

BILL ANALYSIS

C.S.S.B. 528
By: Schwertner
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The bill sponsor has informed the committee that inpatient competency restoration programs serve a vital role in restoring an individual's mental competency to stand trial; however, the current contract procurement process lacks the parameters necessary in ensuring both public safety and organized integration into the communities supporting program expansion. The bill sponsor has further informed the committee that improving communication and collaboration among local emergency services, law enforcement, and mental health providers is essential to safeguarding communities and improving outcomes for individuals in these programs. C.S.S.B. 528 seeks to add key planning provisions relating to the provision of inpatient competency restoration services to statute by requiring increased coordination between applicable facilities and local governments and agencies through a memorandum of understanding and by setting out reporting requirements.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.S.B. 528 amends the Health and Safety Code to set out provisions applicable to a facility that contracts or subcontracts with the Health and Human Services Commission (HHSC) to provide inpatient competency restoration services for an individual to stand trial in accordance with statutory provisions relating to incompetency to stand trial or that subcontracts to provide those services. The bill requires the executive commissioner of HHSC by rule to require each applicable facility to enter into a memorandum of understanding with the county and municipality in which the facility is located and each local mental health authority and local behavioral health authority that operates in the county or municipality, as applicable, to outline the respective powers and duties of the parties with respect to inpatient competency restoration services. The bill defines "competency restoration" by reference to Code of Criminal Procedure relating to incompetency to stand trial.

C.S.S.B. 528 requires HHSC to require each applicable facility to annually provide to HHSC, in the form and manner HHSC requires, the following information for the preceding year regarding individuals who received inpatient competency restoration services at the facility:

- the total number of individuals who received the services at the facility and the number of those individuals who were restored to competency;

- for those individuals who were restored to competency, the average number of days the individuals received services at the facility;
- the number of individuals who were restored to competency after receiving services at the facility for not more than 60 days;
- the number of individuals who were not restored to competency within the initial restoration period and for whom a treatment extension was sought;
- the number of individuals who were not restored to competency and who were transferred to an inpatient mental health facility or residential care facility, defined by reference to the Persons with an Intellectual Disability Act; and
- for individuals who were not restored to competency, the average length of time between the date a determination was made that an individual was not restored to competency and the date the individual was transferred to an inpatient mental health facility or such a residential care facility.

The bill requires the data in the report to be disaggregated by whether the individual was charged with a misdemeanor or felony offense and by any other appropriate demographic factors determined by HHSC.

C.S.S.B. 528 requires HHSC, not later than August 1 of each year, to prepare and submit to the legislature a written report on inpatient competency restoration services in Texas for the state fiscal year preceding the year in which the report is due and requires the report to include the following with respect to a facility to which the bill applies:

- a performance evaluation of each facility;
- aggregated demographic data on individuals who received inpatient competency restoration services at a facility, including the criminal offenses the individuals were charged with, the individuals' countries of origin, and the individuals' diagnoses, if applicable; and
- the overall cost of providing inpatient competency restoration services at a facility compared to the cost of providing forensic inpatient competency restoration services at a state hospital, and other competency restoration programs managed by HHSC.

C.S.S.B. 528 expressly does not require HHSC to submit the initial report until August 1, 2027.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE

While C.S.S.B. 528 may differ from the engrossed in minor or nonsubstantive ways, the following summarizes the substantial differences between the engrossed and committee substitute versions of the bill.

Whereas the engrossed applied to a facility that contracts with HHSC to provide inpatient competency restoration services for an individual to stand trial in accordance with statutory provisions relating to incompetency to stand trial, the substitute applies to a facility that contracts or subcontracts with HHSC to provide such services or that subcontracts to provide those services.

Whereas the engrossed requires HHSC, not later than September 1 of each year, to prepare and submit to the legislature a written report on inpatient competency restoration services in Texas for the preceding year, the substitute requires HHSC to do so not later than August 1 of each year for the state fiscal year preceding the year in which the report is due.

Whereas the engrossed expressly does not require HHSC to submit the initial report until September 1, 2027, the substitute expressly does not require HHSC to do so until August 1, 2027.