

Texas Children's Mental Health Forum

DISCUSSION NOTES

Tuesday, September 21, 2010

TOPIC:

State Agency Budget Requests for 2012-13: Children's Public Mental Health and Early Childhood Services

Notes are provided to share highlights of Forum meetings with those who are interested in the topics being discussed but are unable to attend. Texans Care for Children and the Texas Health Institute strive to capture an accurate outline of the information and discussion shared during each meeting. However, these notes should not be viewed as an official or complete record of the meeting, and some inaccuracies may be contained. Please contact [Josette Saxton](#) at Texans Care for Children to report any significant errors.

PRESENTATION – Mental Health & Substance Abuse Legislative Appropriations Request for Children and Adolescents - Presented by Dr. Angela Hobbs-Lopez, Director of Children & Adolescent Unit.

[View presentation](#)

Notes below include additional information found in DSHS LAR, other materials prepared by the MH/SA division, and comments shared by attendees.

- Dept. of State Health Services (DSHS) has submitted a base budget request to the Legislative Budget Board (LBB) which reflects relatively flat funding for the FY 2012-2013 budget cycle. Base request includes increased investment in recent sessions related to MH community based crisis, transitional, and on-going services.
- Agency included Exceptional Item ("wish list") requests in addition to their base budget request, including funding for:
 - Stipends for six additional psychiatry or nurse practitioner residents
 - Increased base salaries of psychiatrists, nurse practitioners and other medical staff to retain current clinical staff and recruit new staff to fill ongoing vacancies at state hospitals
 - 35 additional psychiatrists for state hospital system
 - Jail diversion programs for adult and youth to provide behavioral health treatment, screen for infectious diseases and provide tests and referrals as needed. Estimated to serve 155 children/youth with wraparound services (within [RDM](#)).
 - Violence and Substance Abuse prevention and treatment services in key border communities.
 - Expanding the capacity of Clinical Management Behavioral Health System ([CMBHS](#)), an electronic, integrated health record
- The Health and Human Services Commission (HHSC) has submitted within its LAR an exceptional item request for funding to:
 - Reduce waitlists for Community Mental Health Services for adults and children (among other programs with wait or interest lists)
 - Recruit and retain workforce
- State agencies were directed to include in their Legislative Appropriation Requests (LARs) a planned schedule of budget reductions, in 5% increments (totaling a possible 10% cut), for the Legislature to consider during their budget deliberations. MH/SA had been spared from first round of agency budget cuts, which were implemented in current funding cycle. Not likely to be spared from cuts for the 2012-2013. MH/SA is the largest division within the Dept. of State Health Services, with the largest number of General Revenue (GR) funds, meaning the agency has little else to look for when identifying potential budget cut options.

**Proposed GR Savings Options for Additional Base 12-13 Reductions and 10% Reduction Schedule
First 5% Cut**

Service	FY12			FY13		
	GR	FTE	Clients	GR	FTE	Clients
OSARs	1,924,250	0	40,811	1,924,250	0	40,811
MH - Adults	8,471,777	0	Min. 1,512 Avg. 4,011	8,471,777	0	Min. 1,512 Avg. 4,011
MH -Children	2,182,266	0	Min. 336 Avg. 1,094	2,182,266	0	Min. 336 Avg. 1,094
MH Crisis	2,650,753	0	2,839	2,650,753	0	2,839
NorthSTAR BH Waiver	1,832,705	0	↓ benefit/ person	1,832,705	0	↓ benefit/ person
Transitional Services	2,500,000	0	897	2,500,000	0	897
Hospitals	15,246,161	233	910	15,246,161	0	910

Second 5% Cut

Service	FY12			FY13		
	GR	FTE	Clients	GR	FTE	Clients
MH-Adults	12,506.612	0	Min. 3,104 Avg. 5,922	12,506.612	0	Min. 3,104 Avg. 5,922
MH-Children	2,557,896	0	Min. 548 Avg. 1,283	2,557,896	0	Min. 548 Avg. 1,283
MH Crisis	3,762,057	0	3,725	3,762,057	0	3,725
NorthSTAR BH Waiver	2,610,217	0	↓ benefit/ person	2,610,217	0	↓ benefit/ person
Transitional Services	2,500,000	0	818	2,500,000	0	818
Hospitals	7,388,524	113	518	7,388,524	113	518

Other Dept. State Health Services MH/SA Budget Resources:

Proposed Exceptional Item Requests related to MH/SA:

- [Maintain Fiscal Year 2010-2011 Services](#)
- [Community Mental Health/Substance Abuse](#)
- [Maintain Hospital Operations](#)

PRESENTATION – ECI Heading into the 82nd Session - Presented by Kim Wedel, Asst. Commissioner, Early Childhood Intervention (ECI), Dept. of Assistive and Rehabilitative Services

[View Presentation](#)

Notes below include additional information found in DARS LAR and comments shared by attendees.

ECI system faces many challenges, including caseload growth of about 7% annually; funding levels which do not support adequate service levels; workforce challenges.

- Average delivered hours of service per month, per child in TX = 2 hours.
- National average is 6 hours per month
- Dept. of Assistive and Rehabilitative Services (DARS) is evaluating ECI program to develop recommendations to move the system towards sustainable, effective service delivery.
- Needs analysis showed teams of experienced professionals not working as staff in an ECI program recommended substantially more hours of service per month than did teams made up of experienced ECI program staff;
 - Both sets of teams (within & without ECI) recommended more hours of service than did the children's actual Individualized Family Service Plan (IFSP) teams.
 - Differences between the actual IFSP teams and other teams were largest for children with global delays (delays in more than 3 areas) and medical conditions.

ECI (IDEA Part C) is a federal entitlement program that states can voluntarily participate in (can be thought of as preschool special education services, with services for children aged 0-3 in their homes). By accepting federal IDEA Part C funds, states are required to serve all eligible children, with states determining eligibility criteria. Texas currently has among the broadest eligibility criteria in the nation.

- DARS was informed this year (by LBB?) that ECI is no longer considered - *within the state* - to be an entitlement program; the agency cannot request supplemental funding to maintain caseload growth. The program is still a federal entitlement program.

ECI Base Budget:

- Does not include federal stimulus dollars which the state appropriated last session to fund ECI caseload growth.
- Means the agency's base budget for 2012-2013 reflects a 15% reduction in ECI caseloads in FY 12 from FY10 projections (and a 26% reduction in caseloads from FY12 projections).
- Funding levels in base budget would also result in TX failing to meet its federal Maintenance of Effort (MOE) level, which can result in the loss of about \$40 million in federal IDEA Part C funds

Exceptional Item Requests:

1. Restore federal stimulus (ARRA) funds
 - Serves more children than base budget allows, but not projected caseload growth
2. Restore federal funds AND fund projected caseload growth
 - Serves most number of children among budget options
3. Maintain base funding level, but double the average hours of service per child. ****DARS has recommended this 3rd option to the LBB**

- Serves least number of children among budget options, reducing caseloads by about 50%,
- Allows ECI to increase service hours to 4 hours a month – still not optimal, but better than status quo
- Would require significant narrowing of eligibility.
- Texas currently has among broadest eligibility criteria in the nation, the proposed narrowing of eligibility would bring Texas to about the mid-range of national criteria.
- Texas would be able to maintain its MOE under this option.
- Strategy is to create a system with a quality core (which state can't achieve under current funding levels) and to build upon that core as additional resources become available

Comment made that ECI is facing similar circumstances to what public mental health system experienced years ago (not enough resources to address high need for services, leading to the narrowing of eligibility along with efforts to provide more effective services).

Question has been raised in by some in Texas and in other states if federal health care reform can/will take the place of ECI, since participation in the IDEA Part C program is voluntary for states.

- Counter-concerns raised that HCR will be unable to provide coordinated, home based services ECI provides to families with children with disabilities or delays.
- While home visiting provisions w/in HCR will provide some families with home based services, it won't reach anywhere near the number of families ECI serves, nor the population currently served by ECI. Current Nurse Family Partnership project reaches only about 2,000 families (low income, first time mothers who begin receiving services during their pregnancy) in a limited number of communities in Texas.

Additional Resources:

[What is Early Childhood Intervention \(ECI\)?](#)
[Dept. of Assistive and Rehabilitative Services \(DARS\) LAR](#)
[DARS Evaluation of Early Childhood Intervention Services](#)
[Report from ECI Stakeholder Workgroup](#)

PRESENTATION – HHSC's Nurse Family Partnership Program

Presented by Isabel Eguez, Health and Human Services Commission, Project Manager

Notes below include additional information found on HHSC's website and comments shared by attendees.

- The Texas Nurse-Family Partnership pairs registered nurses with low-income, first-time mothers to improve prenatal care and provide one-on-one child development education and counseling.
- First time mothers are enrolled early in the second trimester of their pregnancy, and a nurse begins visiting them. The visits, which usually take place in the family's home, continue throughout the woman's pregnancy and until her child is 2 years old. The nurses provide support, education and counseling on health, parenting, developmental issues and life skills.
- Nurse Family Partnership (NFP) program received its first year of funding in 2009 (enabling legislation is 2007's SB 156), projected to serve 2,000 families in 11 communities. In August 2010, about 2,300 were served.
- Program is evaluated annually – next report due December 2010.
- 2012-2013 LAR maintains current funding levels for NFP (found within [HHSC LAR - 3A Strategy Request 1.1.1](#))
 - 8.9 million per year, about \$5.5 million is funding with GR, balance with TANF
- LAR does not include new federal dollars which may come to Texas via health care reform.
 - Texas may be able to receive about \$7 million of new funds to support evidence based home visitation programs, which can fund other evidence based home visitation programs, such as [Parents as Teachers](#) and [HIPPI](#), as well as NFP.

- DSHS has been designated as the lead agency to complete the needs assessment needed to apply for federal funds through Federal HCR. Latest update from DSHS follows:
 - The Department of State Health Services submitted a response on September 20, 2010, to the first of two Supplemental Information Requests related to the Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program. Texas' response, commonly referred to as the Statewide Home Visiting Needs Assessment, can be viewed [here](#). The submission of this needs assessment assures the award of federal Maternal and Child Health Title V Block Grant funding to Texas for the upcoming federal fiscal year.
 - While Texas awaits final guidance from the Health Resources and Services Administration regarding the implementation phase, the decision regarding which state agency will assume responsibility for the development and implementation of the state plan is under review. The state will use the information collected and presented in the needs assessment with additional information for more specific areas within the regions to create an appropriate plan that will meet the upcoming guidance for this program.
- Comment: Governor's Office hasn't determined if the state will apply for these funds.

Additional Resources:

[HHSC's Nurse Family Partnership project website](#)

**PRESENTATION – Advocacy Opportunities Related to the State Budget and Other Priorities
Developed through the Forum - Presented by Josette Saxton, Texans Care for Children**

Soon after the Legislative Session begins next year (January 11), there are two committees which are responsible for developing the state budget for the next two years: the Appropriations Committee in the House, and the Finance Committee in the Senate.

- Subcommittees or workgroups within these committees focus on specific groups of agencies, such as Health and Humans Service agencies, Education, or Criminal Justice.

It's these legislative committees (particularly the subcommittees and workgroups) where advocacy efforts can occur. Committee assignments are made by the Speaker of the House and the Lt. Governor and will be assigned soon after session begins. If your Senator or Representative is assigned to one of these committees or workgroups, you are in an especially influential position, as a constituent. However, even if your Sen/Rep is not on one of these key committees, it is still worthwhile to communicate with them.

- Write letters. Send Emails. Make Phone Calls. Visit offices @ the Capitol or w/in the district.
- Communicate with legislative staffers/aides.
- If you have the time and wherewithal, testify at public hearings.
- **Encourage or assist families, community members to contact their legislators!** This feedback is more influential than comments, testimony coming from an organization.
- [Click here for more tips & tools on advocating for children and families.](#)

A simple way you can show support for balancing the state budget in a balanced way is to endorse the Texas Forward's coalition's principles. This coalition is calling on our legislative leadership to:

- Use the Rainy Day fund.
- Access all available federal funding.
- Look at equitable revenue options. Close wasteful tax loop holes.

Find out more, including how you can endorse these principles, by visiting <http://txforward.org/>

Another simple way you can support the priorities developed through the Texas Children's Mental Health Forum is to have your organization sign-on in support of [Policy Priorities to Advance Children's Mental Health in the 82nd Texas Legislative Session](#).

ANNOUNCEMENTS

Next Texas Children's Mental Health Forum Meeting

Tuesday, October 19: 9:00AM-3:00 PM, Capitol Auditorium, Austin. *Promising Practices in Serving Children with Complex Behavioral Health Needs and Their Families: System of Care in Texas*. Keynote Speaker: Gary M. Blau, Ph.D., Chief, Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, SAMHSA. [Click here for more information and to register](#).

Partners in Prevention Conference – Round Rock

October 27, 2010-Pre-Conference Provider Meeting; October 28-29, 2010 – Conference; Austin Marriott North, Round Rock, TX. The Department of Family and Protective Services, together with member agencies of the Interagency Coordinating Council for Building Healthy Families, offers the Partners in Prevention Conference annually to provide training opportunities to community-based prevention service providers throughout Texas. The Conference focuses on ways to provide better services to families, improve collaborations, promote prevention programs in communities, and become more knowledgeable about prevention theory and practice. [Click here for more information](#)

Strengthening Youth and Families - Austin

November 3-5, 2010. Omni Southpark Hotel, Austin. There is a growing concern regarding the number of youth entering the juvenile justice system with multiple needs including physical health, mental health and substance use disorders. Through presentations from national experts and family members, conference attendees will attain new and practical skills to work successfully with youth in the juvenile justice system and their families. [Click here for more information](#) or contact Erin Espinoza at Erin.Espinoza@tjpc.state.tx.us or 512-424-6700.

Search Institute's "Big Tent" Conference – Houston

Nov. 18-20, 2010. BigTent is the world's leading conference for people who care about schools, youth, families, and communities. Join with others who are equally committed to youth, inside and outside your field, for three days of learning, sharing, and connecting! [Click here for more information](#).