



Sunset Bill for DSHS

Testimony before the House Human Services Committee in Support of HB 2510

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Overview

This bill makes changes to DSHS based on the Sunset Advisory Commission's review. Some critical changes include increasing state mental health hospital capacity; improving delivery of behavioral health services; and eliminating unnecessarily burdensome regulatory functions.

This bill should increase capacity and help resolve the current crisis in state mental health hospitals.

Section 1001.086 creates a training curriculum for judges and attorneys on treatment alternatives to inpatient forensic commitment. This change should help resolve the capacity crisis in the state mental health hospital system. State hospitals are not meeting the demand for inpatient psychiatric beds. Forensic patients occupy most beds in state mental health hospitals. Improving communication and coordination with the judiciary should alleviate some of the pressure forensic commitments are placing on the state mental health hospital system.

In Section 533.0347 requires HHSC to review, evaluate, and improve performance and payment mechanisms in DSHS contracts with behavioral health providers and provides directions for reporting. The state currently contracts with several facilities to increase capacity, but these contracted facilities have limitations and are not readily comparable. This Section should help HHSC and DSHS better determine the value of these contracts. Without being able to compare contracted facilities, it is difficult to determine the true potential of this model for improving capacity. This section of this legislation should improve the state's ability

to assess whether these contracts are truly an efficient way to increase capacity.

This bill should improve delivery of integrated, outcomes-focused community behavioral health services.

Section 533.0515 addresses the regional allocation of mental health beds in state hospitals. This Section should target capacity needs and is intended to improve delivery of integrated, outcomes-focused behavioral health services. DSHS has failed to properly manage regional funding allocations for regions that overuse beds in the state mental health hospital system. Funding needs to be targeted at regions' specific needs. This Section requires LMHAs to submit a methodology for allocating state hospital beds to each region approved allocation, HHSC will collect a quarterly fee, which will be distributed to LMHAs in regions that underuse state hospital beds in that quarter.

Sections 533.088 and 533.089 address the need to overhaul regulations for community-based behavioral health facilities. HHSC's executive commissioner is granted the rulemaking authority to establish new types of community based crisis and treatment facilities for mental health or substance abuse disorders. DSHS is required to review its rules and contracts governing crisis and treatment facilities and remove any unnecessary barriers to improving delivery of care. This section should give DSHS and HHSC the flexibility to encourage new types of community-based behavioral health services, which is essential to reducing inevitable, inappropriate treatment in mental health hospitals, jails, and emergency rooms.

Sections 1001.0731 and 1001.0732 require DSHS to contract only with LMHAs to administer behavioral health outreach, screening, assessment, and referral functions. And LMHAs must operate a single hotline to screen, assess, and refer callers to appropriate mental health services, substance abuse services, or both. These hotlines are the primary entry to behavioral health treatment. Because so many people have co-occurring mental health and substance abuse disorders, it does not make practical sense to have separate hotlines for these services.

This bill eliminates some unnecessarily burdensome regulatory functions that impede the mission to protect the public health.

The bill discontinues the following regulatory programs to eliminate unnecessary state regulation: bottled and vended water, certified food handler certification providers, contact lens dispensers, dyslexia therapists and practitioners, opticians, personal emergency response systems, bedding, indoor air quality in state buildings, rendering, and tanning bed facilities.

It transfers the following occupational licensing programs to the Texas Department of Licensing and Regulation: athletic trainers, dieticians, fitters and dispensers of hearing instruments, midwives, orthotists and prosthetists, speech-language pathologists and audiologists, code enforcement officers, laser hair removal, massage therapists, mold assessors and remediators, offender education providers and sanitarians.

And it transfers the following occupational licensing programs to the Texas Medical Board: respiratory care practitioners, medical radiologic technologists, medical physicists, and perfusionists.

Conclusion

Texas' health and human services enterprise needs reform. The provisions of this bill summarized above should help resolve the capacity crisis, improve delivery of services, and eliminate superfluous regulatory functions that obstruct the state's ability to protect the public health. ★

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