

## TWG Agency Legislative Updates

Bill Summary HB 3219	TDHCA	Brenda Hull
<p>The purpose of this legislation is to increase the amount of "service-enriched" housing for the elderly and people with disabilities through the creation of a Housing and Health Services Coordinating Council. The Council is charged with improving inter-agency understanding of the confluence of housing and health services and increasing the number of staff in state housing and state health services agencies that are conversant in both housing and health care policies. The Council will achieve this goal by developing and implementing policies that coordinate and increase state efforts to offer service-enriched housing; identify barriers preventing or slowing service-enriched housing; develop a system to cross-educate staff in state housing and health services agencies as well as training and technical assistance to local housing and health services entities; and develop suggested performance measures. The Council shall also develop a biennial plan to implement the goals above as well as provide a report prior to every regular legislative session.</p> <p>Furthermore, the legislation requires that TDHCA employees undertake several research; evaluation and training activities that are aimed at increasing funding opportunities for service-enriched housing in the state of Texas. These activities include researching private and public funding opportunities and the requirements and guidelines for such funds and coordinating the communication between funding sources and state agencies and service providers; provide training materials and offer trainings that assist the development and funding of service enriched housing. The Department staff shall also create financial feasibility models of service-enriched housing that determine the financial viability of proposed projects. A database will be created to track all service-enriched housing developments that are funded by state or federal funds. An evaluation of these activities will be included in the biennial report to the Governor and Legislative Budget Board.</p> <p>Finally, Department staff will be tasked with the responsibility to evaluate and recommend changes to Medicaid waivers up for renewal; research best practices with respect to service-enriched housing and create and maintain a clearinghouse of information containing tools and resources for entities seeking to develop or fund service-enriched housing projects.</p> <p>The effective date for this legislation is September 1, 2009.</p>		
Homeless Housing and Services	TDHCA	Brenda Hull
<p>\$10,000,000 per fiscal year for the purposes of assisting regional urban areas in providing services to homeless individuals and families, including services such as case management, and housing placement and retention. The agency shall distribute these funds to the eight largest cities with populations greater than 285,500 persons per the latest U.S. Census figures.</p>		
	DARS	Debra Wanser
<ul style="list-style-type: none"> <li>• \$5.7M was appropriated to match \$21M of the federal Vocational Rehabilitation grant. Also, we received full stimulus funding of \$45M. Total funds of \$71M to help Texans with disabilities find or maintain employment. The agency did not receive its request for 198 FTEs</li> <li>• \$4.3M for Comprehensive Rehabilitation Services (CRS). This funding will serve 167 clients awaiting CRS services for traumatic brain and spinal cord injuries and cover projected growth for the 2010-11 biennium</li> <li>• \$0.4M for the Independent Living Services (ILS) waiting list - to serve 10% of clients (approx 110) on the waiting list for FY 2010-11. Plus additional \$0.8M in stimulus funding for possible use on waiting list.</li> <li>• \$2.5M for the Independent Living Blind program, which assists adults who are blind or visually impaired to learn adaptive skills to continue to live independently with vision loss</li> <li>• \$39.4M for Early Childhood Intervention (ECI) Services for FY2009-11 to cover projected caseload growth for children 0-3 with disabilities and delays</li> <li>• \$1.5M for 3 new Independent Living Centers, non-residential consumer-controlled organizations that help people with significant disabilities live independently in their communities</li> <li>• \$1.6M for the DARS Autism Program for children 3-8 to allows DARS to expand the program geographically beyond Dallas and Houston areas</li> <li>• \$1.8M for the Blind Children's Program to add 2 caseloads and 3 FTEs to serve an additional 252 clients and maintain FY2009 funding levels in 2010-11. This program assists children who are blind and visually impaired to develop their individual potential</li> </ul>		

	DARS-tracked bills relating to Mental Health Transformation	Debra Wanser
<p><b>HB 2196</b> (Truitt / Deuell) – Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.</p> <ul style="list-style-type: none"> <li>• Seeks to help persons with serious mental illness to access physical health services for conditions such as cardiovascular, pulmonary, and infectious diseases.</li> <li>• DARS is the only HHS agency not named to this workgroup, but</li> <li>• An amendment to final version of HB 2196 includes the full text of SB 1824 creating the Task Force for Children with Special Needs, of which DARS is named. SEE NOTES BELOW FOR SB 1824 provisions</li> </ul> <p><b>SB 1824</b> (Lucio) – Relating to the Interagency Task Force for Children with Special Needs.</p> <ul style="list-style-type: none"> <li>• The task force is administered and created by HHSC to improve the coordination, quality and efficiency of services for children with special needs, including: <ul style="list-style-type: none"> <li>○ Chronic illness</li> <li>○ Intellectual or other developmental disability</li> <li>○ Serious mental illness</li> </ul> </li> <li>• DARS must appoint two representatives to the serve on the newly created Task Force for Children with Special Needs <ul style="list-style-type: none"> <li>○ DARS representative at large</li> <li>○ ECI representative</li> </ul> </li> <li>• Entire text of this bill was amended to HB 2196, which also passed. <ul style="list-style-type: none"> <li>○ SB 2196 contains other provisions not included in SB 1824.</li> </ul> </li> </ul>		
	HHSC	Tom Valentine
<ul style="list-style-type: none"> <li>• <b>HB 216 – Relating to the Regulation of Boarding Houses.</b> This bill requires HHSC to develop and publish model standards for the operation of a boarding home facility. A county or local government may adopt these standards and may require that a boarding facility that holds a permit with the local government comply with those standards. The population served by these facilities includes persons with mental illness.</li> <li>• <b>HB 1218- Relating to programs to exchange certain health information between the Health and Human Services Commission and certain health care entities and facilities.</b> The bill establishes pilots and projects for the exchange of health information between HHSC and certain health-care entities and facilities. There is a potential that data from the clinical data from the mental health and substance abuse (CMBHS) system could be included.</li> <li>• <b>HB 2196 - Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.</b> The bill requires HHSC to establish a workgroup to recommend best practices in policy, training, and service delivery to promote integration of health and behavioral health services in the state. The bill also requires HHSC to establish an Interagency Task Force for Children with Special Needs, to improve the coordination, quality and efficiency of services for children with special needs.</li> <li>• <b>HB 3689 - Relating to the functions and continuation of the Texas Youth Commission and the Texas Juvenile Probation Commission and to the functions of the Office of Independent Ombudsman for the Texas Youth Commission.</b> The bill requires agencies, including HHSC, to accept information relating to a special needs offender or a juvenile with a mental impairment for the purposes of continuity of care and services. Additionally, the bill addresses the development of common data sources and data sharing among various agencies that serve youth in the juvenile justice system including HHSC.</li> <li>• <b>SB 1, Article II, HHSC:</b> <ol style="list-style-type: none"> <li>a. <b>Rider 50: Behavioral Health Service Delivery in STAR and STAR+PLUS.</b> Rider requires that HHSC develop and submit a report on strategies implemented to improve the transparency and accountability of behavioral health service delivery in STAR and STAR+PLUS Medicaid HMOs.</li> <li>b. <b>Rider 65: In-patient Psychiatric Services.</b> Rider requires HHSC to analyze the benefit to the state of modifying the Intensive Psychiatric Treatment Program and establishing a program for the provision of Medicaid inpatient psychiatric services in Psychiatric Residential Treatment Facilities for child and adolescent Medicaid beneficiaries. Contingent upon findings that a Medicaid state plan amendment is cost effective, HHSC is required to seek approval of this amendment and make necessary regulatory changes.</li> <li>c. <b>Rider 66: Study Regarding the Need for Community Support and Residential Services for Individuals Suffering from Acquired Brain Injury.</b> Rider requires HHSC to conduct a study regarding the need for a system of community support and residential services for individuals suffering from acquired brain injury.</li> </ol> </li> </ul>		

- **SB 1, Article IX:**
  - a. **Sec. 17.15. Medicaid Substance Abuse Treatment.** Requires HHSC to provide coverage for comprehensive substance abuse treatment services under Medicaid to persons who are at least 21 years of age, have a substance abuse disorder, and otherwise qualify for Medicaid. The commission may delay implementation pending federal approval. The commission may not provide those treatment services if the Legislative Budget Board determines that the treatment services have resulted in an increase in overall Medicaid spending.

**DFPS**

**Joyce James**

**HB 1574 (CPS, APS, P4) Relating to the creation of a statewide autism spectrum disorders resource center.**

This bill requires that the Health and Human Services Commission create and administer an autism spectrum disorder resource center to coordinate resources for individuals with autism and other pervasive developmental disorders and their families. The center would be designed to do the following:

1. collect and distribute information and research regarding autism and other pervasive developmental disorders;
2. conduct training and development activities for person who may interact with an individual with autism or another pervasive developmental disorder in the course of their employment;
3. coordinate with local entities that provide services to an individual with autism or another pervasive developmental disorder; and
4. provide support for families affected by autism and other pervasive developmental disorders.

This bill also adds a provision that requires the Health and Human Services Commission to conduct a study to determine the costs and benefits to this state of initiating a pilot program to provide services to adult person with autism and other related disabilities with similar support needs. The Commission is to report no later than September 1, 2010 to various governmental entities the findings.

**HB 2163 (CPS, P3) Relating to a study regarding the provision of certain medications through the Medicaid vendor drug program to children younger than 16 years of age.**

HB 2163 requires the Health and Human Services Commission to conduct a study to determine the appropriateness and safety of providing antipsychotic and neuroleptic drugs to children under the age of 16 years who are enrolled in Texas Medicaid. The study would indicate for which diagnoses antipsychotic and neuroleptic medications were being prescribed, how many of these prescriptions were FDA-approved for use by a child of the patient's age, whether the child had successfully taken a medication previously, access to quality medical care for the child and the standard of care in the medical profession regarding the provision of such medication to a child.

The Executive Commissioner is to submit this report be no later than November 10, 2010.

**HB 4451 (CPS, P3) Relating to continuity of care services or mental health commitment proceedings for youth with mental illness or mental retardation who are transferred, discharged, or paroled from the Texas Youth Commission.**

This bill provides that when a child who is mentally ill or mentally retarded is released from Texas Youth Commission, that child is eligible to receive services from the Texas Correctional Office on Offenders with Medical or Mental Impairments. Bill also authorizes TYC to petition the juvenile court to seek a mental health commitment for a child who was committed to TYC under a determinate sentence if the child meets certain criteria (more egregious felony crimes).

Further, HB 4451 allows for continuity of care. A child with mental illness who is receiving continuity of care services during his parole from TYC and is not eligible to receive services from a local mental health authority at the age of 17 or older because he does not meet the criteria for adult services, will be allowed to continue to receive continuity of care services until the child completes his parole with TYC. This bill also permits a child who is mentally ill or mentally retarded and who is discharged under certain provisions, (the youth has committed less serious offenses), to receive continuity of care services for a minimum of 90 days after discharge from TYC or until the child has demonstrated sufficient stability to successfully transition to a local mental health or mental retardation authority.

**SB 1824 (CPS, P2) Relating to the Interagency Task Force for Children with Special Needs.**

The bill creates the Task Force for Children with Special Needs focused on assessing "children younger than 22 years of age diagnosed with a chronic illness, intellectual or other developmental disability, or serious mental illness." As a member of the task force, DFPS will be required to create a five-year plan and that the plan including recommendations concerning the unnecessary relinquishment of custody, improvements in accountability for each health and human services agency, and other aspects of improving services to children with special needs (e.g. increasing the number of community-based options for children with special needs).

DFPS will be required to compile information for its progress report biennially, including:

- stakeholder input
- progress made toward the goals of the Five-Year Plan
- current barriers toward those goals
- additional resource needs
- current resources that could be redirected
- amendments to the Five-Year Plan

- recommendations and proposed legislation
- feasibility statements on the legislation

The task force will be composed of "the commissioner, the executive director or director, or a deputy or assistant commissioner" of several state agencies, including HHSC, TJPC, TYC, TEA, DSHS, TCOOMMI, DARS, DADS, and DFPS. Members will also include four non-voting legislators, two each from the Senate and the House, and three non-voting members who are parents or consumer advocates.

**Rider 31 related to diverting children from inpatient psychiatric care**

DFPS Rider 31 is added to provide the authority to change the eligibility so that more foster youth can be served in the post psychiatric hospitalization step-down program.

In 2007, the Texas Legislature provided funding for post hospitalization "step-down" rate, approved by the executive commission of the Health and Humans Services Commission, to support the successful transition of children who have experienced or likely to experience multiply inpatient admissions in a psychiatric hospital to an appropriate level of care.

Rider 31, passed by the 81<sup>st</sup> Legislature, allows DFPS to expand a foster child's eligibility for the Intensive Psychiatric Transition program from having had at least three prior hospitalizations in the preceding 12 months to having had at least one prior psychiatric hospitalization in the preceding 12 months.

**DSHS-MHSA**

**Mike Maples**

Funding Decisions Included in Senate Bill 1:

**1. Exceptional Item: Stipends for Psychiatrist and Medical Residents**

**Total Appropriation: \$850,000**

Mental Health Residency for Psychiatrists

- Appropriation: \$850,000
- Fund psychiatric resident positions which would allow for permanent psychiatric training rotations in the DSHS Hospital system in partnership with university residency programs.

**2. Exceptional Item: Community Mental Health Services**

**Total Appropriation: \$56,200,000**

Transitional Services

- Appropriation: \$25,698,282
- Provide intensive supports for difficult to engage, high-need individuals by delivering services that go beyond initial crisis stabilization. Supports include medication, peer and family support, case management, and supported housing.

Intensive On-going Services

- Appropriation: \$29,301,718
- Increase capacity in intensive ongoing services to ensure availability of services to individuals who need them after crisis stabilization.

Veterans Mental Health Training and Coordination

- Appropriation: \$1,200,000
- Training for public behavioral health practitioners in evidence-based practices for PTSD

Significant Bills Related to MH

**Veterans' Mental Health**

- The Enrolled version of SB 1325 (Nelson) requires DSHS to create a military veterans peer-to-peer mental health program to provide counseling to military veterans who suffer from mental illness. The bill also requires DSHS to solicit and train volunteers to provide the peer-to-peer counseling. This bill was sent to the Governor on May 29, 2009.

**Children's Behavioral Health**

- SB 1646 (Van de Putte) establishes the Council on Children and Families (council) to coordinate the state's health, education, and human services systems to ensure access to services for children and families. This bill sets forth the responsibilities of the council, of which DSHS would be a member. The bill was sent to the Governor on June 6, 2009.
- HB 1232 (Menendez) requires the DSHS to establish a local behavioral health intervention pilot project for children in Bexar County. In order to implement the pilot project the bill provides that DSHS require a local mental health authority serving Bexar County to enter into memorandums of understanding with a number of state agencies serving children and adolescents for the purpose of coordinating behavioral health services for the children of Bexar County. The bill was sent to the Governor on May

**Sharing of Suicide Data**

- HB 1067 (Naishtat) allows authorized entities to enter into memoranda of understanding to share statistical, nonidentifying suicide information data with one another, as opposed to waiting for aggregate data to be released publicly in order to prevent suicides that occur in clusters, which require readily available, up-to-date information. HB 1067 was signed by the Governor on May 23, 2009 and is effective immediately.

**Integration of Health and Behavioral Health Services**

- HB 2196 (Truitt) requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to establish a workgroup to recommend best practices in policy, training, and service delivery to promote the integration of health and behavioral health services in this state. This bill was sent to the Governor on June 3, 2009.

**DADS**

**Jon Weizenbaum**

**SB 1** (General Appropriations Act, Conference Committee Report)

- \$150.2 million GR to expand Medicaid waiver and non-Medicaid services (over 10,000 new slots across all programs)
- Increased services will address:
  - Individuals on waiting lists
  - Individuals moving from state schools and large and medium-size intermediate care facilities for persons with mental retardation (ICFs/MR) to community waiver programs
  - Children and adults who are in crisis situations that put them at risk of institutionalization
  - Children with disabilities who are aging out of foster care with the Department of Family and Protective Services
- Additional funding was also received to:
  - Shift case management responsibilities in the HCS waiver program from private providers to the local Mental Retardation Authorities
  - Increase funding for general revenue “safety net” services provided by the MRAs
  - Increase regulatory inspections of HCS group homes
  - Increase Medicaid reimbursement rates for community and institutional providers

**SB 643**, relating to the protection and care of individuals with mental retardation who reside in certain state-operated facilities

- Authorizes security cameras in common areas at all state school facilities
- Establishes an Office of Independent Ombudsman for each of the state schools
- Requires expanded criminal background checks for employees and authorizes random drug testing of those employees
- Designates Mexia State School as a specialized forensic facility for alleged criminal offenders
- Changes the name “state schools” to “state supported living centers”
- Creates new DADS Assistant Commissioner of State Supported Living Centers position
- Specifies required training for state school employees who work directly with consumers
- Requires Department of Family and Protective Services to investigate allegations of abuse and neglect in community ICF/MR facilities
- Establishes an independent mortality review process to examine the causes of death of state school residents as well as those who live in community settings

**SCR 77**, relating to approving the System-wide Settlement Agreement

- Authorizes signing of settlement agreement between State of Texas and U.S. Department of Justice regarding improvements to quality of care in Texas state schools
- Directs state to:
  - Hire additional direct care and professional staff
  - Improve quality of medical care through better screening and coordination of care
  - Increase number of psychology staff to improve assessments and monitoring of behavioral health plans
  - Increase facility investigation staffing at Department of Family and Protective Services
  - Establish independent monitors to periodically review state facilities and determine if they are complying with standards of care outlined in settlement agreement

**HB 216**, relating to licensing and regulation of certain facilities providing personal care to elderly or disabled persons.

- Allows cities and counties to regulate boarding homes at the local level
- Directs Health and Human Services Commission to develop model boarding home standards that localities may opt to use

**HB 748**, relating to the provision of services to certain individuals with developmental disabilities by a state school or state center.

- Allows providers to contract with state schools and centers for the state school or state center to provide services and resources to persons with developmental disabilities, including persons with a dual diagnosis

**HB 1574**, relating to the creation of a statewide autism spectrum disorders resource center.

- Directs Health and Human Services Commission to:
  - Establish and administer an autism spectrum disorders resource center to coordinate resources for individuals with autism and other pervasive developmental disorders and their families
  - Conduct a study to determine costs and benefits of initiating pilot program to provide employment and community integration services to adult persons with autism and related disabilities with similar needs.

	metrocareservices	Frank Delgado
<p>Educational Goals for the 81st Texas Legislative Session;</p> <ol style="list-style-type: none"> <li>1. Renewing funds for the Mental Health Crisis</li> <li>2. Restoring general revenue for developmental disability safety net services</li> <li>3. Improving services to babies with severe developmental disabilities</li> </ol> <p>Renew Crisis Funds</p> <p>"Crisis funds are improving Community-Based support for people in Crisis"</p> <p>Restore DD GR Funds</p> <p>Who is on the Dallas County MRA wait list?</p> <ul style="list-style-type: none"> <li>Families wanting respite care for their children</li> <li>Families wanting habilitation training for their children</li> <li>Families seeking employment opportunities for their children</li> </ul>		
	TEA	Rosales, Michelle
<p>TEA is not the lead on any Mental Health legislation from this past session.</p> <p>However, 2 bills I'm sure other committee members will speak about related TEA: SB 1197 (DSHS is lead) and SB 1824 (Governor's office).</p>		