

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

May 15, 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.),
Committee Report 2nd House, Substituted

Depending on the amount of funding distributed by the Consortium's executive committee to health-related institutions of higher education for expanding the mental health workforce and for psychiatric fellowships, there would be some fiscal impact to the state. The consortium is required to implement a provision of this chapter only if the legislature appropriates money specifically for that purpose. 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. The consortium would consist of thirteen health-related institutions of higher education (HRIs), the Health and Human Services Commission, the Higher Education Coordinating Board (HECB), 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 would be administratively attached to HECB for the purpose of receiving an appropriation. The HECB would not be not responsible for providing to the consortium staff, human resources, contract monitoring, purchasing or any other administrative support services.

The consortium would establish a network of comprehensive child psychiatry access centers at the member HRIs. A center shall provide consultation services and training opportunities for pediatricians and primary care providers in the center's geographic area to help them better care for children and youth with behavioral needs. The consortium would develop and post on its website a consent form for parents or guardians 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 and providing access to mental health services, with a focus on the behavioral health needs of at-risk children and adolescents.

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's executive committee may provide funding to a member HRI for a full-time psychiatrist to serve as academic medical director at a facility operated by a community mental health provider and two new resident rotation positions.

The executive committee may provide funding to a member HRI for a physician fellowship position that would lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents. This funding would increase a member HRI's fellowship positions and not be used to replace existing funding for the institution.

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.

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.

The Office of Court Administration indicates no significant costs to their agency 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: 783 University of Houston System Administration, 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

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