

Texas Children's Mental Health Forum
Legislative Update
June 22, 2009

The Texas Children's Mental Health Forum brings together a wide range of organizations with an interest in children's mental health in our state. Based on recommendations provided through the forum process and stakeholder dialogue, key priorities for the 81st Legislative Session were identified. Below is a list of bills related to these priorities.

I. INTERAGENCY COORDINATION

SB 1646 by Van de Putte (Companion HB 3259 by Naishtat)
Establishing the Council on Children and Families to Improve Interagency Coordination

STATUS: Signed by Governor

This legislation would create the *Council on Children and Families*, charged with:

- Promoting a common vision of desired outcomes for children and youth and family and community supports
- Promoting shared accountability for outcomes for children and youth
- Aligning allocations of resources with policies for children and youth

The Council would be comprised of chief executive leadership, or persons designated to have proxy authority, of state child serving agencies, including health, human services, education, and juvenile justice agencies, two public representatives who are parents of children who have received services from an agency represented on the Council, appointed by the executive commissioner, and two representatives who are young adults or adolescents who have received services from an agency represented on the councils, appointed by the executive commissioner.

SB 1824 by Lucio
Taskforce on Children with Special Needs

STATUS: Signed by Governor

This bill would create the Taskforce on Children with Special Needs charged with developing a five year plan to improve the coordination, quality and efficiency for the delivery of services for children with chronic illnesses, intellectual and/or developmental disabilities and/or mental illness. The Taskforce would be comprised of executive-level leadership of various state child-serving agencies. Non-voting Taskforce members would include two state senators, two state representatives, and three parents or consumer advocates. Provisions in SB 1824 were also included in HB 2196 by Truitt which was also sent to the Governor.

II. SUPPORT INCREASED FUNDING FOR CHILDREN'S MENTAL HEALTH SERVICES

Reduce Children's Community Waiting Lists

The Health and Human Services Commission (HHSC) requested addition funding to reduce waiting lists within various health and human services agencies, including Children's Community Mental Health Services within the Department of State Health Services (DSHS).

Legislative Appropriation:	\$5 million
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Funding for Interagency Service Integration Projects - CRCGs, TIFI sites

HHSC requested \$3 million for Community Resource Coordination Groups (CRCGs) to provide direct services for youth coming out of the Texas Youth Commission, children at-risk of being relinquished to the state, and children of military families. HHSC also requested \$600,000 to support four new communities through the state's Texas Integrated Funding Initiative (TIFI). TIFI communities work closely with local Community Resource Coordination Groups (CRCGs) to develop systems of care in local communities for children with serious emotional disturbances through the integration of federal, state, and local funds.

Legislative Appropriation:	\$0
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Funding for Community Mental Health Transitional and On-Going Services

The Department of State Health Services requested \$88 million to provide community mental health transitional and on-going care for individuals coming out of crisis, including children and youth.

Legislative Appropriation:	\$55 million
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DARS Early Childhood Intervention (ECI) – (not included in Forum's Identified Priorities)

ECI is a statewide program for families with children, birth to three, with disabilities and developmental delays, including issues related to social and emotional development. The Department of Assistive and Rehabilitated Services (DARS) requested base funding to cover a projected conservative 6% caseload growth rate for ECI caseloads over 2010-2011. Additional funding requests include increasing services to children and families with complex needs and to raise provider reimbursement rates.

Legislative Appropriation:	\$39 million
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III. Mental Health Services for Youth in the Juvenile Justice System

**Filed as SB 1286 by West; Passed via HB 3689 by McClendon (Juvenile Justice Sunset Bill)
*Establishing a Continuity of Care System for Juvenile Offenders with Mental Impairments***

STATUS: Signed by Governor

The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI) would be charged with coordinating the development and monitoring the implementation of memorandums of understandings (MOUs) between various state and local agencies establishing agencies' respective responsibilities in providing continuity of care for juvenile offenders with mental impairments. Participating agencies would include the Texas Youth Commission, the Texas Juvenile Probation Commission, the Department of Public Safety, the Department of State Health Services, the Department of Aging and Disability Services, the Department of Family and Protective Services, the Texas Education Agency, and local juvenile probation departments. MOUs would be required to address methods for:

- Identifying the medical, psychiatric, or psychological care or treatment needs and education or rehabilitative service needs of a juvenile with mental impairments in the juvenile justice system;
- Developing a plan for meeting the identified needs; and
- Coordinating the provision of continual treatment, care and services throughout the juvenile justice system to juveniles with mental impairments.

HB 1629 by Naishtat (Companion SB 1376 by Uresti)

Responsibilities of DFPS, TYC, and Family Courts in Providing Continuing Care and Protection Services to Dually Committed Youth

STATUS: Signed by Governor

This bill would define the responsibilities of the Department of Family and Protective Services (DFPS), the Texas Youth Commission (TYC), and family courts in providing continuing care and protection services to dually committed youth. Mental health provisions would include:

- Requiring the use of provisions governing medical care for children in foster when obtaining consent for psychological treatment for dually committed youth;
- Requiring permanency progress or placement review reports to include an evaluation if a dually committed youth's treatment needs are being met while under TYC supervision, a description of the youth's progress in any TYC rehabilitation program, and recommendations for other plans or services to meet the youth's needs;
- Requiring a TYC caseworker to submit a written report to the court, DFPS, appointed attorney or guardian ad litem, and court-appointed volunteer advocates prior to a permanency hearing that includes the results of any assessments of the youth during TYC commitment and information regarding the youth's placement and progress in programs administered by TYC; and
- Requiring TYC and the executive commissioner of HHSC to jointly adopt rules to ensure dually committed youth receive appropriate services while committed to or released under TYC supervision, including mental health treatment and counseling; case

management; drug and alcohol abuse assessment or treatment; sex offender treatment; and trauma informed care.

HB 1630 by Naishtat (Companion SB 2031 by Watson)

Public Health Benefits for Incarcerated Juveniles upon Release from TYC or TJPC

STATUS: Signed by Governor

As amended on the House floor, the bill would require the Health and Human Services Commission (HHSC) to enter into memorandums of understanding (MOUs) with the Texas Youth Commission and the Texas Juvenile Probation Commission to ensure prior to their release, each youth is assessed by HHSC for Medicaid or CHIP eligibility, with the intent of having eligible youth enrolled and able to begin receiving public health benefit services upon release. Local juvenile probation departments would be subject to MOU requirements.

HB 4451 by McReynolds

Eligibility for TCOOMMI Services for Youth Released from TYC

STATUS: Signed by Governor

Youth discharged from TYC due to mental retardation or mental illness would be eligible for continuity of care services through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). TYC would be required to refer youth to TCOOMMI before discharge. Youth receiving continuity of care services through TCOOMMI during parole from TYC would be able to continue with treatment until the youth completes parole. Juveniles receiving TCOOMMI services would be eligible to receive continuity of care services for a minimum of 90 days after discharge from TYC and as long as necessary to demonstrate sufficient stability to successfully transition to services provided by a local MHMR center.

A committee substitute in the Senate also authorizes TYC to petition the juvenile court which ordered a youth committed to TYC to transfer the youth to an inpatient mental health facility. Time spent in an inpatient mental health facility would be credited to the term of the youth's commitment to TYC. The facility would notify the juvenile court if the inpatient commitment is to expire before the youth's sentence has been completed and another order for treatment has not been entered. The juvenile court would be authorized to transfer the youth to TYC, the Texas Department of Criminal Justice, or release the youth under supervision.