

SUBJECT: Creating a mental health jail diversion pilot program in Bexar County

COMMITTEE: Corrections — committee substitute recommended

VOTE: 6 ayes — Murr, Allen, Bailes, Rodriguez, Sherman, Slaton

0 nays

3 absent — Burrows, Martinez Fischer, White

WITNESSES: For — David Pan, CHCS; Brittany Lash, Southwest General Hospital; Sarah Hogan, Southwest Texas Regional Advisory Council; (*Registered, but did not testify*: Christine Bryan, Clarity Child Guidance Center; Adam Haynes, Conference of Urban Counties; Myra Leo, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness-Texas; Maggie Luna, Statewide Leadership Council; Crystal Brown, Steward Health Care; Devin Driver, Texas Criminal Justice Coalition; Dan Finch, Texas Medical Association; Allison Greer Francis, The Center for Health Care Services; Thomas Parkinson)

Against — None

On — (*Registered, but did not testify*: Courtney Harvey and Trina Ita, Health and Human Services Commission; April Zamora, Texas Department of Criminal Justice)

BACKGROUND: Interested parties have noted that ensuring recovery success for individuals struggling with mental and substance use disorders could require longer patient stays than are currently typical and that a pilot program in Bexar County could test and measure the impact of longer-term treatment on recidivism rates among persons with mental illness.

DIGEST: CSHB 3621 would require the Health and Human Services Commission (HHSC), in cooperation with the local mental health authority serving Bexar County, to establish a pilot program in the county for the purpose of reducing recidivism and the frequency of arrests, incarceration, and

emergency detentions among persons with mental illness.

Criminal justice mental health service model. The local mental health authority serving Bexar County would have to design and test through the pilot program a criminal justice mental health service model oriented towards facilitating treatment for persons with mental illness and substance use disorders to reduce recidivism and the frequency of arrests, incarceration, and emergency detention among persons with mental illness in the county. The model would have to include evidence-based practices, including:

- psychiatric services;
- substance use disorder treatments;
- treatment for co-occurring mental health and substance use disorders;
- integrated primary care, mental health, and chemical dependency services;
- motivational interviews to reduce recidivism;
- methods to maintain sobriety;
- medical detoxification services;
- intensive case management to address social determinants of health;
- local mental health authority hospital transitional services, including case management;
- medication-assisted treatment; and
- treatment of medical issues, including through inpatient hospitalization if necessary.

Local services coordination. The local mental authority serving Bexar County would have to coordinate with the University of the Incarnate Word and Southwest General Hospital in designing the criminal justice mental health service model. In providing services under the pilot program, the mental health authority would have to use personnel enrolled in established post-graduate residency training programs through the Texas Institute of Graduate Medical Education and Research.

The local mental health authority also would have to collaborate with the South Texas Crisis Collaborative to collect and analyze information regarding rates of recidivism and the frequency of arrests, incarceration, and emergency detentions among persons served through the pilot program and provide this information to HHSC.

Program capacity. In implementing the pilot program, HHSC would have to ensure the program had the resources to provide mental health and substance use disorder treatment for incarceration diversion services for not fewer than 10 inpatient beds and for stays of a period of 60 to 90 days.

Before implementing the pilot program, HHSC and the local mental health authority serving Bexar County would have to jointly establish clear criteria for identifying a target population to be served by the program. The criteria would have to prioritize serving a target population composed of members at high risk of recidivism and with severe mental illness, substance use disorders, or co-occurring mental illness and substance use disorders.

Finance. HHSC would have to, in consultation with the local mental health authority of Bexar County, pay a case rate at the rate at which services were funded for the pilot program. The creation of the program would be contingent on funding from HHSC for persons with mental illness or substance use disorders provided by the state for the program. Bexar County's local mental health authority could seek and receive gifts and grants from federal sources, foundations, individuals, and other sources for the benefit of the pilot program.

The bill would establish the Legislature's intent that appropriations made to fund the pilot program would be made in addition to and would not reduce the amount of appropriations otherwise made to the local mental health authority serving Bexar County.

Inspections. HHSC could make inspections of the operation of, and provision of mental health and substance use treatment for incarceration

diversion services through, the pilot program on behalf of the state to ensure state funds were used effectively.

Required report. By December 1, 2022, the executive commissioner of HHSC would have to evaluate and submit a report concerning the effectiveness of the pilot program in reducing recidivism and the frequency of arrests, incarceration, and emergency detentions among persons with mental illness and substance use disorders in Bexar County.

In conducting the required evaluation, the executive commissioner of HHSC would have to, using information provided by the local mental health authority, compare the rates of recidivism among persons in the target population before the pilot program was implemented to the rate of recidivism among those persons one year later. The executive commissioner could include in the evaluation measures of the effectiveness of the program related to the well-being of persons served under the program.

The report would have to include a description of the features of the criminal justice mental health service model designed and tested under the pilot program and the executive commissioner's recommendation whether to expand the use of the model statewide.

The report would be submitted to the governor, lieutenant governor, House speaker, and the presiding officers of the standing committees of the Senate and House of Representatives with primary jurisdiction over health and human services issues and over criminal justice issues.

Expiration. The pilot program established by the bill would conclude September 1, 2023.

The bill would take effect September 1, 2021.

NOTES:

According to the Legislative Budget Board, the bill would have a negative impact of about \$7.1 million to general revenue through fiscal 2023.