

Mental Health Substance Use - SB 1 Conference Committee Report (CCR) Appropriations Summary—5.20.13

Agency	SB 1 Introduced FY2014-15	SB 1 CCR FY2014-15	Impact
DSHS			
Community MH-Adults (Strategy B.2.1)	\$ 551,354,323	\$ 664,999,081	\$ 113,644,758
Community MH-Children (Strategy B.2.2)	\$ 125,495,554	\$ 200,976,804	\$ 75,481,250
MH Crisis & Transitional Services (Strategy B.2.3)	\$ 168,132,374	\$ 221,182,624	\$ 53,050,250
NorthSTAR (Strategy B.2.4)	\$ 210,169,317	\$ 226,593,318	\$ 16,424,001
Substance Use Disorder (Strategy B.2.5)	\$ 291,210,871	\$ 315,325,153	\$ 24,114,282
MH State Hospitals (Strategy C.1.3)	\$ 809,542,313	\$ 835,796,441	\$ 26,254,128
Community MH Hospitals (Strategy C.2.1)	\$ 150,740,973	\$ 153,140,973	\$ 2,400,000
Total	\$ 2,306,645,725	\$ 2,618,014,394	\$ 311,368,669

Mental Health & Substance Use Disorders SB 1 Conference Committee Report (CCR) Select Riders—5.20.13

Agency	Explanation
DSHS	
6. Mental Health Community Hospital Medicaid Services	The Harris County Psychiatric Center, Lubbock Community Hospital, and St. Joseph Hospital in Houston shall certify appropriated state funds to the Health and Human Services Commission or its designee for the state share of Medicaid reimbursement for inpatient psychiatric services for children and inpatient psychiatric services for age 65 and over
43. Mentally Ill Offender Screening	DSHS and Community Centers shall identify offenders with mental impairments in the criminal justice systems, collect and report prevalence data and accept and disclose information relating to a special needs offender.
47. Unexpended Balances-Community Mental Health Crisis Services	Any unexpended balances remaining on August 31, 2014 in Strategy B.2.3, Community Mental Health Crisis Services will be appropriated for the same purpose in fiscal year 2015
58. Behavioral Health Data Collection and Reporting	DSHS shall improve the measurement, collection and reporting of outcome data for medically indigent and Medicaid clients who receive publicly-funded behavioral health services. DSHS with HHSC will conduct a comparative analysis of publicly-funded behavioral health system in Texas that serves medically indigent persons and Medicaid clients and submit a report on findings to LBB and Governor by December 1, 2014

66. Outpatient Competency Restoration Pilot Programs	\$8,000,000 per FY 14 & 15 shall be used to support outpatient competency restoration pilot programs. It is the intent of the Legislature that these funds be used to fund existing pilot programs
70. Local Service Area Planning	DSHS shall develop performance agreements with LMHA's that give regard to the priorities identified by the community through local needs assessment process and expressed in a local service plan. The performance agreements must include outcomes that are verifiable by DSHS.
74. Alternatives to Inpatient Services for Forensic	Related to Jail based restoration of competency pilot program (SB1475), DSHS in addition to other funds allocate \$1,307,250 for FY 2014 and \$1,743,000 for FY 2015
75. Third Party Health Insurance Exchange Reporting Requirement	DSHS shall submit a report on the fiscal impact of the third party health insurance exchange for Mental Health Services for Adults and Children, Community Mental Health Crisis Services, NorthSTAR, Mental Health State Hospitals and Mental Health Community Hospitals. Also to be reported is the caseload impact of the third party health insurance exchange. The report will contain an overall analysis of these policies with recommendations for maximizing alternative sources of coverage for clients.
76. Administration of Third Party Insurance Exchange Savings and Revenue Gains.	In the event that actual savings or revenue gains related to the implementation of a third party insurance exchange are lower than the amounts listed, the agency shall notify the LBB at least 30 days prior to a projected deficit in funds. In the event that actual savings or revenue gains related to the implementation of a third party insurance exchange are greater than the amounts listed, DSHS is authorized to expend the General Revenue Funds under certain conditions.
78 Mental Health Outcomes and Accountability	DSHS shall withhold 10% of the General Revenue quarterly from each LMHA for use as a performance based incentive payment. Payment of the funds shall be contingent on achieved outcome targets set by the department. Initial outcome targets are to be set no later than September 1, 2013. Funds withheld for failure to achieve outcome targets will be used for technical assistance and redistributed as an incentive payment according to a methodology developed by the department.
79. Mental Health Appropriations and the 1115 Medicaid Transformation Waiver	DSHS by contract shall require General Revenue funds in this biennium be used to the extent possible to draw down additional federal funds through the 1115 Waiver or other federal matching opportunities.
80. 1915(c) Youth Empowerment Waiver	HHSC with DSHS shall initiate the expansion of the 1915(c) Youth Empowerment Services (YES) wavier statewide. Expansion contingent upon approval by the Centers for Medicare and Medicaid Services (CMS)
84. Mental Health Children: Prevention and Early Identification Services	DSHS shall distribute funds for the purpose of providing prevention and early identification services by a request for proposals for entities to educate school staff and/or community members in an evidence based curriculum focused on awareness of risk factors that lead to emotional disturbance or severe mental illness.
85. Mental Health Program Allocation	DSHS is directed to use \$43,000,000 in General Revenue over the biennium for the purpose of expanding or improving statewide community mental health services. These funds are to be allocated equitably to

	the LMHA's and NorthSTAR considering the per capita spending of each organization an amount not less than \$6,000,000 over the biennium to increase the per person funding available to adult and child enrollees and increase mental health related services provided to clients through the program.
86. Mental Health Program for Veterans	DSHS shall allocate \$5,000,000 in each fiscal year for the purpose of expanding the Mental Health Programs for Veterans. Programs can be used for, but not limited to: peer-to-peer counseling, access to licensed mental health professionals for volunteer coordinators and peers; a list of approved training for peers, technical assistance for volunteer coordinators and peers, recruiting, retraining and screening community-based therapists; suicide prevention training for volunteer coordinators and peers and coordinating services with jail diversion programs such as Veteran Court. DSHS can contract with or provide grants to regional and local organizations or other outside entities.
88. The University of Texas Harris County Psychiatric Center	\$2,400,000 per biennium for the purpose of funding 6 additional civil beds for persons needing longer-term treatment not to exceed 90 days.
90. Healthy Community Collaboratives	DSHS shall allocate up to \$25,000,000 in General Revenue to fund grants to serve persons experiencing homelessness and mental illness in a maximum of the five most populous urban municipalities located in counties with a population over one million that: <ul style="list-style-type: none"> Promote collaboration based on locally identified priorities Leverage funding in an amount at least equal to the grant awarded Identify definable outcome measures that may include but are not limited to addressing homelessness, criminal recidivism, emergency room utilization, substance abuse, employment rates and local economic benefit.
92. Community Mental Health Services Wait List Funding	DSHS is directed to use \$48,198,728 in General Revenue to eliminate the wait list for services. Any unused funds are to be allocated to LMHA's below the average per capita funding levels to increase equity.
95. Harris County Jail Diversion Pilot Program	DSHS shall allocate \$10,000,000 per biennium to implement a mental health jail diversion pilot program in Harris County.