

BILL ANALYSIS

Senate Research Center

C.S.S.B. 421
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

C.S.S.B. 421 maintains and renames a sustainable state interagency group, informed by family and community perspectives, to provide the legislature and state child-serving agencies with recommendations on improving children's mental health services and supports across systems.

In 1999, the 76th Legislature created the Texas Integrated Funding Initiative (TIFI) within the Health and Human Services Commission (HHSC) to provide communities with training, technical assistance, and minimal funding to develop local systems of care for children and youth with serious emotional disturbance and provided funding for four community TIFI sites. The TIFI Consortium, comprised of state child-serving agencies, community representatives, families, and advocates, was established to assist HHSC in system of care efforts.

Several TIFI communities went on to receive multi-year grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support their system of care efforts. System of care communities were selected to demonstrate the Home and Community-Based Medicaid 1915c Waiver, named Youth Empowerment Services (YES), to provide intensive traditional and non-traditional coordinated services and supports in the community to children and youth with serious mental health needs.

In 2011, however, the 82nd Legislature discontinued the funding that supported the TIFI Consortium.

Since then, SAMHSA has moved from investing in community infrastructure to promoting the expansion of system of care approach statewide. In the Fall of 2011, SAMHSA awarded HHSC a one year planning grant with the goal to create a strategic plan for the statewide expansion of the system of care framework for children and youth with serious emotional disturbances and their families. The TIFI Consortium continued for one more year, with the funding from this grant, and served as the Steering Team to guide the development of the Texas System of Care Strategic Plan that was released in late 2012.

The Texas System of Care Strategic Plan recommends that the TIFI Consortium, set to dissolve in 2013, evolve into the Texas System of Care Consortium, retaining the locus of authority, responsibility, and oversight for system of care in Texas.

The system of care approach is widely recommended to better plan for and serve children and youth with serious emotional disturbance, helping to keep them in their homes, with their families, and out of more restrictive placements such as hospitalization, foster care, or juvenile justice.

C.S.S.B. 421 creates a Texas System of Care Consortium that would retain the locus of authority, responsibility, and oversight for system of care in Texas.

C.S.S.B. 421 amends current law relating to the Texas System of Care and the development of local mental health systems of care for certain children.

RULEMAKING AUTHORITY

Rulemaking authority previously granted to the Health and Human Services Commission is modified in SECTION 3 (Section 531.252, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends the heading to Subchapter G-1, Chapter 531, Government Code, to read as follows:

SUBCHAPTER G-1. DEVELOPING LOCAL MENTAL HEALTH SYSTEMS OF CARE FOR CERTAIN CHILDREN

SECTION 2. Amends Section 531.251, Government Code, as follows:

Sec. 531.251. New heading: TEXAS SYSTEM OF CARE CONSORTIUM. (a) Requires the Health and Human Services Commission (HHSC) to form a consortium to have responsibility for and oversight over a state system of care to develop local mental health systems of care in communities for minors who are receiving residential mental health services or inpatient mental health hospitalization or who are at risk of being removed from the minor's home and placed in a more restrictive environment to receive mental health services, including an inpatient mental health hospital, a residential treatment facility, or a facility or program operated by the Department of Family and Protective Services (DFPS) or an agency that is part of the juvenile justice system. Deletes existing text requiring HHSC to form a consortium to develop criteria for and implement the expansion of the Texas Integrated Funding Initiative pilot project and to develop local mental health care systems in communities for minors who are receiving residential mental health services or who are at risk of residential placement to receive mental health services.

(a-1) Creates this subsection from existing text and requires that the consortium include:

(1) representatives of the Department of State Health Services (DSHS), DFPS, HHSC's Medicaid program, Texas Education Agency (TEA), Texas Juvenile Justice Department, and Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI);

(2) one youth or young adult who has a serious emotional disturbance and has received mental health services and supports; or

(3) a family member of a youth or young adult described by Subdivision (2).

Deletes existing text requiring that the consortium include representatives of the Texas Department of Mental Health, Department of Protective and Regulatory Services, TEA, Texas Youth Commission, Texas Juvenile Probation Commission, and Texas Commission on Alcohol and Drug Abuse and an equal number of family advocates.

(a-2) Authorizes the consortium to coordinate with the Children's Policy Council for the purposes of including the representation required by Subsections (a-1)(2) and (3).

(b) Requires HHSC and the consortium to:

(1) maintain a comprehensive plan for the delivery of mental health services and supports to a minor and a minor's family using a system of care framework, including best practices in the financing, administration, governance, and delivery of those services;

(2) implement strategies to expand the use of system of care practices in the planning and delivery of services throughout the state;

(3) identify appropriate local, state, and federal funding sources to finance infrastructure and mental health services needed to support state and local system of care efforts; and

(4) develop an evaluation system to measure outcomes of state and local system of care efforts.

Deletes existing text requiring HHSC and the consortium to develop a model and guidelines for the delivery of mental health services and support to a minor, initiated before the person's 18th birthday, including best practices in the financing, administration, governance, and delivery of those services; to establish a plan to expand the Texas Integrated Funding Initiative so that the initiative may operate in up to six communities; and to identify appropriate sources of state and federal funding to finance mental health services under the initiative from a central fund for expansion communities.

(b-1) Requires the consortium, not later than November 1 of each even-numbered year, to submit a report to the legislature and the Council on Children and Families that contains an evaluation of the outcomes of the Texas System of Care and recommendations on strengthening state policies and practices that support local systems of care, including recommendations relating to:

(1) methods to increase access to effective and coordinated services and supports;

(2) methods to increase community capacity to implement local systems of care through training and technical assistance;

(3) use of cross-system performance and outcome data to make informed decisions at individual and system levels; and

(4) strategies to maximize public and private funding at the local, state, and federal levels.

SECTION 3. Amends Section 531.252, Government Code, as follows:

Sec. 531.252. New heading: PROPOSALS FOR LOCAL SYSTEM OF CARE GRANTS. (a) Authorizes HHSC by rule to establish a certain process to select communities to implement a local system of care as funding is available, rather than requiring HHSC by rule to establish a request-for-proposal process to select expansion communities to participate in the initiative.

(b) Requires HHSC and the consortium to develop criteria to evaluate proposals for selecting communities, rather than for selecting expansion communities to participate in the expanded initiative. Requires that the criteria:

(1) emphasize services that are provided in the community, strengths-based, culturally and linguistically competent, family-driven, and youth-guided, rather than services that are culturally competent, family-centered, and seamless;

(2) identify populations to be served under the proposals;

(3) establish service outcome goals for the grant communities, rather than for the expansion communities;

(4) require demonstration of the capacity to collect data related to minors who are receiving mental health services in residential facilities or inpatient mental health hospitals or who are at risk of residential placement to receive mental health services or inpatient mental health hospitalization, including data relating to whether the system of care is reducing the rate of placement of the minors in residential treatment or inpatient mental health hospitalization, among other data;

(5) Makes no change to this subdivision; and

(6) specify information that must be provided in a proposal for a community, including information on the costs of the activities proposed and the characteristics of minors in the community who are in residential care or inpatient mental health hospitals for mental health services or who are at risk of being placed in residential care or inpatient mental health hospitals to receive mental health services.

Deletes existing text requiring that criteria must reflect the underlying principles of the Texas Integrated Funding Initiative. Makes nonsubstantive changes.

(c) Requires that populations to be served, as identified under Subsection (b)(2), rather than under Subsection (b)(3), include youth at risk of residential placement, inpatient mental health hospitalization, incarceration, or reincarceration because of severe emotional disturbance, including students in a special education program under Subchapter A (Special Education Program), Chapter 29 (Educational Programs), Education Code, and youth with a severe emotional disturbance and a co-occurring substance abuse disorder or developmental disability.

Deletes existing Subsection (d) relating to the requirement that outcome criteria established under Subsection (b)(4) be consistent with outcome measures used in evaluations of individualized children's services projects in other states.

SECTION 4. Amends Section 531.255, Government Code, as follows:

Sec. 531.255. EVALUATION. Deletes existing Subsection (a) designation. Requires HHSC and DSHS to jointly monitor the progress of the grant communities, including monitoring cost avoidance and the net savings that result from implementing a local system of care, rather than requiring HHSC and the Texas Department of Mental Health and Mental Retardation to jointly monitor the progress of the expansion communities.

Deletes existing Subsection (b) requiring HHSC, the consortium, and the expansion communities to collaborate to develop a system to evaluate the success of the expansion communities in achieving outcome goals for the minors the communities serve, including outcome goals developed under Section 531.252. Deletes existing text requiring an evaluation under the system to include information on cost avoidance and net savings that result from participation in the initiative. Deletes existing Subsection (c) requiring each expansion community to identify the baseline information to compare with the information on outcomes in evaluating the achievements of the community. Deletes existing text providing that a community is responsible for collecting and reporting outcome information to HHSC in accordance with the requirements of the evaluation system developed under Subsection (b). Deletes existing Subsection (d) requiring an expansion community, to the extent practicable, to use instruments to measure outcomes that have known reliability and validity and that allow comparisons with similar projects in other states and with national evaluation efforts.

SECTION 5. Amends Section 531.257, Government Code, to authorize HHSC to provide technical assistance to a community that receives a grant under Section 531.252, rather than under Section 531.256 (Mental Health Services for Youth Grants).

SECTION 6. Repealers: Sections 531.253 (Selection of Expansion Communities), 531.254 (System Develop Collaboration), 531.256 (Mental Health Services for Youth Grants), and 531.258 (Statewide Evaluation System), Government Code.

SECTION 7. Effective date: September 1, 2013.