



## 85<sup>th</sup> Texas Legislative Session Legislative Priorities

### General Platform

- Promote opportunities to improve access to integrated care while retaining local control of resources and important community decisions related to public intellectual and developmental disability, mental health, and substance use disorder services.
- Promote role of Community Centers as Intergovernmental Transfer (IGT) entities and Performing Providers in the 1115 Transformation Waiver—promoting options for sustainability and continuing to educate decision-makers about the value of developing local health care systems for people with serious mental illness, substance use disorders and intellectual and developmental disabilities.
- Explore, monitor and promote options to expand access and enhance federal funding for essential community-based services for people with intellectual and developmental disabilities, serious mental illness and substance use disorders.
- Promote equitable and sustainable provider rates that cover the true cost of delivering quality care across intellectual disability, mental health and substance use disorder services.

### Intellectual and Developmental Disability Services

**Promote HHSC agency base appropriations, exceptional items, contract requirements, and policy decisions necessary to ensure essential community-based services are available for people with intellectual and developmental disabilities in a manner that preserves client choice and dignity.**

### Policy Considerations: IDD Services

Challenges arise when serving people with dual diagnoses of IDD and mental illness or substance use disorder issues. The mental health needs of people with IDD are sometimes ignored, misunderstood, or inappropriately treated due to the overshadowing effect of an IDD diagnosis. People with IDD who have unmet mental health needs are often at higher risk of costly institutional care and lengthy psychiatric inpatient stays.

- Support additional mental health treatment, trauma informed care, positive behavior supports and training for families and staff that strengthen capacity of community-based services for people with IDD.

- Support IDD System Redesign that promotes the vital IDD Local Authority role and viable provider system: Comprehensive Targeted Case Management, oversight to ensure individual choice, quality, and well-being, specialized program and clinical expertise and crisis intervention and stabilization.

## Early Childhood Intervention (ECI) Services

Promote HHSC agency base appropriations, exceptional items, contract requirements, and policy decisions necessary to ensure essential services are available for children in need of Early Childhood Intervention (ECI) and autism services.

### Policy Considerations: ECI

- Promote eligibility criteria that ensure children with developmental and other disabilities and their families can access needed services
- Ensure ECI is appropriated sufficient funding to maintain a viable provider base and provide services for all eligible children
- Ensure average number of ECI service hours children receive meet minimum recommended levels in order to promote early success for children and better prepare them to enter other systems, such as schools
- Increase capacity of ECI programs to implement, scale up, and sustain evidence-based practices

## HHSC Legislative Appropriations Request (LAR) FY 2018-19

Exceptional Items Summary: IDD Services			
Exceptional Items	Descriptions	FY 2018-19	
		General Revenue	All Funds
4	Maintain Medicaid Waiver Programs at FY 2017 levels (end of year population).	\$29.9m	\$70.2m
6	Maintain ECI caseload growth and program cost growth in FY18-FY19. If not funded, the ECI program may need to restrict eligibility.	\$41.9m	\$44.8m
7	Sustain Enhanced Community Coordination (ECC) and Transition Support Teams (“hubs”) to ease community transition for individuals with IDD.	\$13.0m	\$13.0m
9	Maintain critical direct delivery staffing in State Hospitals and SSLCs through recruitment and retention.	\$68.8m	\$96.0m
14	Promoting Independence waiver slots for individuals transitioning/diverted from facilities (2500 HCS; 550 MDCP).	\$50.3m	\$114.5m
15	Reduce community program Interest Lists, including by 20% of eligible individuals on HCS and TxHmL interest lists.	\$346.3m	\$803.4m

18	Repairs and renovations at State Hospitals and SSLCS, necessary for safety and welfare of residents.		\$188.6m (bond proceeds)
21	New construction at State Hospitals and SSLCs. This item serves as “placeholder” while agency awaits legislative direction to address deteriorating infrastructure and inadequate space.	\$1 placeholder	\$1 placeholder
26	Add Intensive Behavioral Intervention, such as Applied Behavioral Analysis (ABA), to the Medicaid State Plan for clients with Autism Spectrum Disorder.	\$14.3m	\$32.8m
29	Clinics for non-resident individuals with IDD at SSLC sites. <sup>1</sup>	\$3.5m	\$19.3m
37	Expansion of mortality review processes in use at SSLCs to include community ICFs/IID and waiver programs.	\$1.7m	\$3.5m
38	Increase minimum wage for personal care attendants in various community programs, including HCS Waiver, from \$8.00/hr. to \$8.50/hr.	\$156.3m	\$364.4m
39	Increase in the attendant compensation rate enhancement (ACRE) add-on level to level 35.	\$8.5m	\$21.5m
40	Assistance to community providers and their subcontracted day habilitation providers to come into compliance with federal HCBS settings regulations.	\$30.6m	\$70.0m
41	Development of a comprehensive, web-based critical incident reporting system for 1915(c) and ICF/IID programs.	\$1.3m	\$2.5m
43	IT projects to improve quality of LTC Online Portal by adding functionalities related to Specialized Services in PASRR.	\$1.7m	\$3.7m

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<sup>1</sup> SSLC pilot sites on hold pending CMS approval.

## Mental Health, Substance Use, Criminal Justice & Veterans Services

Promote HHSC agency base appropriations, exceptional items, contract requirements, and policy decisions necessary to increase access to essential mental health and substance use disorder services that reduce demand on higher cost government systems, including state institutions, jails and prisons, hospitals, and other local health care systems.

### Promote Ready Access to Essential Mental Health Services that Reduce Demand on High Cost Government Systems

Direct HHSC to focus new funds allocated to LMHAs on both targeted strategies for addressing specific community needs (e.g. alternatives to hospitalization) and increased access to essential mental health treatment for adults and children.

### Policy Considerations: Mental Health

- Support the SB 1507 Joint Committee on Access and Forensic Services (JCAFS) recommendations to increase inpatient capacity for both state hospitals and locally-purchased private psychiatric beds.
- Promote the development of equitable and meaningful Interlocal Contract measures and metrics that align with other HHS system performance and contracting goals.
- **Criminal Justice:** Promote Texas Department of Criminal Justice (TDCJ) Exceptional Items for the Texas Correctional Office on Offenders with Mental and Medical Impairments (TCOOMMI) to expand jail diversion services in metro areas that serve individuals with special needs in more appropriate settings than state jails and prisons. Support exceptional items to expand caseloads that serve offenders with high criminogenic risk factors and clinical care needs through contracts with LMHAs.
- **Veterans Initiatives:**
  - Promote recommendations in the Third Report of the Texas Coordinating Council for Veterans Services
  - Enhancement of DSHS Military Veteran Peer-to-Peer Network
  - Funding for Veteran One-Stop Resource Centers
  - Maintain existing and support expansion of Veteran Courts across the state
- **Children's Mental Health Initiatives:**
  - Promote services and supports for children in DFPS conservatorship and kinship families, including trauma informed services
  - Consider raising the lower age requirement at which youth can be incarcerated and increase capacity to divert kids from criminal justice systems into more appropriate community services
  - Increase capacity to create and sustain school-based partnerships that enhance access to evidence based and promising practices for all school staff, children and youth

- Focus and expand training opportunities for educators on the impact trauma has on student learning and behavior, promoting safe and supportive schools
- Increase capacity for home and community-based services to better address the needs of at-risk children and youth
- Monitor continued efforts to update the Texas Mental Health Code.
- Support change in state policy that promotes efficient reinstatement of Medicaid benefits following incarceration.
- Workforce issues must be addressed and solutions found to increase access to services. This would include building up peer support, addressing other conditions that limit the amount of time professionals can spend with patients, expanding Graduate Medical Education (GME) and exploring collaborations with Academic Medical Centers.
- Promote use of telemedicine and telehealth as an effective means of addressing workforce challenges and the lack of mental health expertise in local emergency rooms and county jails.
- Continue the momentum created during the 83<sup>rd</sup> and 84<sup>th</sup> Legislative Sessions by promoting increased access to Mental Health First Aid (MHFA) training and other effective prevention and early intervention initiatives.
- Promote Medicaid funding for expanded peer support services and trainings to align with global recognition that peer supports offer an effective approach for helping people with mental illness achieve recovery.

### **HHSC Legislative Appropriations Request (LAR) FY 2018-19**

<b>Mental Health, SUD and Inpatient Hospital Services</b>			
<b>Exceptional Items</b>	<b>Descriptions</b>	<b>FY 2018-19</b>	
		<b><u>General Revenue</u></b>	<b><u>All Funds</u></b>
<b>5</b>	<b>Maintain Mental Health Community Services at FY17 Levels.</b> Includes: <ul style="list-style-type: none"> <li>● Relinquishment Prevention (RTC bed expansions at DFPS)</li> <li>● Youth Substance Use Prevention</li> <li>● Neonatal Abstinence Syndrome Program</li> <li>● Recovery-Focused Clubhouses</li> <li>● Supported Decision-Making Program in St. Hospitals</li> </ul>	\$4,724,824	\$4,724,824
<b>8</b>	<b>Maintain Psychiatric Bed Capacity</b>	\$120,993,166	\$120,993,166
<b>16</b>	<b>Reduce Community Mental Health Waitlist</b>	\$8,169,360	\$8,169,360
<b>18</b>	<b>Facilities Repair and Renovation</b>	\$188,609,204	\$188,609,204
<b>19</b>	<b>Laundry Repair and Upkeep</b>	\$5,352,702	\$5,352,702

<b>20</b>	<b>Fleet Operations</b>	\$6,371,737	\$6,371,737
<b>22</b>	<b>Expand Psychiatric Bed Capacity</b>		
	a. Maximum Security Beds	\$41,120,568	\$41,120,568
	b. Contracted Community Beds	\$59,580,388	\$59,580,388
<b>28</b>	<b>Enhance Community Services</b>		
	a. Increase Intensity of Community MH Treatment	\$20,000,000	\$20,000,000
	b. Substance Use Service	\$20,000,000	\$20,000,000
	c. Increase RTC Beds for Children Referred by DFPS	\$2,991,306	\$2,991,306
	d. Outpatient Competency Restoration	\$1,500,000	\$1,500,000
<b>47</b>	<b>Maintain State Hospital Technology</b>	\$6,088,360	\$6,088,360
<b>46</b>	<b>Life Record at Rio Grande State Center</b>	\$2,000,000	\$2,000,000
<b>21</b>	<b>Hospital Infrastructure</b>	\$2,000,000	\$2,000,000