

MEADOWS  
MENTAL HEALTH  
POLICY INSTITUTE

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**Mental Health in Texas After the 86th Legislature**

RHP 9, 10, 18 Learning Collaborative  
Nelson Jarrin, JD | November 12, 2019

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# Meadows Mental Health Policy Institute

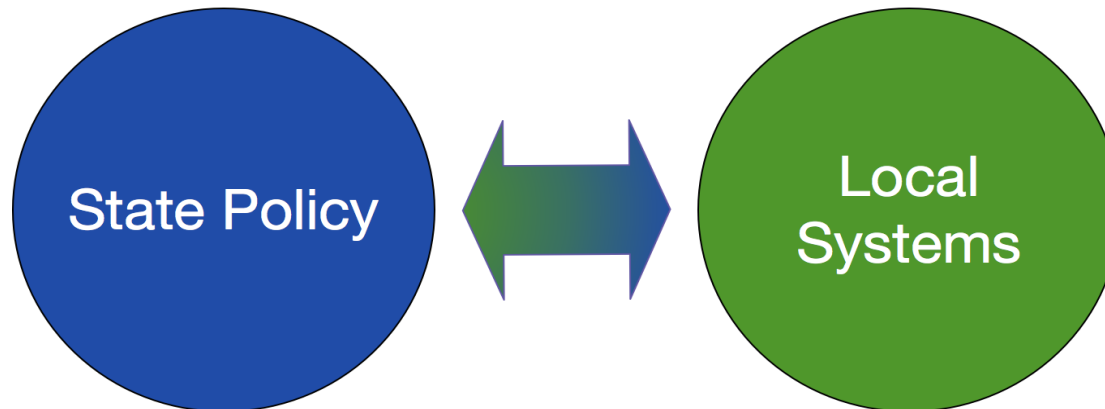
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## Vision

We envision Texas to be the national leader in treating people with mental health needs.

## Mission Statement

To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.



# Building on Our Accomplishments

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The **86th Texas Legislature** appropriated over **\$8.2 billion (AF)** for behavioral health, an estimated **\$616 million increase**.

Funding includes:

- **\$120 million** to support **grants to local communities** to expand access to mental health services,
- **\$445 million** for new **state hospital construction**,
- **\$100 million** to fund a new **School Safety Allotment**,
- **\$99 million** to establish the **Texas Child Mental Health Care Consortium**,
- **\$59 million** to address population growth and equity issues related to **community mental health services**, and
- **\$26 million** to fund **50 additional community inpatient beds**.



**GRANTS TO LOCAL COMMUNITIES**

# 84(R) SB 55

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SB 55 (Nelson) created the Texas Veterans + Family Alliance Grant Program.

- **GOAL** – to support **community mental health programs** that provide and coordinate **mental health services and treatment** for **Texas veterans and their families**.
- **APPLICANTS** must be a **community program** that demonstrates a commitment to addressing the mental health needs of veterans and their families.
- **FUNDING** is **\$20 million for the FY 2020–21 biennium**.

# 85(R) SB 292

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SB 292 (Huffman, Nelson, Schwertner) created the Mental Health Grant Program for Justice-Involved Individuals.

- **GOAL** – to reduce: (1) **recidivism rates, arrests, and incarceration** for people with mental illness; and (2) the wait time for **forensic commitments** of people with mental illnesses to a state hospital.
- **APPLICANTS** must be a county-based community collaborative consisting of a **county**, a **local mental health authority** serving the county, and each **hospital district**, if any, located in the county.
- **FUNDING** is \$60 million for the FY 2020–21 biennium: \$30 million for each fiscal year (\$12.5 million increase).

# 85(R) HB 13

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HB 13 (Price) created the Community Mental Health Grant Program.

- **GOAL** – to support **community mental health programs** that provide **services and treatment** to people experiencing mental illnesses.
- **APPLICANTS** must be a **nonprofit** or **governmental entity** (e.g., city, school district, institution of higher education).
- **FUNDING** is \$40 million for the FY 2020–21 biennium: \$20 million for each fiscal year (**\$10 million increase**).

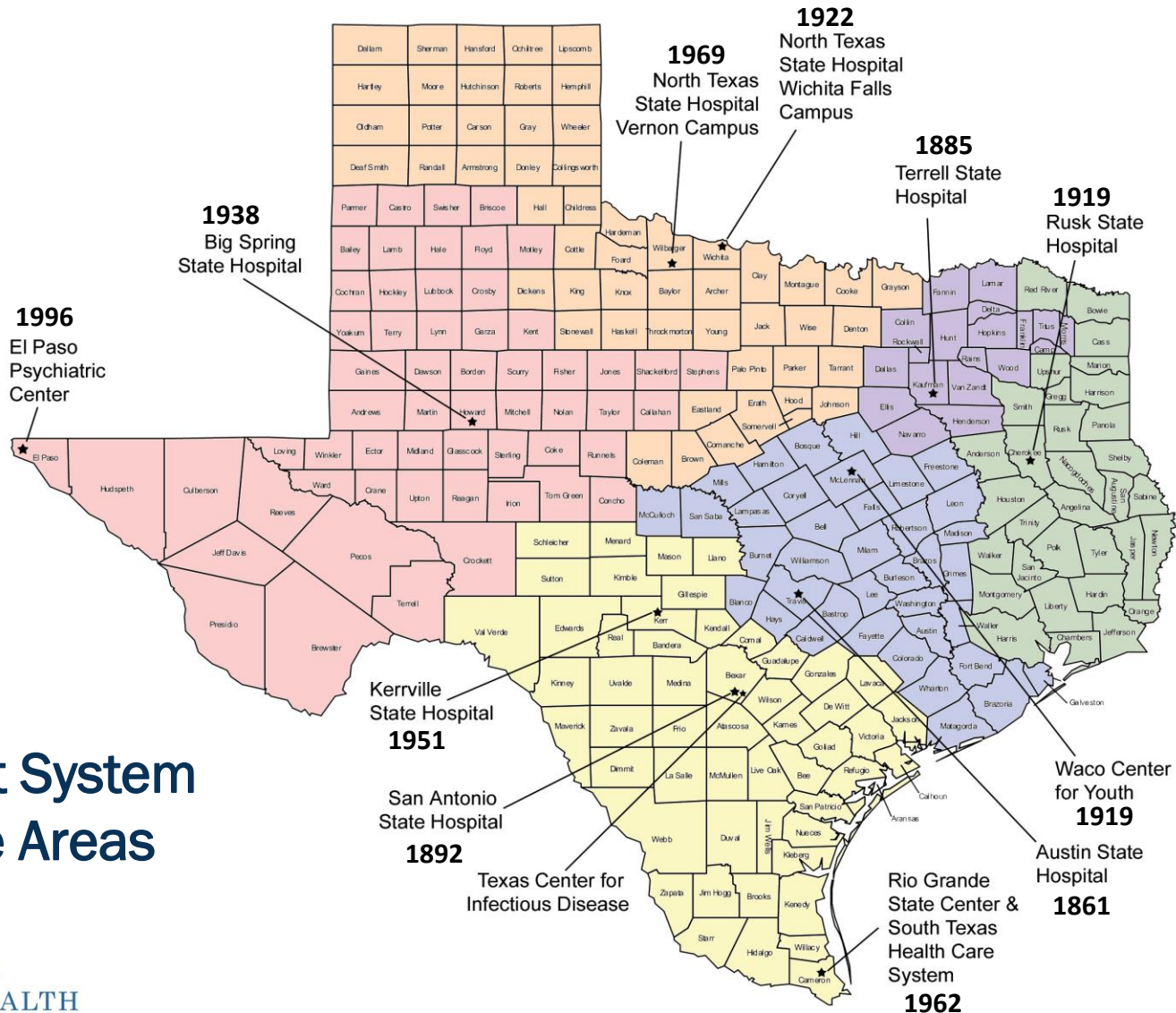
Request for Applications (RFA) is open and due December 4.



**STATE HOSPITAL SYSTEM REDESIGN**



# State Hospital System



## Current System Service Areas

# System Transformation, Phase I

The 85th Texas Legislature appropriated \$300 million for new state hospital planning and construction in Phase I.

Phase I Project	Cost	Beds
Austin State Hospital – Planning	\$15.5M	240
Kerrville State Hospital – Planning and Renovation	\$30.5M	70 MSU
Rusk State Hospital – Maximum Security Hospital Planning and Construction	\$91.5M	100 MSU
Rusk State Hospital – Non Maximum Security Hospital Planning	\$4.5M	100
San Antonio State Hospital – Renovation	\$11.5M	40
San Antonio State Hospital – Planning	\$14.5M	300
Harris County Continuum of Care Campus – Planning and Construction	\$125M	240
Potential Hospital in the Dallas area – Pre-Planning	\$1M	TBD
Potential Hospital in the Panhandle region – Pre-Planning	\$1M	TBD

# System Transformation, Phase II

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The **86th Texas Legislature** appropriated **\$445 million** for new state hospital construction in **Phase II**.

Phase II Project	Cost	Beds
Austin State Hospital – Construction	\$165M	240
Rusk State Hospital – Non Maximum Security Hospital Construction	\$90M	100
San Antonio State Hospital – Construction	\$190.3M	300

The **Austin State Hospital** and the **San Antonio State Hospital** need an estimated **\$276 million** in the **87th Texas Legislature (Phase III)** to complete construction.

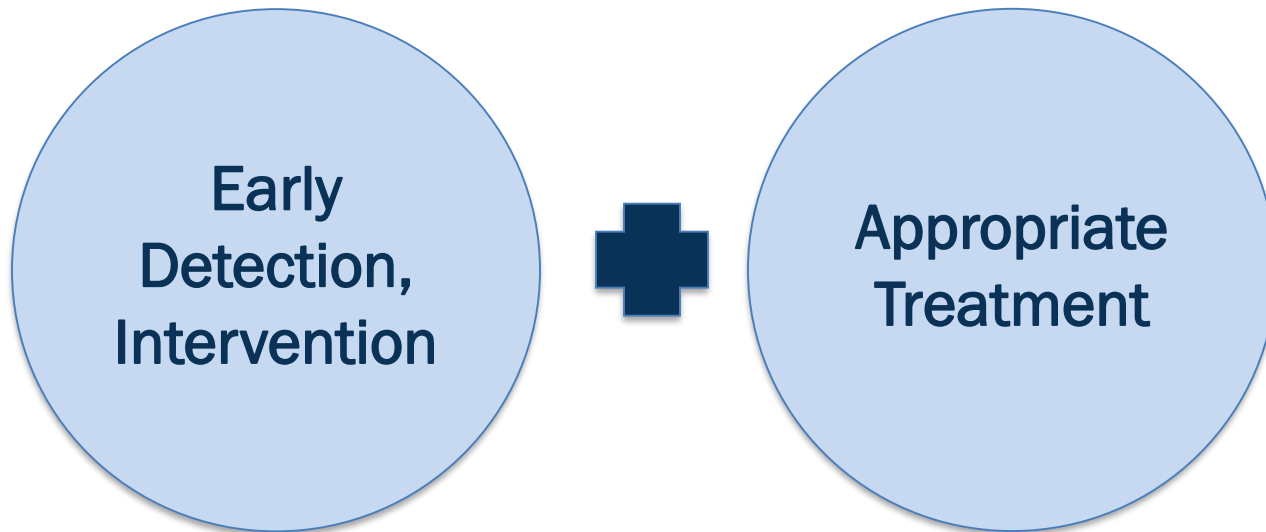


**INTERVENE EARLY TO ADDRESS THE MENTAL  
HEALTH NEEDS OF TEXAS CHILDREN**

# The Progression of Mental Health Conditions

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- Half of all mental health conditions manifest by age 14.
- Like all diseases, care works best at this early stage when symptoms are *less severe, more treatable*, and *more readily prevented from escalating* to conditions that increase risk.
- By young adulthood, **75% of lifetime cases have presented**.



# HB 18 (Price)

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**HB 18 (Price)** is based on **85(R) HB 11**, the only major bill Chairman Price filed from the **Select Committee on Mental Health** that did not pass in the 85th Legislative Session.

- **HB 18** aims to create a safe and supportive school climate by enhancing **school employee training requirements, curriculum requirements, education programs, and health care services** for students to better support mental health.
- This initiative will be administered by the Texas Education Agency (TEA) and HHSC.

# HB 19 (Price)

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**HB 19 (Price)** requires local mental health authorities (LMHAs) to employ a non-physician mental health professional at each of the **20 regional Education Service Centers**.

- The professionals serve as **mental health and substance use disorder resources** for school districts and offer training and consultation on effective practices for addressing student mental health in the school environment.
- These services can help schools with **HB 18** requirements.
- **HB 1 (Zerwas)** provides **\$2.3 million** in each fiscal year. Funding is appropriated to HHSC and will be distributed equally to 20 LMHAs.

# SB 11 (Taylor)

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SB 11 (Taylor) is *emergency legislation* focused on **school safety**, which includes **school hardening** and **emergency response** as well as **school climate** and **student mental health**.

- School hardening and emergency response include **building and facility standards**, **multi-hazard emergency operations plans**, and **threat assessment teams**.
- School climate is achieved through the establishment of a **Safe and Supportive School Program**.
- Student mental health opportunities exist through the **School Safety Allotment** and the **Texas Child Mental Health Care Consortium** as well as **regional rubrics** and a **statewide list of mental health resources**.



# School Safety Allotment

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**SB 11 (Taylor)** creates a new **School Safety Allotment**.

- **HB 1 (Zerwas)** funds this allotment with **\$100 million** over the biennium (\$9.72 per student in average daily attendance).
- School districts may use the allotment to secure school facilities, provide security for the district, or fund school safety and security training and planning, or programs for suicide prevention, intervention, and postvention.
- These allowable uses include **providing mental health personnel and support, behavioral health services, and prevention and treatment programs that address adverse childhood experiences.**

# Texas Child Mental Health Care Consortium

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**SB 11 (Taylor)** establishes the **Texas Child Mental Health Care Consortium** (Consortium) to foster collaboration among the state's medical schools, with a focus on Texas children.

- **SB 10 (Nelson)**, which created the Consortium, was added as an amendment to **SB 11**.
- **HB 1 (Zerwas)** provides **\$49.5 million** in each fiscal year to fund initiatives assigned to the Consortium.
- The Consortium is **governed by representatives** from all state-funded medical schools, three non-profit organizations, a hospital system, HHSC, and the Texas Higher Education Coordinating Board.
- A **plan** outlining the initiatives is due **November 30, 2019**.

# Leveraging Primary Care: Child Psychiatry Access Networks

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The Consortium will establish the Texas Child Psychiatry Access Network (CPAN), so pediatricians and primary care providers can consult with a network of mental health professionals to help better care for Texas children with mental health needs.

- 75% of children with mental health issues *who receive care today* are treated in a primary care setting.
- **Nearly 30 states** have implemented CPAN-like programs.

A statewide system of regional children's behavioral health consultation and referral hubs located at academic medical centers.

# Leveraging Technology: Texas Child Health Access Through Telemedicine

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The Consortium will also establish the Texas Child Health Access Through Telemedicine (TCHATT).

- At the direction of parents, schools will have access to health providers **via telemedicine and telehealth** to help meet the mental health needs of **at-risk children and youth**.
- **A few Texas schools have mental health experts on site**, but that solution is not feasible for most schools and no single expert can answer every question.
- **Telemedicine and telehealth** offer the infrastructure to **fill the gaps in expertise**.

# SB 670 (Buckingham)

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SB 670 (Buckingham) builds on last session's omnibus telemedicine bill, 85(R) SB 1107 (Schwertner).

- **SB 670** repeals the requirement that a “health professional” **must be present (at a school)** for **Medicaid reimbursement** of telemedicine in a school-based setting.
- HHSC is required to ensure that a **Medicaid MCO** does not **deny reimbursement** for a covered service delivered through telemedicine or telehealth *solely because the service is not provided through an in-person consultation*.
- HHSC is prohibited from **limiting a provider's platform choice** when providing a telemedicine or telehealth service.

# SB 1177 (Menéndez)

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SB 1177 (Menéndez) allows intensive, **evidence-based practices (EBPs)** that are known to have good outcomes for children and youth with mental health needs to be offered in Medicaid managed care programs.

- The EBPs must be **optional** for both the managed care organization and the patient; they would be used **“in lieu of”** another Medicaid mental health service.
- The **Medicaid Managed Care Advisory Committee** will adopt a list of EBPs that may be used in Medicaid managed care programs.

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THE HACKETT CENTER  
FOR MENTAL HEALTH



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*The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to say..."* [okaytosay.org](http://okaytosay.org)

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