SUBJECT: Creating the Texas Mental Health Care Consortium

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — S. Thompson, Allison, Coleman, Guerra, Ortega, Sheffield

2 nays — Frank, Zedler

3 absent — Wray, Lucio, Price

SENATE VOTE: On final passage, March 5 — 31-0

WITNESSES: For — Andy Keller, Meadows Mental Health Policy Institute; Nhung Tran, Texas Pediatric Society, Texas Medical Association, and Federation Of Texas Psychiatry; Beth Cortez-Neavel, TexProtects - The Texas Association for the Protection of Children; (*Registered, but did not testify*: Gregg Knaupe, Ascension Seton; Kevin Denmark, Beacon Health Options; Melissa Shannon, Bexar County Commissioners Court; Anne Dunkelberg, Center for Public Policy Priorities; Matt Moore, Children's Health; Christina Hoppe, Children's Hospital Association of Texas; Maggie Stern, Childrens Defense Fund; Linda Townsend, CHRISTUS Health; Chris Masey, Coalition of Texans with Disabilities; Tim Schauer, Community Health Choice; Priscilla Camacho, Dallas Regional Chamber; Jesse Ozuna, Doctor's Hospital at Renaissance; Eric Woomer, Federation of Texas Psychiatry; Rebecca Young-Montgomery, Fort Worth Chamber of Commerce; Traci Berry, Goodwill Central Texas; Lindsay Munoz, Greater Houston Partnership; Elise Richardson, Houston Methodist Hospital; Mary Cullinane, League of Women Voters of Texas; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Greg Hansch and Alissa Sughrue, National Alliance on Mental Illness Texas; Eric Kunish, National Alliance on Mental Illness Austin; Carl Bowen, Brian Hawthorne, and AJ Louderback, Sheriffs' Association of Texas; Maureen Milligan, Teaching Hospitals of Texas; Josette Saxton, Texans Care for Children; Marshall Kenderdine, Texas Academy of Family Physicians; Lori Henning, Texas Association of Goodwills; Jason Baxter, Texas

Association of Health Plans; Andrew Homer, Texas CASA; Orlando Jones, Texas Children's Hospital; Lee Johnson, Texas Council of Community Centers; Douglas Smith, Texas Criminal Justice Coalition; Nora Belcher, Texas e-Health Alliance; Carrie Kroll, Texas Hospital Association; Michelle Romero, Texas Medical Association; Kyle Ward, Texas PTA; Piper Nelson, The SAFE Alliance; Richard Perez, The San Antonio Chamber of Commerce; Jennifer Allmon, The Texas Catholic Conference of Bishops; Aryn James, Travis County Commissioners Court; Michelle Wittenburg, Upbring)

Against — Lee Spiller, Citizens Commission on Human Rights; Cindy Asmussen, Southern Baptists of Texas Convention; Alice Linahan; Ruth York; (*Registered, but did not testify*: Adam Cahn, Cahnman's Musings; Monica Ayres, Citizens Commission on Human Rights Texas; Ann Hettinger, Concerned Women for America; Beverly Roberts, Concerned Women for America of Texas; Fran Rhodes, NE Tarrant Tea Party; Judy Powell, Parent Guidance Center; Mark Ramsey, Republican Party of Texas, RPT Legislative Priorities Committee and State Platform Committee; Lindsey Fenton, We the Parents Coalition; and about 74 individuals)

On — David Lakey, The University of Texas System; (*Registered, but did not testify*: Sonja Gaines and Joy Kearney, Health and Human Services Commission; Rex Peebles, Texas Higher Education Coordinating Board)

DIGEST:

CSSB 10 would establish the Texas Mental Health Care Consortium to facilitate access to mental health care services through telehealth and the child psychiatry access network and expand the mental health workforce through training and funding opportunities.

Consortium. The bill would establish the Texas Mental Health Care Consortium to leverage the expertise and capacity of certain health-related institutions of higher education to address urgent mental health challenges and improve the state's mental health care system. The consortium would be administratively attached to the Texas Higher Education Coordinating Board (THECB) in order to receive and administer appropriations and

other funds under the bill. THECB would not be responsible for providing to the consortium staff human resources, contract monitoring, purchasing, or any other administrative support services.

The consortium would be composed of certain health-related institutions of higher education, the Health and Human Services Commission (HHSC), three nonprofit organizations focusing on mental health care, and any other entity the consortium's executive committee deemed necessary. The health-related institutions would include:

- Baylor College of Medicine;
- the Texas A&M University System Health Science Center;
- Texas Tech University Health Sciences Center (TTUHSC) and TTUHSC at El Paso;
- University of North Texas Health Science Center at Fort Worth;
- the Dell Medical School at The University of Texas at Austin;
- the University of Texas M.D. Anderson Cancer Center, Medical Branch at Galveston, Rio Grande Valley School of Medicine, and Southwestern Medical Center; and
- the University of Texas Health Science Centers at Houston, San Antonio, and Tyler.

Executive committee. The consortium would be governed by an executive committee composed of:

- the chair of the academic psychiatry department at each of the consortium's health-related institutions or a licensed psychiatrist designated by the chair to serve in the chair's place;
- one HHSC representative with expertise in the delivery of mental health care services, appointed by the executive commissioner;
- one HHSC representative with expertise in mental health facilities, appointed by the executive commissioner;
- a representative of each nonprofit organization that was part of the consortium, designated by a majority of the consortium's members;
- a representative of a Texas hospital system, designated by a

majority of the academic psychiatry department chairs; and
- any other representative designated by the president of each health-related higher education institutions or by a majority of the academic psychiatry department chairs.

The executive committee would have to elect a presiding officer from among its membership. The consortium would have to designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

Duties. The bill would require the executive committee to:

- coordinate the provision of funding to the health-related higher education institutions included in the consortium;
- establish procedures and policies for the administration of those funds;
- monitor funding and agreements entered into under the bill to ensure recipients of funding complied with the terms and conditions of the funding and agreements; and
- establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.

Child psychiatry access network and telehealth programs. CSSB 10 would require the consortium to establish a network of comprehensive child psychiatry access centers at health-related institutions of higher education that were part of the consortium. A center would have to provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for youth with behavioral health needs. The bill would prohibit child psychiatry access centers from submitting an insurance claim or charging a health provider a fee for providing consultation services or training opportunities.

The consortium would have to establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs

and providing access to mental health care services. The consortium would have to implement this provision with a focus on the behavioral health needs of at-risk children and adolescents.

The consortium would have to leverage a hospital system's resources if the hospital system provided consultation services and training opportunities for certain pediatricians and primary care providers and had an existing telehealth program that provided access to mental health care services.

Health-related higher education institutions included in the consortium could enter into a memorandum of understanding with a community mental health provider, defined as entity providing mental health care services at a local level, to establish a child psychiatry access center or establish or expand a telehealth program.

The bill would specify that a person could provide mental health care services to a child younger than 18 years old through a child psychiatry access center or telehealth program established under the bill only if the person obtained written parental or guardian consent. The bill's consent requirements would not apply to certain services provided by a school counselor.

Mental health workforce. Under the bill, the consortium's executive committee could provide funding to a health-related institution of higher education for:

- one full-time psychiatrist who treated adults or one full-time psychiatrist who treated children and adolescents to serve as academic medical director at a facility operated by a community mental health provider; and
- two new resident rotation positions.

An academic medical director funded under the bill would have to collaborate and coordinate with a community mental health provider to expand the amount and availability of mental health care resources by

developing training opportunities for residents and supervising residents at a facility operated by the community mental health provider.

The executive committee also could provide funding to health-related institutions of higher education for the purpose of funding physician fellowship positions 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 have to be used to increase the number of fellowship positions at the institution and could not be used to replace the institution's existing funding.

Report. By December 1 of each even-numbered year, the consortium would be required to prepare and submit a written report to the governor, lieutenant governor, House speaker, and the standing legislative committee of each chamber with primary jurisdiction over behavioral health issues. The consortium also would have to post the report on its website.

The report would have to outline:

- the consortium's activities and objectives;
- the health-related institutions of higher education that received funding by the executive committee; and
- any legislative recommendations based on the committee's activities and objectives.

Other provisions. The bill would require the Supreme Court of Texas and the Texas Court of Criminal Appeals, in collaboration with the consortium, to develop a training program to educate designated judges and their staff on mental health care resources available within their jurisdiction. The training program could be operated in conjunction with other training programs.

The consortium would be required to implement a provision of the bill only if the Legislature appropriated money specifically for that purpose. If no money was appropriated, the consortium could implement a provision

of the bill but would not be required to do so.

As soon as practicable after the bill's effective date, the HHSC executive commissioner, THECB commissioner, and members of the consortium's executive committee would have to make their required appointments and designations.

The bill would take effect immediately if it received a two-thirds vote in each chamber. Otherwise, it would take effect September 1, 2019.

SUPPORTERS SAY:

CSSB 10 would address gaps in the state's mental health system in rural and urban areas by creating a mental health care consortium of health-related institutions of higher education as well as a child psychiatry access network. Establishing these resources would increase access to mental health services, enhance collaboration among health-related institutions and providers, and increase residency positions and mental health training opportunities for certain health providers. The bill would mitigate the impact of serious conditions for youth by expanding early identification and intervention for behavioral health needs.

The bill would address the state's mental health provider shortage by expanding telehealth programs, which could help identify children's mental health needs earlier. Identifying at-risk youth at a younger age could help decrease the use of medication, which is often a last resort for treatment, in the future and help prevent youth from becoming a danger to themselves or others. The bill would establish clear parental consent requirements before certain services could be provided to individuals younger than 18 years old.

The bill would enhance collaboration among health providers by creating the child psychiatry access network, enabling pediatricians and primary care physicians to efficiently consult with mental health experts on treatment options. Primary care physicians frequently are the first providers to detect mental health issues, but many are not comfortable providing that type of care. Providing consultations and training opportunities for health providers would ensure they were equipped to

address children's urgent mental health care needs or make the appropriate treatment referrals.

By training judges and their staff on available mental health resources, CSSB 10 could help reduce the number of young people with a mental illness entering the criminal justice system and reduce recidivism rates.

OPPONENTS SAY:

CSSB 10 is unnecessary and could result in negative health outcomes for youth with mental health issues. By establishing child psychiatry access centers at health-related institutions of higher education, CSSB 10 could create conflicts of interest and lead to increased use of psychotropic medications for youth with mental health issues. The bill should include informed consent requirements before mental health services are provided to youth. Informed consent, rather than parental consent, is needed because it would require a detailed explanation of assessments and the risks and benefits of procedures before services could be provided.

The bill also would duplicate existing programs, like the TWITR Project at the Texas Tech University Health Science Center, which conducts mental health screenings of at-risk students. In addition, several medical schools across the state already participate in a mental health consortium that meets quarterly. Instead of appropriating funds for a new program, the state could improve and expand existing efforts.

OTHER OPPONENTS SAY:

CSSB 10 would not address the root cause of youths' distress. Rather than only providing funds for medical solutions to mental health issues, the Legislature should examine external factors, like academic pressure and cyber-bullying, that could influence a student's behavioral health.

The bill also should require the Texas Mental Health Care Consortium to be subject to the Texas Open Meetings Act and Public Information Act.

NOTES:

According to the Legislative Budget Board, there would be some fiscal impact to the state depending on the amount of funding distributed by the Texas Mental Health Care Consortium's executive committee to health-related institutions of higher education for expanding the mental health

workforce and for psychiatric fellowships.