

HEALTH AND SAFETY CODE

TITLE 2. HEALTH

SUBTITLE E. HEALTH CARE COUNCILS AND RESOURCE CENTERS

CHAPTER 113. TEXAS CHILD MENTAL HEALTH CARE CONSORTIUM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 113.0001. DEFINITIONS. In this chapter:

(1) "Community mental health provider" means an entity that provides mental health care services at a local level, including a local mental health authority.

(2) "Consortium" means the Texas Child Mental Health Care Consortium.

(3) "Executive committee" means the executive committee of the consortium.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

SUBCHAPTER B. CONSORTIUM

Sec. 113.0051. ESTABLISHMENT; PURPOSE. The Texas Child Mental Health Care Consortium is established to:

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

(2) enhance the state's ability to address mental health care needs of children and adolescents through collaboration of the health-related institutions of higher education listed in Section 113.0052(1).

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0052. COMPOSITION. The consortium is composed of:

(1) the following health-related institutions of higher education:

- (A) Baylor College of Medicine;
- (B) Texas A&M University System Health Science Center;
- (C) Texas Tech University Health Sciences Center;
- (D) Texas Tech University Health Sciences Center at El Paso;
- (E) University of North Texas Health Science Center at Fort Worth;
- (F) The Dell Medical School at The University of Texas at Austin;
- (G) The University of Texas M.D. Anderson Cancer Center;
- (H) The University of Texas Medical Branch at Galveston;
- (I) The University of Texas Health Science Center at Houston;
- (J) The University of Texas Health Science Center at San Antonio;
- (K) The University of Texas Rio Grande Valley School of Medicine;
- (L) The University of Texas Health Science Center at Tyler; and
- (M) The University of Texas Southwestern Medical Center;

- (2) the commission;
- (3) the Texas Higher Education Coordinating Board;
- (4) three nonprofit organizations that focus on mental health care, designated by a majority of the members described by Subdivision (1); and

(5) any other entity that the executive committee considers necessary.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0053. ADMINISTRATIVE ATTACHMENT. The consortium is administratively attached to the Texas Higher Education

Coordinating Board for the purpose of receiving and administering appropriations and other funds under this chapter. The board is not responsible for providing to the consortium staff, human resources, contract monitoring, purchasing, or any other administrative support services.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

SUBCHAPTER C. EXECUTIVE COMMITTEE

Sec. 113.0101. EXECUTIVE COMMITTEE COMPOSITION. (a) 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(1) or a licensed psychiatrist, including a child-adolescent psychiatrist, designated by the chair to serve in the chair's place;

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

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

(4) a representative of the Texas Higher Education Coordinating Board, appointed by the commissioner of the coordinating board;

(5) a representative of each nonprofit organization described by Section 113.0052(4) that is part of the consortium, designated by a majority of the members described by Subdivision (1);

(6) a representative of a hospital system in this state, designated by a majority of the members described by Subdivision (1); and

(7) any other representative designated:

(A) under Subsection (b); or

(B) by a majority of the members described by

Subdivision (1) at the request of the executive committee.

(b) The president of each of the health-related institutions of higher education listed in Section [113.0052\(1\)](#) may designate a representative to serve on the executive committee.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. [11](#)), Sec. 22, eff. June 6, 2019.

Sec. 113.0102. VACANCY. A vacancy on the executive committee shall be filled in the same manner as the original appointment.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. [11](#)), Sec. 22, eff. June 6, 2019.

Sec. 113.0103. PRESIDING OFFICER. The executive committee shall elect a presiding officer from among the membership of the executive committee.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. [11](#)), Sec. 22, eff. June 6, 2019.

Sec. 113.0104. STATEWIDE BEHAVIORAL HEALTH COORDINATING COUNCIL. The consortium shall designate a member of the executive committee to represent the consortium on the statewide behavioral health coordinating council.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. [11](#)), Sec. 22, eff. June 6, 2019.

Sec. 113.0105. GENERAL DUTIES. The executive committee shall:

(1) coordinate the provision of funding to the health-related institutions of higher education listed in Section [113.0052\(1\)](#) 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 and agreements; and

(4) establish procedures to document compliance by

executive committee members and staff with applicable laws governing conflicts of interest.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

SUBCHAPTER D. ACCESS TO CARE

Sec. 113.0151. CHILD PSYCHIATRY ACCESS NETWORK AND TELEMEDICINE AND TELEHEALTH PROGRAMS. (a) The consortium shall establish a network of comprehensive child psychiatry access centers. A center established under this section shall:

(1) be located at a health-related institution of higher education listed in Section 113.0052(1); and

(2) provide consultation services and training opportunities for pediatricians and primary care providers operating in the center's geographic region to better care for children and youth with behavioral health needs.

(b) The consortium shall establish or expand telemedicine or telehealth programs for identifying and assessing behavioral health needs and providing access to mental health care services. The consortium shall implement this subsection with a focus on the behavioral health needs of at-risk children and adolescents.

(c) A health-related institution of higher education listed in Section 113.0052(1) may enter into a memorandum of understanding with a community mental health provider to:

(1) establish a center under Subsection (a); or

(2) establish or expand a program under Subsection (b).

(d) The consortium shall leverage the resources of a hospital system under 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.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0152. CONSENT REQUIRED FOR SERVICES TO MINOR.

(a) A person may provide mental health care services to a child younger than 18 years of age through a program established under this subchapter only if the person obtains the written consent of the parent or legal guardian of the child.

(b) The consortium shall develop and post on its Internet website a model form for a parent or legal guardian to provide consent under this section.

(c) This section does not apply to services provided by a school counselor in accordance with Section 33.005, 33.006, or 33.007, Education Code.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0153. REIMBURSEMENT FOR SERVICES. A child psychiatry access center established under Section 113.0151(a) may not submit an insurance claim or charge a pediatrician or primary care provider a fee for providing consultation services or training opportunities under this section.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

SUBCHAPTER E. CHILD MENTAL HEALTH WORKFORCE

Sec. 113.0201. CHILD PSYCHIATRY WORKFORCE EXPANSION.

(a) The executive committee may provide funding to a health-related institution of higher education listed in Section 113.0052(1) for the purpose of funding:

(1) two full-time psychiatrists who treat children and adolescents to serve as academic medical director at a facility operated by a community mental health provider; and

(2) two new resident rotation positions.

(b) An academic medical director described by Subsection

(a) shall collaborate and coordinate with a community mental health provider to expand the amount and availability of mental health care resources by developing training opportunities for residents and supervising residents at a facility operated by the community mental health provider.

(c) An institution of higher education that receives funding under Subsection (a) shall require that psychiatric residents participate in rotations through the facility operated by the community mental health provider in accordance with Subsection (b).

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0202. CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP.

(a) The executive committee may provide funding to a health-related institution of higher education listed in Section 113.0052(1) for the purpose of funding a physician fellowship position that will lead to a medical specialty in the diagnosis and treatment of psychiatric and associated behavioral health issues affecting children and adolescents.

(b) The funding provided to a health-related institution of higher education under this section must be used to increase the number of fellowship positions at the institution and may not be used to replace existing funding for the institution.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

SUBCHAPTER F. MISCELLANEOUS PROVISIONS

Sec. 113.0251. BIENNIAL REPORT. Not later than December 1 of each even-numbered year, the consortium shall prepare and 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:

- (1) the activities and objectives of the consortium;

(2) the health-related institutions of higher education listed in Section 113.0052(1) that receive funding by the executive committee; and

(3) any legislative recommendations based on the activities and objectives described by Subdivision (1).

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.

Sec. 113.0252. APPROPRIATION CONTINGENCY. The consortium is required to implement a provision of this chapter only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the consortium may, but is not required to, implement a provision of this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 464 (S.B. 11), Sec. 22, eff. June 6, 2019.