

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 10
By: Nelson et al.
Health & Human Services
2/13/2019
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

C.S.S.B. 10 establishes a consortium among Texas health-related institutions to collaborate on statewide mental health initiatives as authorized by the legislature. The consortium will foster collaboration among health-related institutions with the goal of improving early identification and access to mental health services; address psychiatry workforce issues; coordinate mental health research; and strengthen judicial training on juvenile mental health.

Over the past several sessions, the legislature has made significant progress on mental health. Recent school shootings and an increase in youth suicide rates have led to heightened focus on young Texans with mental health issues. About 75 percent of children and youth with mental health issues are seen in a primary care setting, underscoring the need to empower pediatricians with guidance about treatment options. Workforce shortages currently present a barrier to services with Texas facing a severe shortage of child psychiatrists and other mental health professionals. Our academic health-related institutions offer a wealth of expertise that can be leveraged to address gaps in Texas' mental health system as outlined in C.S.S.B. 10.

C.S.S.B. 10 amends current law relating to the creation of the Texas Mental Health Care Consortium.

RULEMAKING AUTHORITY

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

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle E, Title 2, Health and Safety Code, by adding Chapter 113, as follows:

CHAPTER 113. TEXAS MENTAL HEALTH CARE CONSORTIUM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 113.0001. DEFINITIONS. Defines "community mental health provider," "consortium," and "executive committee."

SUBCHAPTER B. CONSORTIUM

Sec. 113.0051. ESTABLISHMENT; PURPOSE. Provides that the Texas Mental Health Care Consortium (consortium) is established to:

(1) leverage the expertise and capacity in the health-related institutions of higher education listed in Section 113.0052 to address urgent mental health challenges and improve the mental health care system in this state;

(2) enhance the state's ability to address mental health care needs through stronger collaboration and institutional alignment of the health-related institutions of higher education listed in Section 113.0052;

(3) improve the effectiveness and efficiency of mental health care services delivered in this state;

(4) facilitate access to mental health care services through telemedicine, telehealth, and other cost-effective, evidence-based programs;

(5) improve mental health and substance use disorder research efforts conducted by health-related institutions of higher education; and

(6) improve and expand the psychiatric workforce through training and development opportunities between the health-related institutions of higher education listed in Section 113.0052 and community mental health providers.

Sec. 113.0052. COMPOSITION. Provides that the consortium is composed of:

(1) certain health-related institutions of higher education;

(2) the Health and Human Services Commission (HHSC);

(3) three nonprofit organizations that focus on mental health care, designated by a majority of the members described by Subdivision (1); and

(4) any other entity that the executive committee of the consortium (executive committee) considers necessary.

Sec. 113.0053. ADMINISTRATIVE ATTACHMENT. (a) Provides that the consortium is administratively attached to the Texas Higher Education Coordinating Board (THECB) for the purpose of receiving and administering appropriations and other funds under this chapter. Provides that THECB is not responsible for providing to the consortium staff human resources, contract monitoring, purchasing, or any other administrative support services.

(b) Prohibits THECB from using funds intended to carry out the purposes of this chapter for any costs incurred by THECB under this chapter.

SUBCHAPTER C. EXECUTIVE COMMITTEE

Sec. 113.0101. EXECUTIVE COMMITTEE COMPOSITION. Provides that the consortium is governed by an executive committee composed of the following members:

(1) the chair of the academic department of psychiatry of each of the health-related institutions of higher education listed in Section 113.0052;

(2) a representative of HHSC with expertise in the delivery of mental health care services, appointed by the executive commissioner of HHSC (executive commissioner);

(3) a representative of HHSC with expertise in mental health facilities, appointed by the executive commissioner;

(4) a representative of an organization that represents the interests of community centers established under Subchapter A (Community Centers), Chapter 534, designated by a majority of the members described by Subdivision (1);

(5) a representative of each nonprofit organization described by Section 113.0052 that is part of the consortium, designated by a majority of the members described by Subdivision (1); and

(6) any other representative designated by a majority of the members described by Subdivision (1) at the request of the executive committee.

Sec. 113.0102. **PRESIDING OFFICER.** Requires the executive committee to elect a presiding officer from among the membership of the executive committee.

Sec. 113.0103. **MEETINGS.** Requires the executive committee to meet at the call of the presiding officer.

Sec. 113.0104. **VACANCY.** Requires a vacancy on the executive committee to be filled in the same manner as the original appointment.

Sec. 113.0105. **GIFTS, GRANTS, AND DONATIONS.** Authorizes the executive committee to accept on behalf of the consortium gifts, grants, or donations from any public or private source for the purpose of carrying out this chapter.

SUBCHAPTER D. POWERS AND DUTIES

Sec. 113.0151. **GENERAL DUTIES.** (a) Requires the executive committee to:

(1) coordinate the provision of funding to the health-related institutions of higher education listed in Section 113.0052 to carry out the purposes of this chapter;

(2) establish procedures and policies for the administration of funds under this chapter;

(3) monitor funding and agreements entered into under this chapter to ensure recipients of funding comply with the terms and conditions of the funding agreements; and

(4) establish procedures to document compliance by executive committee members and staff with applicable laws governing conflicts of interest.

(b) Requires the consortium, in carrying out the duties under Subsection (a), to ensure that evidence-based tools, including telemedicine and telehealth, are used to help expand the delivery of mental health care services.

(c) Requires the consortium to designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

Sec. 113.0152. **ACCESS TO CARE; CHILD PSYCHIATRY ACCESS NETWORK AND TELEMEDICINE AND TELEHEALTH PROGRAMS.** (a) Requires the consortium to establish a statewide network of comprehensive child psychiatry access centers at the health-related institutions of higher education listed in Section 113.0052. Requires a center established under this subsection to collaborate with community mental health providers to better care for children and youth with behavioral health needs by providing consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region.

(b) Requires the consortium to establish or expand telemedicine or telehealth programs at health-related institutions of higher education listed in Section 113.0052 for identifying and assessing behavioral health needs and providing access to mental health care services. Requires the consortium to develop a statewide plan to implement this subsection that makes the behavioral health needs of at-risk children and adolescents a priority.

(c) Authorizes a health-related institution of higher education listed in Section 113.0052 to enter into a memorandum of understanding with a community mental health provider to carry out Subsection (a) or (b).

(d) Requires the consortium to leverage the resources of a hospital system to carry out Subsection (a) or (b) if the hospital system:

(1) provides consultation services and training opportunities for pediatricians and primary care providers that are consistent with those described by Subsection (a); and

(2) has an existing telemedicine or telehealth program for identifying and assessing the behavioral health needs of and providing access to mental health care services for children and adolescents.

Sec. 113.0153. MENTAL HEALTH RESEARCH PLAN. (a) Requires the consortium to develop and implement a mental health research plan to advance the research component of the statewide behavioral health strategic plan, create an aggregated inventory of mental health and substance use disorder research completed by institutions of higher education in this state, and coordinate mental health and substance use disorder research efforts by the health-related institutions of higher education listed in Section 113.0052 to ensure those institutions engage in effective and targeted research to leverage additional funding.

(b) Requires the executive committee to establish a process for the selection of research projects to fund under this section. Requires the process to evaluate research projects based on their alignment with the statewide behavioral health strategic plan and multi-institutional collaboration among the health-related institutions of higher education listed in Section 113.0052.

Sec. 113.0154. PSYCHIATRY WORKFORCE EXPANSION PROJECT. (a) Requires the consortium to enhance collaboration between the health-related institutions of higher education listed in Section 113.0052 and community mental health providers to increase psychiatric residency training and improve the quality of care for persons receiving mental health care services in this state.

(b) Authorizes the executive committee to provide funding to the academic department of psychiatry at a health-related institution of higher education listed in Section 113.0052 for the purpose of funding one full-time psychiatrist who treats adults or one full-time psychiatrist who treats children and adolescents to serve as academic medical director for a community mental health provider and funding two resident rotation positions.

(c) Requires an academic medical director described by Subsection (b) to collaborate and coordinate with community mental health providers to expand the amount and availability of mental health resources by developing training opportunities for residents and medical students and by promoting the use of telemedicine, telehealth, or other evidence-based tools to provide comprehensive mental health care services to a greater population.

(d) Requires an institution of higher education that receives funding under Subsection (b) to require that psychiatric residents participate in rotations through a facility operated by a community mental health provider.

Sec. 113.0155. REIMBURSEMENT FOR SERVICES. Prohibits a child psychiatry access center established under Section 113.0512 from submitting an insurance claim or charging a pediatrician or primary care provider a fee for providing consultation services or training opportunities under that section.

Sec. 113.0156. ANNUAL REPORT. Requires the consortium, not later than November 1 of each year, to submit to the governor, the lieutenant governor, the speaker of the house of representatives, and the standing committee of each house of the legislature with primary jurisdiction over behavioral health issues and post on its Internet website a written report that outlines certain information.

SUBCHAPTER E. MISCELLANEOUS PROVISIONS

Sec. 113.0201. JUDICIAL INSTRUCTION REGARDING MENTAL HEALTH CARE RESOURCES. Requires the Supreme Court of Texas (supreme court) and the Texas Court of Criminal Appeals (CCA), in consultation with the consortium, to develop a training program to educate and inform designated judges and their staff on mental health care resources available within the geographic region in which the designated judges preside. Authorizes the supreme court and CCA to develop and operate the training program in conjunction with any other training programs.

SECTION 2. Requires the executive commissioner of HHSC and the members of the executive committee described by Section 113.0101(1), Health and Safety Code, as added by this Act, as soon as practicable after the effective date of this Act, to make the appointments and designations required by Section 113.0101, Health and Safety Code, as added by this Act.

SECTION 3. Effective date: upon passage or September 1, 2019.