

AN ACT

relating to delivery of and reporting on mental health, behavioral health, substance abuse, and certain other services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.00255 to read as follows:

Sec. 533.00255. BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES NETWORK. (a) In this section, "behavioral health services" means mental health and substance abuse disorder services, other than those provided through the NorthSTAR demonstration project.

(b) The commission shall, to the greatest extent possible, integrate into the Medicaid managed care program implemented under this chapter the following services for Medicaid-eligible persons:

(1) behavioral health services, including targeted case management and psychiatric rehabilitation services; and

(2) physical health services.

(c) A managed care organization that contracts with the commission under this chapter shall develop a network of public and private providers of behavioral health services and ensure adults with serious mental illness and children with serious emotional disturbance have access to a comprehensive array of services.

(d) In implementing this section, the commission shall ensure that:

1 (1) an appropriate assessment tool is used to
2 authorize services;

3 (2) providers are well-qualified and able to provide
4 an appropriate array of services;

5 (3) appropriate performance and quality outcomes are
6 measured;

7 (4) two health home pilot programs are established in
8 two health service areas, representing two distinct regions of the
9 state, for persons who are diagnosed with:

10 (A) a serious mental illness; and

11 (B) at least one other chronic health condition;

12 (5) a health home established under a pilot program
13 under Subdivision (4) complies with the principles for
14 patient-centered medical homes described in Section 533.0029; and

15 (6) all behavioral health services provided under this
16 section are based on an approach to treatment where the expected
17 outcome of treatment is recovery.

18 (e) The commission and the Department of State Health
19 Services shall establish a Behavioral Health Integration Advisory
20 Committee:

21 (1) whose membership must include:

22 (A) individuals with behavioral health
23 conditions who are current or former recipients of publicly funded
24 behavioral health services;

25 (B) representatives of managed care
26 organizations that have expertise in offering behavioral health
27 services;

1 (C) public and private providers of behavioral
2 health services; and

3 (D) providers of behavioral health services who
4 are both Medicaid primary care providers and providers for
5 individuals that are dually eligible for Medicaid and Medicare; and

6 (2) that shall:

7 (A) meet at least quarterly to address the
8 planning and development needs of the behavioral health services
9 network established under this section;

10 (B) seek input from the behavioral health
11 community on the implementation of this section; and

12 (C) issue formal recommendations to the
13 commission regarding the implementation of this section.

14 (f) The commission shall provide administrative support to
15 facilitate the duties of the advisory committee established under
16 Subsection (e). This subsection and Subsection (e) expire
17 September 1, 2017.

18 (g) The commission shall, if the commission determines that
19 it is cost-effective and beneficial to recipients, include a peer
20 specialist as a benefit to recipients or as a provider type.

21 (h) To the extent of any conflict between this section and
22 any other law relating to behavioral health services, this section
23 prevails.

24 (i) The executive commissioner shall adopt rules necessary
25 to implement this section.

26 SECTION 2. Subtitle I, Title 4, Government Code, is amended
27 by adding Chapter 539 to read as follows:

1 CHAPTER 539. COMMUNITY COLLABORATIVES

2 Sec. 539.001. DEFINITIONS. In this chapter:

3 (1) "Department" means the Department of State Health
4 Services.

5 (2) "Executive commissioner" means the executive
6 commissioner of the Health and Human Services Commission.

7 Sec. 539.002. GRANTS FOR ESTABLISHMENT AND EXPANSION OF
8 COMMUNITY COLLABORATIVES. (a) To the extent funds are
9 appropriated to the department for that purpose, the department
10 shall make grants to entities, including local governmental
11 entities, nonprofit community organizations, and faith-based
12 community organizations, to establish or expand community
13 collaboratives that bring the public and private sectors together
14 to provide services to persons experiencing homelessness and mental
15 illness. The department may make a maximum of five grants, which
16 must be made in the most populous municipalities in this state that
17 are located in counties with a population of more than one million.
18 In awarding grants, the department shall give special consideration
19 to entities establishing a new collaborative.

20 (b) The department shall require each entity awarded a grant
21 under this section to:

22 (1) leverage additional funding from private sources
23 in an amount that is at least equal to the amount of the grant
24 awarded under this section; and

25 (2) provide evidence of significant coordination and
26 collaboration between the entity, local mental health authorities,
27 municipalities, and other community stakeholders in establishing

1 or expanding a community collaborative funded by a grant awarded
2 under this section.

3 Sec. 539.003. ACCEPTABLE USES OF GRANT MONEY. An entity
4 shall use money received from a grant made by the department and
5 private funding sources for the establishment or expansion of a
6 community collaborative, provided that the collaborative must be
7 self-sustaining within seven years. Acceptable uses for the money
8 include:

9 (1) the development of the infrastructure of the
10 collaborative and the start-up costs of the collaborative;

11 (2) the establishment, operation, or maintenance of
12 other community service providers in the community served by the
13 collaborative, including intake centers, detoxification units,
14 sheltering centers for food, workforce training centers,
15 microbusinesses, and educational centers;

16 (3) the provision of clothing, hygiene products, and
17 medical services to and the arrangement of transitional and
18 permanent residential housing for persons served by the
19 collaborative;

20 (4) the provision of mental health services and
21 substance abuse treatment not readily available in the community
22 served by the collaborative;

23 (5) the provision of information, tools, and resource
24 referrals to assist persons served by the collaborative in
25 addressing the needs of their children; and

26 (6) the establishment and operation of coordinated
27 intake processes, including triage procedures, to protect the

1 public safety in the community served by the collaborative.

2 Sec. 539.004. ELEMENTS OF COMMUNITY COLLABORATIVES.

3 (a) If appropriate, an entity may incorporate into the community
4 collaborative operated by the entity the use of the Homeless
5 Management Information System, transportation plans, and case
6 managers. An entity may also consider incorporating into a
7 collaborative mentoring and volunteering opportunities, strategies
8 to assist homeless youth and homeless families with children,
9 strategies to reintegrate persons who were recently incarcerated
10 into the community, services for veterans, and strategies for
11 persons served by the collaborative to participate in the planning,
12 governance, and oversight of the collaborative.

13 (b) The focus of a community collaborative shall be the
14 eventual successful transition of persons from receiving services
15 from the collaborative to becoming integrated into the community
16 served by the collaborative through community relationships and
17 family supports.

18 Sec. 539.005. OUTCOME MEASURES FOR COMMUNITY
19 COLLABORATIVES. Each entity that receives a grant from the
20 department to establish or expand a community collaborative shall
21 select at least four of the following outcome measures that the
22 entity will focus on meeting through the implementation and
23 operation of the collaborative:

24 (1) persons served by the collaborative will find
25 employment that results in those persons having incomes that are at
26 or above 100 percent of the federal poverty level;

27 (2) persons served by the collaborative will find

1 permanent housing;

2 (3) persons served by the collaborative will complete
3 alcohol or substance abuse programs;

4 (4) the collaborative will help start social
5 businesses in the community or engage in job creation, job
6 training, or other workforce development activities;

7 (5) there will be a decrease in the use of jail beds by
8 persons served by the collaborative;

9 (6) there will be a decrease in the need for emergency
10 care by persons served by the collaborative;

11 (7) there will be a decrease in the number of children
12 whose families lack adequate housing referred to the Department of
13 Family and Protective Services or a local entity responsible for
14 child welfare; and

15 (8) any other appropriate outcome measure that
16 measures whether a collaborative is meeting a specific need of the
17 community served by the collaborative and that is approved by the
18 department.

19 Sec. 539.006. ANNUAL REVIEW OF OUTCOME MEASURES. The
20 department shall contract with an independent third party to verify
21 annually whether a community collaborative is meeting the outcome
22 measures under Section 539.005 selected by the entity that operates
23 the collaborative.

24 Sec. 539.007. REDUCTION AND CESSATION OF FUNDING. The
25 department shall establish processes by which the department may
26 reduce or cease providing funding to an entity if the community
27 collaborative operated by the entity does not meet the outcome

measures selected by the entity for the collaborative under Section 539.005 or is not self-sustaining after seven years. The department shall redistribute any funds withheld from an entity under this section to other entities operating high-performing collaboratives on a competitive basis.

Sec. 539.008. RULES. The executive commissioner shall adopt any rules necessary to implement the community collaborative grant program established under this chapter, including rules to establish the requirements for an entity to be eligible to receive a grant, the required elements of a community collaborative operated by an entity, and permissible and prohibited uses of money received by an entity from a grant made by the department under this chapter.

SECTION 3. Subchapter D, Chapter 1001, Health and Safety Code, is amended by adding Section 1001.078 to read as follows:

Sec. 1001.078. MENTAL HEALTH AND SUBSTANCE ABUSE PUBLIC REPORTING SYSTEM. (a) The department, in collaboration with the commission, shall establish and maintain a public reporting system of performance and outcome measures relating to mental health and substance abuse services established by the Legislative Budget Board, the department, and the commission. The system must allow external users to view and compare the performance, outputs, and outcomes of:

(1) community centers established under Subchapter A, Chapter 534, that provide mental health services;

(2) Medicaid managed care pilot programs that provide mental health services; and

(3) agencies, organizations, and persons that

1 contract with the state to provide substance abuse services.

2 (b) The system must allow external users to view and compare
3 the performance, outputs, and outcomes of the Medicaid managed care
4 programs that provide mental health services.

5 (c) The department shall post the performance, output, and
6 outcome measures on the department's website so that the
7 information is accessible to the public. The department shall post
8 the measures quarterly or semiannually in accordance with when the
9 measures are reported to the department.

10 (d) The department shall consider public input in
11 determining the appropriate outcome measures to collect in the
12 public reporting system. To the extent possible, the department
13 shall include outcome measures that capture inpatient psychiatric
14 care diversion, avoidance of emergency room use, criminal justice
15 diversion, and the numbers of people who are homeless served.

16 (e) The commission shall conduct a study to determine the
17 feasibility of establishing and maintaining the public reporting
18 system, including, to the extent possible, the cost to the state and
19 impact on managed care organizations and providers of collecting
20 the outcome measures required by Subsection (d). Not later than
21 December 1, 2014, the commission shall report the results of the
22 study to the legislature and appropriate legislative committees.

23 (f) The department shall ensure that information reported
24 through the public reporting system does not permit the
25 identification of an individual.

26 SECTION 4. Not later than December 1, 2013, the Health and
27 Human Services Commission shall establish the Behavioral Health

1 Integration Advisory Committee required by Section 533.00255,
2 Government Code, as added by this Act.

3 SECTION 5. Not later than September 1, 2014, the Health and
4 Human Services Commission shall complete the integration of
5 behavioral health and physical health services required by Section
6 533.00255, Government Code, as added by this Act.

7 SECTION 6. Not later than December 1, 2013, the Department
8 of State Health Services shall establish the public reporting
9 system as required under Section 1001.078, Health and Safety Code,
10 as added by this Act.

11 SECTION 7. Not later than December 1, 2014, the Department
12 of State Health Services shall submit a report to the legislature
13 and the Legislative Budget Board on the development of the public
14 reporting system as required by Section 1001.078, Health and Safety
15 Code, as added by this Act, and the outcome measures collected.

16 SECTION 8. If before implementing any provision of this Act
17 a state agency determines that a waiver or authorization from a
18 federal agency is necessary for implementation of that provision,
19 the agency affected by the provision shall request the waiver or
20 authorization and may delay implementing that provision until the
21 waiver or authorization is granted.

22 SECTION 9. This Act takes effect September 1, 2013.

President of the Senate

Speaker of the House

I hereby certify that S.B. No. 58 passed the Senate on March 27, 2013, by the following vote: Yeas 30, Nays 0; May 22, 2013, Senate refused to concur in House amendments and requested appointment of Conference Committee; May 23, 2013, House granted request of the Senate; May 26, 2013, Senate adopted Conference Committee Report by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

I hereby certify that S.B. No. 58 passed the House, with amendments, on May 20, 2013, by the following vote: Yeas 142, Nays 4, two present not voting; May 23, 2013, House granted request of the Senate for appointment of Conference Committee; May 26, 2013, House adopted Conference Committee Report by the following vote: Yeas 138, Nays 6, two present not voting.

Chief Clerk of the House

Approved:

Date

Governor