relating to a study on employing mental health professionals or mental health response teams to assist when responding to a behavioral health-related emergency call.

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

SECTION 1. (a) In this Act:

(1) "Commission" means the Health and Human Services Commission.

(2) "Law enforcement agency" means an office, department, or other division of a political subdivision that is authorized to employ a law enforcement officer.

(3) "Law enforcement officer" means a municipal police officer, sheriff, deputy sheriff, constable, deputy constable, marshal, or deputy marshal.

(4) "Mental health professional" does not include a law enforcement officer certified to be a special officer for offenders with mental impairments under Section 1701.404, Occupations Code.

(5) "Mental health response team" includes:

(A) a mobile crisis outreach team;

(B) a mental health response model that serves as an alternative to traditional law enforcement and employs mental health professionals, whether connected to or independent of a law enforcement agency; and
(C) a community mental health crisis call center.

(b) The commission shall conduct a study to evaluate the availability, outcomes, and efficacy of using mental health response teams and mental health professionals to assist in reducing the number of incarcerations of individuals with:

(1) mental illnesses;

(2) substance use disorders; or

(3) intellectual or developmental disabilities.

(c) In conducting the study, the commission shall evaluate which types of behavioral health-related emergency calls or other community interactions have been safely resolved wholly or partly by a mental health professional or mental health response team. Emergency calls and community interactions evaluated under this subsection include circumstances where a mental health professional or mental health response team responds to an emergency call in person or by telephone and when a professional or team responds to a behavioral health-related emergency call with a law enforcement officer. A safely resolved situation includes:

(1) preventing the incarceration of the person experiencing the behavioral health crisis;

(2) de-escalating the situation; and

(3) receiving positive feedback from the community.

(d) In conducting the study, the commission shall evaluate community-based outcomes of behavioral health-related emergency calls responded to by a mental health professional or a mental health response team. A community-based outcome may include:

(1) preventing persons with mental illness, persons
with substance use disorders, and persons with intellectual or
developmental disabilities from entering the criminal justice
system;

(2) an increase in referrals to community resources or
treatment options for community members with mental illness or
substance use disorders;

(3) an increase in referrals described by Subdivision
(2) that result in responsive short-term treatment or long-term
case management; and

(4) an impact on the number of referrals to resources
in the community serving persons with intellectual or developmental
disabilities.

(e) The information described by Subsection (d) must be
disaggregated by age, race, ethnicity, gender, veteran status,
income level, whether the individual presented with a mental
illness, whether the individual presented with a substance use
disorder, and whether the individual presented with an intellectual
or developmental disability.

(f) In conducting the study, the commission shall include an
assessment of whether the information suggests that municipalities
would benefit from mental health response teams assisting
traditional law enforcement officers in efforts to:

(1) reduce the incarceration rates of persons with
mental illness, substance use disorders, and intellectual or
developmental disorders;

(2) increase the number of referrals to community
resources and treatment for persons described by Subdivision (1);
reduce the use of force when responding to
emergency calls that involve persons described by Subdivision (1); and
(4) gain understanding about persons described by
Subdivision (1).

(g) In conducting the study, the commission shall evaluate
the fiscal and staffing implications to a law enforcement agency
for agency use of a mental health response team to respond remotely
to emergency calls.

(h) In conducting the study, the commission shall evaluate
the impact of certain funding sources on establishing mental health
response teams across this state, especially the impact to the
establishment, staffing, and maintenance of those teams. Funding
sources that the commission must consider include funding:
(1) from a waiver under Section 1115 of the Social
Security Act (42 U.S.C. Section 1315);
(2) allocated by Chapter 528 (S.B. 292), Acts of the
85th Legislature, Regular Session, 2017; or
(3) from other funding sources implemented by
municipalities.

(i) The commission shall gather information for the study
from:
(1) each county in this state;
(2) each local mental health authority in this state;
and
(3) each city in this state with a population greater
than 100,000.
Information collected for the study must include not less than two years of information regarding the use of mental health response teams by a law enforcement agency unless the law enforcement agency has not been using mental health response teams or mental health professionals for two years.

Not later than December 1, 2022, the commission shall prepare and submit to the governor and the legislature a written report containing the results of the study and any recommendations for legislative or other action, including any additional insights about the operation and outcomes of mental health response teams that the department considers significant. The commission shall post the report on the commission's Internet website.

SECTION 2. This Act expires September 1, 2023.

SECTION 3. This Act takes effect September 1, 2021.