

- SUBJECT:** Extending a Bexar County behavioral health pilot project for 10 years
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 10 ayes — Kolkhorst, Naishtat, Coleman, Collier, Cortez, S. Davis, Guerra, S. King, J.D. Sheffield, Zedler
- 1 nay — Laubenberg
- WITNESSES:** For — Elizabeth Federico, Frankie Lindsey, and Carmen Ozteris-Aguillar, The Center for Health Care Services; (*Registered, but did not testify:* Sherry Baily, Gilbert Gonzales and John Smith, The Center for Health Care Services, Mental Health Authority; Yolanda Cantu; Eileen Garcia, Texans Care for Children; Carrie Kroll, Texas Hospital Association; Katharine Ligon, Center for Public Policy Priorities; Joe Lovelace, Texas Council of Community Centers; Diana Martinez, TexProtects; Sandra Martinez, Methodist Healthcare Ministries; Seth Mitchell, Bexar County Commissioners Court)
- Against — (*Registered, but did not testify:* Marissa Stewart, Texans for Accountable Government)
- On — John Specia; (*Registered, but did not testify:* Angela Hobbs-Lopez, DSHS)
- BACKGROUND:** HB 1232 by Menendez, enacted by the 81st Legislature in the 2009 regular session, requires the Department of State Health Services (DSHS) and a Bexar County mental health authority to establish a local behavioral health intervention pilot project for children. This program, known as Bexar Cares, identifies at-risk children, connects families to services, and develops best practices. The project will expire on September 1, 2013.
- Government Code, sec. 311.025(b), requires that amendments made to the same statute, during the same legislative session, and without reference to each other be harmonized so effect is given to each amendment. If the amendments are irreconcilable, the last to be enacted prevails.
- DIGEST:** HB 39 would extend until 2023 a Bexar County behavioral health intervention pilot project for children. It would require the local mental

health authority involved with the project to submit a report by December 1 of each even-numbered year.

Any other amendments made to HB 1232 by Menendez (81st Legislature, regular session) during this legislative session would have to be harmonized with HB 39's amendments. If the amendments were irreconcilable, this bill's amendments would prevail.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect on the 91st day after the last day of the legislative session (Aug. 26).

**SUPPORTERS
SAY:**

HB 39 would extend the life of an innovative, effective behavioral health pilot project. Bexar Cares allows schools, state agencies, and the local mental health authority to share information and coordinate care, streamlining the identification and treatment process. The program has had success recognizing children with behavioral health issues, offering effective early interventions, and preventing school expulsion and incarceration. By connecting families to comprehensive, community-based services, the program reduces the risk that a child will be placed into foster care. By extending the program until 2023, this bill would enable the program to become solidly established in San Antonio and expand its range of services.

Bexar Cares adequately protects parental rights by requiring parental consent at nearly every stage of the program. Further, participation in Bexar Cares is not automatic – families must agree to be involved. And while some contend that the relatively new program should not be extended until 2023, the Legislature would receive a report every two years and could revoke the extension, if needed.

As with legislation enacted in previous sessions authorizing the program, the Legislative Budget Board (LBB) estimates no significant fiscal impact to the state from HB 39. Moreover, the program could save the state money by preventing children from entering the foster-care system.

**OPPONENTS
SAY:**

HB 39 would not adequately protect parental rights. Before being continued, the program should strengthen parental consent procedures by clarifying that families must “opt in” to the program. Further, there is currently not enough evidence to warrant a 10-year extension. Until the program has more outcome data, it should be reviewed and renewed every

two years.

NOTES: The companion bill, SB 294 by Van De Putte, was reported favorably by the House Committee on Public Health on April 19.