

Mental Health and the 82nd Texas Legislature

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FROM: Gyl Switzer, Mental Health America of Texas

BUDGET—major state funding for mental health services are strategies in the budget of the Texas Department of State Health Services (DSHS) and pertinent riders to the budget.

- Key strategies in the related to mental health care were essentially funded at the same funding level as the current biennium: adult mental health, children’s mental health, crisis and transitional services, NorthSTAR, state hospitals, and community hospitals. Some additional funds for children’s mental health services (approximately 10% more than DSHS requested for the biennium).
- DSHS received half the funding it requested to recruit and retain psychiatrists at state hospitals. (I am still tracking the written source for this.)
- Strategy re repair and renovation of mental health facilities: request for the biennium was \$129.5 million for the 2012-2013 biennium. Funded at \$19.4 million and unexpended balances estimated to be \$13,200,000 from fiscal year 2011.

BUDGET RIDERS

62: Maintain state hospital capacity: Directs DSHS to maintain bed capacity at state hospitals by increasing efficiencies, implementing step-down units, reducing reimbursements for acute care, and increasing efforts to better manage lengths of stay.

63: RFP to privatize a state hospital: Directs DSHS to prepare a plan to privatize a state hospital with input from stakeholders by 11/30/2011 and submit status reports on the RFP process on 1/31/2012, 4/30/2012 and 7/31/2012. Implementation contingent upon approval of final privatization contract by the LBB and Governor. If awarded, the contract will generate at least 10% savings annually compared to fiscal year 2011 levels and be for a minimum of four years.

65: BH data collection and reporting: Directs DSHS to improve the measurement, collection, and reporting of outcome data for medically indigent and Medicaid clients who receive publicly-funded behavioral health services according to criteria developed by the LBB. DSHS to report on efforts planned or implemented to improve measurement, collection, and reporting of behavioral health client outcome data to the LBB and Governor by December 1 of each year of biennium. The department shall, in consultation with HHSC, conduct a comparative analysis of publicly-funded behavioral health systems in Texas that serve medically indigent persons and Medicaid clients, and submit a report on study findings to the LBB and Governor by December 1, 2012.

71: Study of state MH system Directs DSHS to contract with an independent entity by December 1, 2011, to review the state’s public mental health system and make recommendations to improve access, service utilization, patient outcomes, and system efficiencies. The study shall review methodologies, services provided, and community-based alternatives to hospitalization. The review should look to other states for best practices or models that may be successful in Texas. The study shall review and recommend “best value” practices that the state’s public mental health system may implement to maximize use of federal, state and local funds. DSHS shall submit final report to the LBB, Governor, Senate Health and Human Services Committee and House Public Health Committee not later than September 1, 2012.

78: Competency restoration programs Directs DSHS to allocate \$4 million each year from Crisis Funds (B.2.3) to support outpatient competency restoration programs. DSHS to use money to fund four existing pilot programs in Travis, Bexar, Tarrant and Dallas Counties and to fund development of five additional pilot programs.

82: Local service area planning Pursuant to Health and Safety Code Section 533.0352, directs DSHS to develop performance agreements with LMHAs out of funds allocated in Adult, Children and Crisis strategies that give regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan. Grants DSHS flexibility to transfer funds between strategies in the approval of the local authority service plan. The performance agreement must include outcomes established in the General Appropriations Act for programs administered by the local authority and financed with General Revenue Funds. Performance related to outcomes must be verifiable by DSHS. Measures related to outputs and units of service delivered shall be recorded and submitted as required by DSHS.

SPECIAL PROVISIONS RELATING TO ALL HEALTH AND HUMAN SERVICES AGENCIES

Special Provision 17b Additional Cost Containment Initiatives

This provision reduces appropriations to health and human services agencies in anticipation of savings from certain initiatives. Subsection b names cost containment initiatives from DSHS, all pertaining to the Division of Mental Health and Substance Abuse, including modifications affecting residential units, NorthSTAR billing, and medication issued at the discharge of a patient.

Special Provision 48 Evaluate and Report on Case Management Services

This provision directs the Health and Human Service Commission to coordinate an evaluation of targeted case management services delivered in the Medicaid program and other programs that provide case management services across all health and human service agencies. The commission is directed to identify the number of programs with case management and evaluate the method of delivery through state employees or contractors and the impact of case management services to clients. The evaluation may recommend improvements or changes in services and programs to streamline case management services. HHSC must submit findings to the Office of the Governor and the LBB by December 1, 2012.

Special Provision 49(b) Maintenance of Certain Program Service Levels

The Executive Commissioner is required to notify the Office of the Governor and LBB of any shortfalls in appropriations for specified programs, including the state hospitals, submit options that may be considered to reduce or eliminate projected funding shortfalls, and assess the impact that each option will have on enrollments, service or staffing levels, projected payments or federal funding.

BILLS PASSED

HB 35 (Menendez, Van de Putte) Two-year continuation of BexarCares, a local behavioral health care project that seeks to divert children at risk of alternative school placements, juvenile justice or CPS treatment centers.

HB 167 (Raymond, Zaffirini) Changes the priority order in which a court may authorize the transport of a committed person. DSHS shall prescribe uniform standards for the person listed as a qualified transport provider and prescribing how the person will be transported.

HB 200 (Parker, Whitmire) Requires TDCJ to notify SSA of the release of an inmate who had SSI or SSDI prior to incarceration and was incarcerated less than 12 months.

- Note: HB 3107 by Menendez, HB 1738 by Walle, and SB 1529 by Ellis all sought to accomplish the same purposes as what was eventually amended onto HB 200.

HB 748 (Menendez, Van de Putte) Relating to a criminal defendant's incompetency to stand trial, to certain related time credits, and to the maximum period allowed for restoration of the defendant to competency.

HB 1386 (Coleman, Ellis) Requires the Texas Department of State Health Services in coordination with the Texas Education Agency (TEA), to recommended best practice-based early mental health intervention and suicide prevention training programs for implementation in public elementary, junior high, middle, and high schools within the general education setting. Each school district may select from the list a program or programs appropriate for implementation in the district.

HB 2124 (Workman, Huffman) Relating to victim notification regarding the release of a defendant who was acquitted by reason of insanity in a criminal case. The bill requires the victim notification to be issued by the clerk of the court

HB 2725 (Hartnett, Williams) Relating to the determination of incompetency in criminal cases.

HB 3531 (Strama, Nelson) Requires HHSC to implement a system to monitor the prescribing of psychotropic drugs for children who are in the conservatorship of the Department of Family and Protective Services and enrolled in the STAR Health Medicaid managed care program. The system would be required to include a medical review of certain prescriptions when appropriate.

SB 118 (Uresti, Menendez) Authorizes extended outpatient civil commitment by changing the eligibility requirement from 60 consecutive days during the preceding 12 months to a total of at least 60 days during the preceding 12 months.

SB 219 (Nelson, Gonzalez, Naomi) directs DFPS to help CASA volunteers, Child Advocacy Center Staff, local community mental health center staff and domestic violence shelters locate resources and develop trauma-informed care training (to the extent that resources are available). Directs HHSC to offer trauma-informed training to STAR Health providers and to encourage STAR Health MCOs to offer PTSD and ADHD training to network physicians and to ensure that network providers include a mental health screening in the child's THSteps checkup.

SB 293 (Watson, Davis, John) creates a statewide system for home health agencies and hospitals to receive Medicaid reimbursement for telehealth and home telemonitoring services if cost-effective for certain patients with eligible conditions.

SB 652 (Hegar/Bonnen) moves that review for all health and human services agencies to the interim of the 83rd Legislature, or calendar years 2013 and 2014. Effective immediately.

SB 773 (Zaffirini, Gallego) Extends discounts for telecommunication services provided to education institutions, libraries, hospitals, health centers to January 1, 2016. Statutory provisions currently provide discounts to Community Mental Health Centers (CMHCs) and other public entities such as educational institutions, libraries and hospitals in order to gain access to affordable broadband interconnectivity technology.

SB 969 (Nelson/Kolkhorst) Relating to the establishment of the Public Health Funding and Policy Advisory Committee within the Department of State Health Services. Requires the Commissioner of State Health Services to establish the Public Health Funding and Policy Advisory Committee. The Advisory Committee is charged with

defining the core public health services a local health entity should provide, evaluating public health in the state and areas that need improvement, identifying funding available to perform these functions, and making recommendations to DSHS on the use and allocation of funding available to local health entities to perform these services and ways to improve the overall public health of the state.

SB 1106 (Harris, Madden) Relating to the exchange of confidential information among certain governmental entities concerning certain juveniles. It ensures that juvenile service providers share information about a narrowly defined set of juveniles in order to guarantee the most appropriate and effective services

ISSUES FOR THE INTERIM (Interim Studies, workgroups, research projects, etc.)

- IMPLEMENTATION!
- Enhancements/safety issues
- Assisted outpatient treatment/forced treatment
- Mental health and the Affordable Care Act
- Mental health care for persons undocumented
- Mental health providers
- State revenue
- Guns on campus

GOOD BILLS THAT DID NOT PASS...a Story for Another Day...

RESOURCES

Budget link on LBB website:
http://www.lbb.state.tx.us/Bill_82/4_Conference/prtHB1_Conference_2011_SIG_Engross.pdf

DSHS website link to bill/rider/supplemental issues affecting DSHS:

See <http://www.dshs.state.tx.us/legislative/default.shtm>

Scroll to: **82nd Legislative Session Summary Legislation Affecting DSHS** (157 kb, doc)

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