agencies: 212 Office of Court Administration, Texas Judicial Council, 529 Health and Human Services Commission, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration, 768 Texas Tech University System Administration, 769 University of North Texas System Administration, 781 Higher Education Coordinating Board, 783 University of Houston System Administration

LBB Staff: WP, BH, AKi, JQ, SD, TSI, SB, GO