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84th Legislative Session: Budget Summary

Legislative Budget Board (LBB) MENTAL HEALTH SUMMARY (verbatim)

- Behavioral health and substance abuse services in the 2016–17 biennium are provided \$3.6 billion in All Funds, including \$2.8 billion in General Revenue Funds and General Revenue–Dedicated Funds, an increase of \$150.7 million in All Funds over the 2014–15 biennium (not including Medicaid mental health services). These appropriations are distributed across 18 agencies in five articles.

Increased funding for inpatient client services is included for new contracted community hospital beds, state hospital information technology improvements, and building repairs and inflation-related cost increases.

Increased funding for outpatient services reflects funding adjustments for local mental health authorities, funding the adult mental health waitlist, federal Preadmission Screening and Resident Review services, substance abuse prevention and treatment, neonatal abstinence syndrome prevention services, transition support for patients moving from hospitals to the community, expansion of recovery-focused clubhouses, crisis and suicide prevention services, and residential treatment slots for Department of Family and Protective Services clients who are at risk of parental relinquishment.

Funding assumes discontinuation of the NorthSTAR behavioral health program in January 2017, with a transfer of funding to the appropriate mental health and Medicaid programs, and funds provided for the transition period.

Additional funding supports mental health care services and substance abuse treatment for incarcerated offenders and civilly committed violent sex offenders, mental health care services for veterans, child advocacy centers, psychiatric services at the University of Texas Health Science Centers in Tyler and Houston and enhanced behavioral intervention and crisis respite services for individuals with intellectual and developmental disabilities who have behavioral issues.

- State agencies with mental health appropriations are required to develop a joint strategic plan to coordinate mental health programs and funding across the state.

http://www.lbb.state.tx.us/Documents/Budget/Session_Code_84/HB1-Conference_Committee_Report_84.pdf

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Department of State Health Services

DSHS	2012-13	2014-15	Diff. 2012-13 to 2014-15	2016-17	Diff. 2014-15 to 2016-17
B2.1 Adults	\$553,129,071	\$664,999,081	\$111,870,010	\$663,920,027	-\$1,079,054
B2.2 Children	\$153,465,918	\$200,976,804	\$47,510,886	\$204,650,668	\$3,673,864
B2.3 Community Mental Health Crisis	\$164,953,850	\$221,182,624	\$56,228,774	\$255,313,022	\$34,130,398
B2.4 NorthSTAR	\$225,224,965	\$226,593,318	\$1,368,353	\$174,064,540	-\$52,528,778
B2.5 SUD	\$283,285,699	\$315,625,153	\$32,339,454	\$325,110,656	\$9,485,503
C1.3 MH State Hospitals	\$783,400,983	\$835,796,441	\$52,395,458	\$872,639,869	\$36,843,428
C1.4 MH Community Hospital	\$107,406,192	\$153,140,973	\$45,734,781	\$209,943,241	\$56,802,268
F1.2 Repair and renovation MH facilities. <i>Capital repair and renovation: MH facilities.</i>				\$24,046,914	
Total	\$2,270,866,678	\$2,618,314,394	\$347,447,716	\$2,705,642,023	\$87,327,629

Goals	2014	2015	2016	2017
B2.1 Adults: Average Monthly Number of Adults Receiving Community Mental Health Services	57,588	56,634	60,995	66,375
B2.2 Children: Average Monthly Number of Children Receiving Community Mental Health Services	12,403	12,221	12,561	14,038
B2.3 Community Mental Health Crisis: Persons Receiving Crisis Residential Services Per Year (GR); Persons Receiving Crisis Outpatient Services Per Year (GR)	21647 (inptnt); 59,870 (outpt)	21,647 (inptnt); 59,675 (outpt)	30915 (inptnt); 72,200 (outpt)	30,915 (inptnt); 72,200 (outpt)
B2.4 Northstar: Persons Served by NorthSTAR Per Year	60,766	60,766	77,083	30,263

B2.5 SUD: 1. Avg Monthly # of Adults Served in SUD Prevention Programs; 2. Avg Monthly # of Youth Served in SUD Prevention Programs; 3. Avg Monthly # of Adults Served in SUD Intervention Programs, 4. Avg Monthly # of Youth Served in SUD Intervention Programs; 5. Avg Monthly # of Adults Served in Treatment Programs for SUD; 6. Avg Monthly # of Youth Served in Treatment Programs for SUD	1. 39,000; 2.153,000; 3. 12,578; 4. 4,467; 5. 7,597; 6. 1,254	1. 39,000; 2.153,000; 3. 12,578; 4. 4,467; 5. 7,597; 6. 1,254	1.45,43 2.178,265; 3. 9,149; 4. 1,400; 5. 7,633; 6. 1,254	1. 46,878 2.184,529 3. 9,188 4. 1,400 5. 8,803 6. 1,439
C1.3 MH State Hospitals: Average Daily Census of State Mental Health Facilities	2,376	2,376	2,376	2,376
C1.4 MH Community Hospital: Average Daily Number of Occupied Mental Health Community Hospital Beds	316	316	556	606
F1.2 Repair and renovation MH facilities. <i>Capital repair and renovation: MH facilities.</i>				

2. Capital Budget: None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code, §1232.103.

Renovation of State Hospitals 2016: \$18,297,097 2017: \$0

Critical Information Technology – Mental Health State Hospitals 2016: \$1,660,00 2017: \$0

Info Sys Improvements – Clinical Management for Behavioral Health Services- DSM 5 2016: \$1,000,000

2017: \$1,000,00

Information Technology - Mental Health 2016: \$2,775,481 2017: \$2,775,481

Capital Equipment for Mental Health Facilities 2016: \$1,650,000 2017: \$1,650,000

Capital Equipment for Mental Health Facilities 2016: \$1,000,000 2017: \$0

Special Provision Related to All Health and Human Service Agencies

Sec. 54. Postpartum Depression Screening and Treatment Report. Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission (HHSC), in coordination with the Department of State Health Services, shall submit a report on screening and treatment of postpartum depression. The report shall include recommendations to increase utilization of the screening and treatment within the Medicaid program, to increase the treatment of postpartum depression provided by the local mental health authorities, and to increase continuity of care. Not later than October 1, 2016, HHSC shall submit the report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

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Department of State Health Services (DSHS) Riders

2. Client Services. It is the intent of the Legislature that the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS) enter into a Memorandum of Understanding for providing outpatient substance abuse treatment services by DSHS to referred DFPS clients. *(continuing rider from 2013 session)*

35. Mentally Ill Offender Screening. Directs the Department of State Health Services and community centers to identify offenders with mental impairments in the criminal justice system, collect and report prevalence data to LBB, and accept and disclose information relating to a special needs offender.

55. Local Service Area Planning. Directs Department of State Health Services (DSHS) to develop performance agreements with Local Mental Health Authorities (LMHAs) that give regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan. Performance related to outcomes must be verifiable by DSHS. Measures relating to outputs and units of service delivered, which may be included in the performance agreement, shall be recorded and submitted as required by DSHS.

58. Mental Health Outcomes and Accountability. Requires DSHS to withhold 10 percent of the quarterly allocation of General Revenue funds for LMHAs to be used for performance based incentive payments. Payment of funds is contingent on achievement of outcome targets set by the department.

59. Mental Health Appropriations and the 1115 Medicaid Transformation Waiver. Directs the Department of State Health Services to the extent possible to draw down additional federal funds through the 1115 transformation waiver or other federal matching opportunities. The department shall report to the Legislative Budget Board and the Governor by December 1 of each fiscal year on efforts to leverage these funds.

60. 1915(c) Youth Empowerment Services Waiver Expansion. Directs HHSC and DSHS to initiate expansion of the 1915(c) YES waiver statewide during the 2016-2017 biennium, contingent on approval from CMS.

61. Home and Community-Based Services.

a. Appropriates \$32,017,406 in the 2016-17 biennium from GR in Strategy B.2.1, Mental Health Services for Adults to:

1. develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department; and
2. seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission.

b. The Department of State Health Services shall also implement an expansion of the 1915(i) waiver program to divert populations from jails and emergency rooms into community treatment programs. Prior to implementation, the Department of State Health Services shall submit a report on the projected program, with information including:

1. an estimate of the total population to be served;
2. projected costs, including average monthly cost per recipient; and

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3. potential cost-sharing opportunities with local entities that benefit from lower jail and emergency room admissions.

The Department of State Health Services shall submit the report to the Governor's Office and the Legislative Budget Board by December 1, 2015.

62. Mental Health Program for Veterans. Appropriates \$5 million to DSHS to expand the Mental Health Program for Veterans.

64. Healthy Community Collaboratives. Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate up to \$25,000,000 in General Revenue over the biennium in Strategy B.2.3, Community Mental Health Crisis Services to fund grants pursuant to Government Code, §539.001-.008. If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then DSHS shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.

65. Collection of Emergency Room Data. Out of funds appropriated in Strategy A.1.2, Health Data and Analysis, the Department of State of Health Services shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. The Department shall use the data to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. The Department shall submit the results of their findings to the Legislative Budget Board, Governor, and Chairs of the Committees in each House with jurisdiction over public health issues on an annual basis, beginning December 31, 2016.

66. Harris County Jail Diversion Pilot Program. Requires DSHS to allocate \$5 million for FY 2016 and FY 2017 to implement a mental health jail diversion pilot program in Harris County. In cooperation with the county judge in Harris County, DSHS shall establish a pilot program in Harris County to be implemented by the county judge for the purpose of reducing recidivism and the frequency of arrest and incarceration among persons with mental illness in that county. The Harris County Commissioners Court shall contribute funding to the pilot program in an amount that is equivalent to the funds provided by the state for the pilot program. *(from last session)*

70. Jail-Based Competency Restoration Pilot Program. Requires DSHS to allocate \$1,743,000 ~~in each fiscal year~~ of the 2016-17 biennium in General Revenue to be used only for the purpose of conducting a jail-based restoration of competency pilot program as a continuation of the pilot program started by the 83rd Legislature. The Department of State Health Services shall submit interim quarterly progress reports to the Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor no later than 15 business days after the end of each fiscal quarter. *(rider included in 2013 budget with enabling legislation)*

Governor's statement on line item veto: This item was provided an appropriation for the first time during the 2013 Legislative session, but the pilot program was never implemented. Due to legislative action, there are now more beds available across the state for competency restoration than existed at the time the pilot program was authorized. In order to minimize the spending of limited taxpayer dollars, funding is reduced for this item. I therefore object to and disapprove of one year of the appropriation.

71. Increased Access to Community Mental Health Services. Requires (DSHS) to allocate \$46,486,001 in GR over the 2016-17 biennium to local mental health authorities (LMHA) and the NorthSTAR service area to increase the number of individuals provided community mental health services. Of these funds above, DSHS shall allocate \$37,052,273 to local mental health authorities using a formula that considers historical billing

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patterns, general population and population under 200 percent of the federal poverty level, and \$9,433,728 to local mental health authorities to serve 960 individuals on waitlists for the purpose of eliminating waitlists. It is the intent of the Legislature that DSHS encourage the local mental health authorities and the NorthSTAR service area to first serve their statutorily required priority populations, and then to serve all clients who qualify with the goal of preventing a waitlist during the 2016-17 biennium.

73. Mental Health Peer Support Re-entry Pilot. Directs DSHS to allocate up to \$1,000,000 in GR for the 2016-17 biennium to implement a mental health peer support re-entry program. DSHS in partnership with Local Mental Health Authorities and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. Prior to implementation, DSHS shall submit a report to the Governor's Office and the Legislative Budget Board by December 1, 2015 on the projected program that includes an estimate of the total population to be served and client outcome measures.

74. University of Texas Harris County Psychiatric Center Long-term Bed Pilot. Requires DSHS to allocate \$1,200,000 in GR Funds in each fiscal year of the 2016-17 biennium in order to fund civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing long-term treatment not to exceed 90 days.

76. Prohibition on Use of Appropriations for the Private Operation of a State Hospital. No funds appropriated above shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.

80. Community-Based Crisis and Treatment Facilities Review. Directs DSHS to conduct a comprehensive review of contract funding requirements and standards governing community-based crisis and treatment facilities for persons with mental health and substance abuse disorders. As part of the review, DSHS behavioral health program staff and regulatory staff, in collaboration with the HHSC and stakeholders, shall identify best practices for and unnecessary barriers to the effective delivery of mental health and substance abuse services by community-based crisis and treatment facilities. No later than December 1, 2016, the department shall submit a report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services.

82. Behavioral Health Services Provider Contracts Review. Out of funds appropriated above, the Department of State Health Services (DSHS), in collaboration with the Health and Human Services Commission (HHSC), shall conduct a review to identify improvements to performance measurement, contract processing, and payment mechanisms for behavioral health services contracts with DSHS. In conducting the review, DSHS shall solicit stakeholder input and may use funds appropriated above to seek the assistance of a third party with expertise in health purchasing. DSHS shall complete the review and report findings no later than December 1, 2016 to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The review and report must include: a. identification of performance measures and other requirements not necessary by a state or federal requirement that could be eliminated from contracts; b. a review of the metrics and methodology associated with the withholding of allocations made under DSHS Rider 58, Mental Health Outcomes and Accountability; c. consideration of performance measures and contracting strategies similar to those used for managed care organizations; d. consideration of best practices in performance measurement and contracting, including incentive payments and financial sanctions that are aligned with the models used by the Health and Human Services Commission for purchasing health care services; and e. a proposal for a publicly available web-based dashboard to compare performance of behavioral health services providers contracted with DSHS.

84. Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue related behavioral health funds for the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, Strategy B.2.3, Community Mental Health Crisis Services, Strategy B.2.4, NorthSTAR Behavioral Health Waiver, Strategy B.2.5, Substance Abuse Prevention, Intervention and Treatment, Strategy C.1.2, Rio Grande State Outpatient Clinic, Strategy C.1.3, Mental Health State Hospitals, Strategy C.2.1, Mental Health Community Hospitals, Strategy F.1.2, Repair and Renovation: Mental Health Facilities, and Strategy G.1.1, Office of Violent Sex Offender Management, in fiscal year 2017, as identified in Art. IX, Sec 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

85. Transition of the NorthSTAR Behavioral Health Services Model. Appropriations made above in this Act in Strategy B.2.4, NorthSTAR Behavioral Health Waiver, for fiscal year 2017 assume the discontinuation of the program on December 31, 2016.

- a. Beginning January 1, 2017, allocates funds to provide services, other than Medicaid behavioral health services, previously available through NorthSTAR.
- b. It is the intent of the Legislature that the NorthSTAR Behavioral Health Services model cease operation on December 31, 2016. Transition funds are intended to support NTBHA and LMHA Collin County for readiness to transition by this date. The HHSC executive commissioner, in coordination with DSHS, shall evaluate and report to the Legislature by May 1, 2016 on the progress of NTBHA and LMHA Collin County, separately, as they transition from the current NorthSTAR model to the new models. If deemed necessary, the HHSC executive commissioner may submit a request to the Legislative Budget Board to extend the transition deadline by 90 days.
- c. HHSC, in coordination with DSHS, shall provide a report by March 1, 2017 to the Governor's Office and the Legislative Budget Board that includes NTBHA's and Collin County's plans to access additional funds.

86. State Hospital System Improvement.

- a. The Department of State Health Services (DSHS) shall evaluate the benefits of a university health related institution or institutions operating a state hospital. The evaluation should include administrative, legal and financial considerations as well as a timeline for the transition and a progress report on the expansion of efforts to increase academic partnerships by September 1, 2016.
- b. In the event that DSHS projects a surplus of funds available in Goal C, Hospital Facilities and Services, DSHS may submit a proposal to use these funds, up to the amount of \$12.4 million in General Revenue over the biennium, for the purpose of project planning, development of construction plans, site preparation and related activities to support the future construction of mental health hospital facilities to replace the current facility at Rusk.

87. University of Texas Harris County Psychiatric Center Rates. Directs DSHS to allocate \$1,213,103 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to increase the rate for acute community mental health inpatient services at this facility.

Health and Human Services Commission (HHSC) Riders

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44. Medicaid Substance Abuse Treatment. Out of funds appropriated above in Goal B, Medicaid, the Health and Human Services Commission shall evaluate the impact on overall Medicaid spending and client outcomes of substance use disorder treatment services provided under Medicaid to persons who are at least 21 years of age. The commission shall develop a methodology for the evaluation of those treatment services, improve and analyze data necessary to complete the evaluation, submit a progress report that includes the evaluation methodology to the Legislative Budget Board and the Office of the Governor by December 1, 2015, and submit a report on the evaluation findings if complete, or another status report if the evaluation is incomplete, to the Legislative Budget Board and the Office of the Governor by December 1, 2016.

50. Medicaid Funding Reduction and Cost Containment.

a. Included in appropriations above in Goal B, Medicaid, is a reduction of \$186,500,000 in General Revenue Funds and \$249,349,498 in Federal Funds in fiscal year 2016 and \$186,500,000 in General Revenue Funds and \$247,220,930 in Federal Funds in fiscal year 2017, a biennial total of \$373,000,000 in General Revenue Funds and \$496,570,428 in Federal Funds. The Health and Human Services Commission (HHSC) is authorized to transfer these reductions between fiscal years and to allocate these reductions among health and human services agencies as listed in Article II of this Act, pursuant to the requirement to submit a plan included in Subsection (d) of this rider.

b. This reduction shall be achieved through the implementation of the plan described under subsection (d) which may include any or all of the following initiatives: ... (11) Increase efficiencies in the vendor drug program, (*others may effect MHSUD as well*)

57. Texas Home Visiting Program and Nurse Family Partnership Program. Included in appropriations above to the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, is:

- a. \$3,955,272 in General Revenue Funds and \$17,442,961 in Federal Funds in fiscal year 2016 and \$3,966,555 in General Revenue Funds and \$18,557,960 in Federal Funds in fiscal year 2017 for the Texas Home Visiting Program, and
- b. \$5,624,999 in General Revenue Funds and \$5,946,607 in TANF Federal Funds in fiscal year 2016 and \$5,624,999 in General Revenue Funds and \$5,946,607 in TANF Federal Funds in fiscal year 2017 for the Nurse Family Partnership Program.

68. Mental Health for Veterans Grant Program. Out of funds appropriated above in Strategy A.1.1, Enterprise Oversight and Policy, the Health and Human Services Commission (HHSC) shall allocate \$10,000,000 in each fiscal year of the 2016-17 biennium in General Revenue to implement a grant program to provide mental health services for veterans. HHSC shall submit a report on the effectiveness of the grants, the number of grants awarded, and the number of veterans served to the Legislative Budget Board and the Governor by December 1, 2016.

72. Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue Related behavioral health funds for the Health and Human Services Commission in Strategy A.1.1, Enterprise Oversight and Policy, Strategy A.2.1, Consolidated System Support, Strategy C.1.1, CHIP, and Strategy D.2.4, Child Advocacy Programs, in fiscal year 2017, as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

73. Enterprise Data Warehouse. Out of funds appropriated above in Strategy A.2.1, Consolidated System Support, the amount of \$10,560,731 in General Revenue and any associated matching Federal Funds for the

biennium may only be expended to develop/implement an enterprise data warehouse and enterprise data governance. Prior to expending any funds for the enterprise data warehouse and the enterprise data governance, the agency must receive prior written approval from the Legislative Budget Board. To request to expend funds, HHSC shall submit a written request to the Legislative Budget Board which shall include a detailed plan for the project, a proposed schedule of expenditures, and information on the specific data sets being worked with and how the new data will be combined and coordinated with the long-term plan for other datasets. The new data may include but is not limited to the following: immunizations, vital statistic certificates; and mental health and substance abuse information. The request shall be considered to be approved unless the Legislative Budget Board issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information from the Legislative Budget Board shall interrupt the counting of the 30 business days. HHSC shall submit quarterly reports to the Legislative Budget Board and the Governor beginning on December 1, 2015, reflecting actual expenditures and accomplishments to date. The reports shall also reflect an estimate of planned expenditures and accomplishments for the remainder of the 2016-17 biennium.

79. Excellence in Mental Health. Directs HHSC to develop and submit an application to CMS for an Excellence in Mental Health planning grant.

80. 1115 Medicaid Transformation Waiver Distribution Public Reporting. Directs HHSC to report to the Legislature and the public the recipients of all funds distributed by the commission for uncompensated care (UC) and delivery system reform incentive payments (DSRIP) under the 1115 Medicaid Transformation Waiver. The commission shall, within 45 days of distributing any funds or otherwise making payments under the 1115 Medicaid Transformation Waiver, publicly report: (1) the recipients of funds for UC and DSRIP, (2) the amount distributed to each recipient, (3) the amount of IGT dollars provided by each transferring entity within the region, and (4) the date such payments were made.

83. Report on the Vendor Drug Program. Out of funds appropriated above to the Health and Human Services Commission, the agency shall evaluate new delivery models for cost effectiveness, increased competition, and improved health outcomes. The Commission shall report findings to the Governor, the Legislative Budget Board, and the appropriate standing committees of the Legislature by December 1, 2016 and include in the report efforts undertaken to make the current models more effective.

93. Monitor the Integration of Behavioral Health Services. Directs HHSC to monitor the implementation of Government Code, Section 533.00255(b), which integrates behavioral health services into the Medicaid managed care program. HHSC shall prioritize monitoring managed care organizations that provide behavioral health services through a contract with a third party.

Texas Veterans Commission (TVC) Riders

9. Veterans Housing Grant Program. Included in the amounts appropriated above in Strategy B.1.2, Housing for Texas Heroes, is \$1,170,000 in Interagency Contracts from a contract between the Texas Department of Housing and Community Affairs and the Texas Veterans Commission in the 2016-17 biennium and \$915,000 in General Revenue each fiscal year of the 2016-17 biennium, A403-Conf-1-B I-88 May 23, 2015 VETERANS COMMISSION (Continued) to provide grants to non-profit or local government organizations providing temporary or permanent housing to Texas Veterans and their families through the Housing4TexasHeroes program.

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10. Support to Coordinating Councils. Included in amounts appropriated above in Strategy A.1.4, Veterans Outreach, is \$53,905 in General Revenue each fiscal year of the 2016-17 biennium for the purpose of supporting the Texas Coordinating Council for Veterans Services and the Housing and Health Services Coordination Council.

14. Healthcare Advocacy Program for Veterans. From the amounts appropriated above in Strategy A.1.1, Claims Representation and Counseling, \$785,702 in General Revenue and 14.0 Full-Time Equivalents (FTEs) each fiscal year for the 2016-17 biennium may be used only for the purpose of supporting the Healthcare Advocacy Program.

16. Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue Related behavioral health funds for the Texas Veterans Commission in Strategy B.1.1, General Assistance Grants, in fiscal year 2017, as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

Department of Aging and Disability Services (DADS) Riders

16. Appropriation and Unexpended Balances: Affordable Housing for the Elderly. General Revenue Funds appropriated above include fees collected pursuant to §394.902, Local Government Code, and §101.022, Human Resources Code, as amended, for the purpose of promoting affordable housing for the elderly (\$454,000 for the biennium). Any unexpended balances in fees collected to promote affordable housing for the elderly for the fiscal year ending August 31, 2016, may be carried forward into fiscal year 2017, and such balances are hereby appropriated. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available.

20. Guardianship Services. Out of the funds appropriated above, the Department of Aging and Disability Services shall pay guardianship program caseworkers, supervisors and directors an amount not to exceed \$50 per month for work-related use of personal cellular telephones.

24. Behavioral Support Specialists in Educational Settings. Out of funds appropriated above in Strategy A.8.1. State Supported Living Centers, Mexia State Supported Living Center shall provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.

38. Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue Related behavioral health funds for the Department of Aging and Disability Services in Strategy A.1.1, Intake, Access, & Eligibility and Strategy A.4.2, ID Community Services, in fiscal year 2017, as identified in Art. IX, Sec 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.

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Department of Family and Protective Services (DFPS) Riders

The state budget (HB 1) provides funding for twenty additional contracted residential treatment beds to prevent children with serious emotional disturbance from entering state custody through parental relinquishment due solely to unmet mental health service needs.

The state budget (HB 1) provides funding for the development of a sub-acute inpatient hospital treatment program for children in foster care with serious mental, emotional, and behavioral health needs who have experienced multiple psychiatric hospitalizations, have had multiple placements, and may pose a risk to themselves or others.

11. Adult Protective Services and Mental Health and Intellectual Disability Investigations. Out of the funds appropriated above for Strategy D.1.1, APS Direct Delivery Staff, and Strategy D.1.2, APS Program Support, the Department of Family and Protective Services shall maximize the use of federal Medicaid funding.

34. Youth Specialist Activities. Out of funds appropriated above in strategy B.1.6, PAL Purchased Services, the Department of Family and Protective Services (DFPS) shall allocate \$100,000 in General Revenue Funds in fiscal year 2016 and \$100,000 in General Revenue Funds in fiscal year 2017 for regional youth leadership specialist and youth specialist activities, including: a. assisting DFPS with the development of services, policies, and procedures for foster youth; b. the creation and coordination of leadership opportunities for foster youth; c. assisting foster youth in understanding the foster children's bill of rights developed under Section 263.008, Family Code; d. coordinating and facilitating the operation of the regional youth leadership councils; e. facilitation of the operation of the state youth leadership council; f. training for regional youth specialists and the youth specialist at the state office; and travel to the regional youth leadership council and state youth leadership council; and g. travel to the regional youth leadership council and state youth leadership council.

40. Contingency for Senate Bill 125. Appropriations above in Strategy B.1.2, CPS Program Support, includes \$229,788 in General Revenue Funds and \$257,130 in All Funds and 3.1 FTEs in fiscal year 2016 and \$335,117 in General Revenue Funds and \$374,992 in All Funds and 3.1 FTEs in fiscal year 2017, contingent upon passage and enactment of Senate Bill 125, or similar legislation relating to certain assessments for children in the conservatorship of the Department of Family and Protective Services (DFPS), by the Eighty-fourth Legislature, Regular Session.

HB 1 Amendments

Amend Amendment No. 73 by Coleman to **CSHB 1** (page 109 of the prefiled amendment packet) by striking the text of the amendment and substituting the following:

Amend **CSHB 1** (house committee printing) in Article II of the bill immediately following the appropriations to the Department of State Health Services by adding the following appropriately numbered provision and renumbering subsequent provisions accordingly:

____. Development and Expansion of Recovery-Focused Clubhouses. Out of money appropriated for Goal B, Community Health Services, the Department of State Health Services shall allocate at least \$650,000 for each year of the state fiscal biennium beginning September 1, 2015, to develop and expand recovery-focused clubhouses for persons with mental illness.

Amend the Y. Davis amendment to **CSHB 1** in Article II of the bill pattern for the Department of State Health Services, by striking the language of the Amendment and substituting the following by adding on page II-70 the following appropriately numbered rider and renumbering subsequent riders accordingly:

 : NorthSTAR Transition to New Model. Contingent legislation directing the Department of State Health Services (DSHS) or HHSC to implement a new behavioral health model in north Texas, it is the intent of the legislature that the NorthSTAR system continue through the end of the fiscal year 2017 in order to allow for a more orderly transition to the new model.

Amend **CSHB 1** in Article II, following the appropriations to the Department of Family and Protective Services, by inserting the following appropriately numbered contingent rider:

_____. Contingent rider: Money for data collection relating to requirements for the department to offer joint conservatorship to caregivers who relinquish custody of their child to the state in order to obtain intensive mental health services. (a) This rider is contingent on the enactment of **HB 2039** or similar legislation by the 84th Legislature, Regular Session, 2015, that becomes law.

(b) It is the intent of the legislature that, out of the money appropriated above to the Department of Family and Protective Services in Strategy B.1.2. CPS PROGRAM SUPPORT, the department allocate for the state fiscal biennium beginning September 1, 2015, for the purpose of implementing annual reporting requirements concerning joint conservatorship to the legislature.

Amend **CSHB 1** as follows:

1) On page II-42, add the following rider:

_____. Contingency for **HB 19**. Contingent upon the enactment of **HB 19**, or similar legislation relating to mental health and preventive services programs for veterans and military families, by the Eighty-Fourth Legislature, Regular Session, DFPS shall allocate \$1,589,964 in general revenue funds in fiscal year 2016 and \$3,228,108 in general revenue funds in fiscal year 2017, out of funds appropriated above in strategy C.1.5, Other At-Risk Prevention Programs, to implement a preventive services program to serve veterans and military families who have committed or experienced or who are at a high risk of family violence or abuse or neglect.

Amend **CSHB 1** (house committee printing) as follows:

(1) In Article II of the bill, in the appropriations to the Department of State Health Services, reduce the general revenue appropriations for Strategy C.1.3, Mental Health State Hospitals (page II-45), by the amount of \$948,069 for each year of the state fiscal biennium ending August 31, 2017.

(2) Following the appropriations to the Department of State Health Services in Article II of the bill, add the following appropriately numbered provision and renumber subsequent provisions accordingly:

_____. In addition to other appropriations made by this Act to the Department of State Health Services for Strategy C.2.1, Mental Health Community Hospitals, there is appropriated for that strategy \$948,069 from the general revenue fund for each year of the state fiscal biennium ending August 31, 2017, for providing forensic hospital services at the Montgomery County Mental Health Treatment Facility.

Amend **CSHB 1** (house committee report) in Article II of the bill, immediately following the appropriations to the Health and Human Services Commission, by adding the following appropriately numbered rider and renumbering subsequent riders appropriately:

____. Health Homes and Health Teams: Amendment to State Medicaid Plan. (a) It is the intent of the legislature that using funds appropriated above in Strategy B.3.1, Medicaid Contracts and Administration (page II-72), the Health and Human Services Commission seek to amend the Medicaid state plan amendment under Section 1945, Social Security Act (42 U.S.C. Section 1396w-4), to authorize Medicaid reimbursement for patient-centered health home services rendered by health teams designated as providers by individuals who are eligible for services under that section and also for benefits under the existing state Medicaid program. Additionally, it is the intent of the legislature that among this eligible population, persons who are homeless, at risk of homelessness, residents of permanent supportive housing or recognized as high-users of emergency care services be given specific consideration in the design and outreach of the state plan amendment authorized under this subsection.

(b) Contingent on federal approval of a state plan amendment under Subsection (a) of this section and the prior written approval from the governor and the Legislative Budget Board, the Health and Human Services Commission may use funds appropriated above in Strategy B.1.2, Disability-related Eligibility Group (page II-71), to provide services under the state plan amendment.

(c) To request approval under Subsection (b) of this section, the Health and Human Services Commission shall submit a written request to the governor and the Legislative Budget Board, and provide a copy of the request to the comptroller. The request must include:

(1) a copy of the federal approval of the state plan amendment authorized under Subsection (a) of this section;

(2) the estimated number of health teams that will provide services;

(3) the estimated fiscal impact for each fiscal year of the fiscal biennium beginning September 1, 2015, including the impact on methods of finance the implementation of the amendment will have on services and providers in the Medicaid program, including any projected savings anticipated from implementation of the amendment; and

(4) an estimate of provider performance levels and, where relevant, a comparison to performance targets specified in this Act.

(d) The Legislative Budget Board shall review a request submitted under Subsection (c) of this section and deliver the board's analysis to the governor, the lieutenant governor, the chair of the House Appropriations Committee, the chair of the Senate Finance Committee, and the speaker of the house of representatives. A request is considered approved unless the board or the governor issues a written disapproval not later than the 15th business day after the date the board delivers its analysis under this subsection.

Amend **CSHB 1** (house committee printing) in Article V of the bill, following the appropriations to the Department of Criminal Justice, by adding the following appropriately numbered rider:

____. Study of Halfway Houses. (a) Out of the funds appropriated above, the Department of Criminal Justice shall conduct a study regarding halfway houses and the extent to which they operate in a discriminatory manner. The study must include:

(1) the number of halfway houses in this state;

(2) the location of each halfway house;

(3) a comparison between the number of halfway houses located in urban areas and rural areas; and

(4) the racial makeup of the population of each halfway house.

(b) Not later than December 31, 2016, the department shall report the results of the study to:

(1) the governor;

(2) the lieutenant governor;

(3) the speaker of the house of representatives;

(4) the Legislative Budget Board; and

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(5) each standing committee of the senate and house of representatives having primary jurisdiction over matters relating to corrections.

Amend **CSHB 1** (house committee printing) as follows:

(1) Reduce the appropriations from the general revenue fund to the Department of Criminal Justice for Strategy C.1.1, Correctional Security Operations (page V-5), by the amount of \$5,000,000 for each fiscal year of the 2016-17 biennium.

(2) Increase the appropriations from the general revenue fund to the Commission on Jail Standards for Goal A, Effective Jail Standards (page V-22), by the amount of \$5,000,000 for each fiscal year of the 2016-17 biennium.

(3) Add the following appropriately numbered rider following the appropriations to the Commission on Jail Standards (page V-23):

____. Creation of the Office of the Independent Oversight Ombudsman for the Texas Department of Criminal Justice. If **HB 3303**, or similar legislation of the 84th Legislature, Regular Session, 2015, relating to the creation of the Office of the Independent Oversight Ombudsman (OIOO) for the Texas Department of Criminal Justice (TDCJ) becomes law, the amount of \$5,000,000 for each fiscal year of the 2016-17 biennium is appropriated out of the general revenue fund to the Commission on Jail Standards for Goal A, Effective Jail Standards for the purpose of creating the OIOO, which shall be responsible for investigating, evaluating, and securing the rights of the individuals in the custody of TDCJ.



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