

BILL ANALYSIS

C.S.S.B. 292
By: Huffman
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Concerns have been raised regarding the number of people with mental illness in county jails and the waiting time for a forensic commitment of persons with mental illness to a state hospital. C.S.S.B. 292 seeks to address these concerns by creating a grant program to reduce recidivism, arrest, and incarceration of individuals with mental illness.

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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.S.B. 292 amends the Government Code to require the Health and Human Services Commission (HHSC) to establish a program to provide grants to county-based community collaboratives for the purposes of reducing recidivism by, the frequency of arrests of, and incarceration of persons with mental illness and reducing the total waiting time for forensic commitment of persons with mental illness to a state hospital. The bill authorizes a community collaborative to petition HHSC for a grant under the program only if the collaborative includes a county, a local mental health authority that operates in the county, and each hospital district, if any, located in the county and authorizes a collaborative to include other local entities designated by the collaborative's members. The bill requires HHSC to condition each grant provided to a community collaborative on the collaborative providing matching funds from non-state sources in a total amount at least equal to 50 percent of the grant amount if the collaborative includes a county with a population of less than 250,000; 100 percent of the grant amount if the collaborative includes a county with a population of 250,000 or more; and the percentage of the grant amount otherwise required for the largest county included in the collaborative, if the collaborative includes more than one county. The bill authorizes a collaborative to seek and receive gifts, grants, or donations from any person to raise the required non-state sourced funds. The bill requires HHSC, from money appropriated to HHSC for each fiscal year to implement the grant program, to reserve 40 percent of that total to be awarded only as grants to a community collaborative that includes a county with a population of less than 250,000.

C.S.S.B. 292 requires a community collaborative, for each state fiscal year for which the collaborative seeks a grant, to submit a petition to HHSC not later than the 30th day of that fiscal year and sets out the information required to be included with a petition. The bill requires HHSC, not later than the 60th day of each fiscal year, to review plans submitted with a petition before HHSC provides the grant, to estimate, for each petition timely submitted and containing the

required information, the number of cases of serious mental illness in certain low income households located in the county included in the community collaborative that submitted the petition, and to determine, for each state fiscal year, an amount of grant money available for the program on a per-case basis using a specified formula. The bill requires HHSC, not later than the 90th day of each fiscal year, to make a grant available to a community collaborative receiving a grant under the program in a specified amount and sets out acceptable uses for the grant money and matching funds. The bill requires HHSC, to the extent money appropriated to HHSC to implement the grant program for a fiscal year remains available to HHSC after selecting grant recipients for the fiscal year, to make grants available using the money remaining for the fiscal year through a competitive request for proposal process, without regard to the limitation provided by the bill's provisions. The bill requires each community collaborative that receives a grant, not later than the 90th day after the last day of the state fiscal year for which HHSC distributes the grant, to prepare and submit a report describing the effect of the grant money and matching funds in achieving the standard defined by the outcome measures in the submitted plan. The bill authorizes HHSC to make inspections of the operation and provision of mental health services provided by a community collaborative to ensure state money appropriated for the grant program is used effectively.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE

While C.S.S.B. 292 may differ from the engrossed in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the engrossed and committee substitute versions of the bill.

SENATE ENGROSSED

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0993 to read as follows:

Sec. 531.0993. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST, AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO REDUCE WAIT TIME FOR FORENSIC COMMITMENT. (a) For purposes of this section, "low-income household" means a household with a total income at or below 200 percent of the federal poverty guideline.

(b) Using money appropriated to the commission for that purpose, each state fiscal year the commission shall make grants to county-based community collaboratives for the purposes of reducing:

(1) recidivism by, the frequency of arrests of, and incarceration of persons with mental illness; and

(2) the total waiting time for forensic commitment of persons with mental illness to a state hospital.

(c) A community collaborative is eligible to

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0993 to read as follows:

Sec. 531.0993. GRANT PROGRAM TO REDUCE RECIDIVISM, ARREST, AND INCARCERATION AMONG INDIVIDUALS WITH MENTAL ILLNESS AND TO REDUCE WAIT TIME FOR FORENSIC COMMITMENT. (a) For purposes of this section, "low-income household" means a household with a total income at or below 200 percent of the federal poverty guideline.

(b) The commission shall establish a program to provide grants to county-based community collaboratives for the purposes of reducing:

(1) recidivism by, the frequency of arrests of, and incarceration of persons with mental illness; and

(2) the total waiting time for forensic commitment of persons with mental illness to a state hospital.

(c) A community collaborative may petition

receive a grant under this section only if the collaborative includes a county, a local mental health authority that operates in the county, and each hospital district, if any, located in the county. A community collaborative may include other local entities designated by the collaborative's members.

(d) The commission shall condition each grant provided to a community collaborative under this section on the collaborative submitting a plan described by Subsection (i) and providing matching funds from nonstate sources in a total amount at least equal to the grant amount.

To raise matching funds, a collaborative may seek and receive gifts, grants, or donations from any person.

(e) Not later than the 30th day of each fiscal year, the commission shall make available to a community collaborative established in the most populous county in this state a grant in an amount equal to the lesser of:

(1) the amount previously appropriated to the Department of State Health Services each fiscal year to implement a mental health jail diversion pilot program in that county; or

(2) the collaborative's available matching funds.

(f) The commission shall estimate the number of persons with serious mental illness in low-income households located in each of the 20 most populous counties in this state. For the purposes of distributing grants under this section to community collaboratives established in the 19 counties other than the most populous county, for each fiscal year the commission shall determine an amount of grant money available on a per person basis by dividing the amount of the grant made available under Subsection (e) by the estimated total number of persons with serious mental illness in low-income households located in

the commission for a grant under the program only if the collaborative includes a county, a local mental health authority that operates in the county, and each hospital district, if any, located in the county. A community collaborative may include other local entities designated by the collaborative's members.

(d) The commission shall condition each grant provided to a community collaborative under this section on the collaborative providing funds from non-state sources in a total amount at least equal to:

(1) 50 percent of the grant amount if the collaborative includes a county with a population of less than 250,000;

(2) 100 percent of the grant amount if the collaborative includes a county with a population of 250,000 or more; and

(3) the percentage of the grant amount otherwise required by this subsection for the largest county included in the collaborative, if the collaborative includes more than one county.

(d-1) To raise the required non-state sourced funds, a collaborative may seek and receive gifts, grants, or donations from any person.

the most populous county.

(g) Not later than the 60th day of each fiscal year, the commission shall make available to a community collaborative established in each of the 19 most populous counties in this state other than the most populous county a grant in an amount equal to the lesser of:

(1) an amount determined by multiplying the per person amount determined under Subsection (f) by the estimated number of cases of serious mental illness in low-income households in that county; or

(2) an amount equal to the collaborative's available matching funds.

(h) To the extent appropriated money remains available to the commission for that purpose after the commission makes grants available under Subsections (e) and (g), the commission shall make available to community collaboratives established in other counties in this state grants through a competitive request for proposal process. For purposes of awarding a grant under this subsection, a collaborative may include adjacent counties if, for each member county, the collaborative's members include a local mental health authority that operates in the county and each hospital district, if any, located in the county. The commission shall condition a grant under this subsection on the collaborative submitting a plan described by Subsection (i).

(i) Not later than the 30th day of each fiscal year, the community collaboratives established in each of the 20 most populous counties in this state shall submit to the commission

a plan that:

(d-2) From money appropriated to the commission for each fiscal year to implement this section, the commission shall reserve 40 percent of that total to be awarded only as grants to a community collaborative that includes a county with a population of less than 250,000.

(e) For each state fiscal year for which a community collaborative seeks a grant, the collaborative must submit a petition to the commission not later than the 30th day of that fiscal year. The community collaborative must include with a petition:

(1) a statement indicating the amount of funds from non-state sources the collaborative is able to provide; and

(2) a plan that:

- (1) is endorsed by each of the collaborative's member entities;
- (2) identifies a target population;
- (3) describes how the grant money and matching funds will be used;
- (4) includes outcome measures to evaluate the success of the plan; and
- (5) describes how the success of the plan in accordance with the outcome measures would further the state's interest in the grant program's purposes.

- (A) is endorsed by each of the collaborative's member entities;
- (B) identifies a target population;
- (C) describes how the grant money and funds from non-state sources will be used;
- (D) includes outcome measures to evaluate the success of the plan; and
- (E) describes how the success of the plan in accordance with the outcome measures would further the state's interest in the grant program's purposes.
- (f) The commission must review plans submitted with a petition under Subsection (e) before the commission provides a grant under this section. The commission must fulfill the commission's requirements under this subsection not later than the 60th day of each fiscal year.
- (g) For each petition timely submitted and containing the statement and plan required by Subsection (e), the commission shall estimate the number of cases of serious mental illness in low-income households located in the county included in the community collaborative that submitted the petition. The commission must fulfill the commission's requirements under this subsection not later than the 60th day of each fiscal year.
- (h) For each state fiscal year, the commission shall determine an amount of grant money available for the program on a per-case basis by dividing the total amount of money appropriated to the commission for the purpose of providing grants under this section for that fiscal year by the total number of the cases estimated under Subsection (g) for all collaboratives to which the commission intends to provide grants under this section. The commission must fulfill the commission's requirements under this subsection not later than the 60th day of each fiscal year.
- (i) Not later than the 90th day of each fiscal year, the commission shall make available to a community collaborative receiving a grant under this section a grant in an amount equal to the lesser of:
 - (1) the amount determined by multiplying the per-case amount determined under Subsection (h) by the number of cases of serious mental illness in low-income households estimated for that collaborative under Subsection (g); or
 - (2) the collaborative's available matching

(j) Acceptable uses for the grant money and matching funds include:

(1) the continuation of a mental health jail diversion program;

(2) the establishment or expansion of a mental health jail diversion program;

(3) the establishment of alternatives to competency restoration in a state hospital, including outpatient competency restoration, inpatient competency restoration in a setting other than a state hospital, or jail-based competency restoration;

(4) the provision of assertive community treatment or forensic assertive community treatment with an outreach component;

(5) the provision of intensive mental health services and substance abuse treatment not readily available in the county;

(6) the provision of continuity of care services for an individual being released from a state hospital;

(7) the establishment of interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies; and

(8) the provision of local community hospital, crisis, respite, or residential beds.

(k) Not later than December 31 following the end of the fiscal year for which the commission distributes a grant under this section, each community collaborative that receives a grant shall prepare and submit a report describing the effect of the grant money and matching funds in achieving the standard defined by the outcome measures in the plan submitted under Subsection (h) or (i).

(l) The commission may make inspections of the operation and provision of mental health services provided by a community collaborative to ensure state money appropriated for the grant program is used effectively.

funds.

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(1) the continuation of a mental health jail diversion program;

(2) the establishment or expansion of a mental health jail diversion program;

(3) the establishment of alternatives to competency restoration in a state hospital, including outpatient competency restoration, inpatient competency restoration in a setting other than a state hospital, or jail-based competency restoration;

(4) the provision of assertive community treatment or forensic assertive community treatment with an outreach component;

(5) the provision of intensive mental health services and substance abuse treatment not readily available in the county;

(6) the provision of continuity of care services for an individual being released from a state hospital;

(7) the establishment of interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies; and

(8) the provision of local community hospital, crisis, respite, or residential beds.

(j-1) To the extent money appropriated to the commission to implement this section for a fiscal year remains available to the commission after the commission selects grant recipients for the fiscal year, the commission shall make grants available using the money remaining for the fiscal year through a competitive request for proposal process, without regard to the limitation provided by Subsection (d-2).

(k) Not later than the 90th day after the last day of the state fiscal year for which the commission distributes a grant under this section, each community collaborative that receives a grant shall prepare and submit a report describing the effect of the grant money and matching funds in achieving the standard defined by the outcome measures in the plan submitted under Subsection (e).

(l) The commission may make inspections of the operation and provision of mental health services provided by a community collaborative to ensure state money appropriated for the grant program is used effectively.

SECTION 2. This Act takes effect
September 1, 2017.

SECTION 2. Same as engrossed version.