

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 86TH LEGISLATIVE REGULAR SESSION

May 23, 2019

TO: Honorable Dennis Bonnen, Speaker of the House, House of Representatives

FROM: John McGeady, Assistant Director Sarah Keyton, Assistant Director
Legislative Budget Board

IN RE: HB1669 by Lucio III (Relating to increasing and improving the mental health and substance use disorder workforce in this state and increasing the capacity of local mental health authorities to provide access to mental health services in certain counties.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1669, As Passed 2nd House: a negative impact of (\$4,506,504) through the biennium ending August 31, 2021.

Depending upon the recommendations of the comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues, there may be a further indeterminate negative fiscal impact to the state.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill. The Department of State Health Services and Health and Human Services Commission is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the agencies may, but are not required to, implement a provision of this Act using other appropriations available for that purpose.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2020	(\$2,212,846)
2021	(\$2,293,658)
2022	(\$1,982,539)
2023	(\$1,982,539)
2024	(\$1,982,539)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Probable Savings/(Cost) from HIV REBATES ACCOUNT NO. 8149 8149	Probable Savings/(Cost) from Federal Funds 555	Change in Number of State Employees from FY 2019
2020	(\$2,212,846)	(\$55,079)	(\$29,861)	10.3
2021	(\$2,293,658)	(\$58,190)	(\$29,861)	10.3
2022	(\$1,982,539)	(\$58,190)	\$0	7.0
2023	(\$1,982,539)	(\$58,190)	\$0	7.0
2024	(\$1,982,539)	(\$58,190)	\$0	7.0

Fiscal Analysis

The bill would require the Health and Human Services Commission (HHSC) to assign local mental health authorities (LMHAs) that are located in or serve a county with a population of 250,000 or less into regional groups no later than January 1, 2020. The bill would require HHSC to develop a mental health services development plan for each regional group that will increase the capacity of the LMHAs in the group. The bill would require HHSC to publish each plan, an evaluation of each plan, and a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, on its website no later than December 1, 2020. The section of the bill requiring these plans expires September 1, 2021. The bill would require HHSC to develop and implement a comprehensive plan to increase and improve the workforce in this state that serves individuals with mental health and substance use issues.

The bill would require the executive commissioner of HHSC to develop more fully educate related staff, residents, clients and guardians on certain information and specify processes and procedures related to state supported living centers. The executive commissioner would also be required to develop standards for related staff that is competency-based and in an interactive manner.

The bill would amend the Health and Safety Code to require the Department of State Health Services (DSHS) to prepare and submit a report to the legislature on public laboratories in counties that are adjacent to an international border by September 1, 2020. The bill would require DSHS to collaborate with local health departments and public and private laboratories to collect information and develop recommendations for the report. The bill would require DSHS, using available resources as determined by DSHS, to 1) enter into local agreements with institutions of higher education and public and private testing laboratories to increase the availability of public health laboratory services for local health departments and 2) provide year-round laboratory support access for vector-borne infectious diseases in certain counties that are most at risk for year-round outbreaks.

The bill would amend the Health and Safety Code to require DSHS to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity for adults and children in border counties. The bill would allow DSHS to consult and collaborate with other health and human services agencies; other appropriate state and federal agencies; health science centers and medical schools; and public and private health care providers and hospitals. The bill would also require DSHS to conduct bilingual, culturally appropriate outreach campaigns in consultation and collaboration with appropriate individuals and entities. The bill would require DSHS to prepare and submit a report to the lieutenant governor, the speaker, and the legislature describing health outcomes and health care saving from the border public health initiative, and other relevant findings by January 1, 2023.

The bill would amend the Health and Safety Code to require DSHS, to the extent funding is available, to collaborate with health authorities, local health departments, and public health districts to provide continuing education designed to reduce the incidence of communicable and other diseases to community health workers, health professionals, and applicable employees in counties along the international border with Mexico. The bill would require DSHS to identify and assess the accessibility of continuing education resources and programs for applicable counties. The bill would allow DSHS to solicit or accept gifts, grants, and donations for health professional continuing education. The bill would also require DSHS to collaborate with appropriate entities to identify, apply for, and solicit funding.

The bill would amend the Health and Safety Code to require DSHS to establish the childhood obesity prevention demonstration program and the chronic disease prevention demonstration program in counties that are adjacent to an international border and have a population between 400,000 and 800,000. The bill would require DSHS, to the extent that funding is available, 1) to develop and implement a school-based demonstration program to address childhood obesity and related chronic diseases; 2) establish a chronic disease prevention demonstration program for adults; and 3) share the strategies, best practices, and recommendations DSHS determined to be successful in addressing childhood obesity and chronic disease prevention with public schools and other appropriate entities. The bill would require DSHS to evaluate the effectiveness of the demonstration programs by September 1, 2029. The bill would also require DSHS to submit a report on the demonstration programs to the lieutenant governor, the speaker, and each member of the legislature before November 1, 2029. The bill would require the executive commissioner of HHSC to adopt rules as necessary to implement the demonstration programs.

The bill would amend the Health and Safety Code to require DSHS, to the extent funding is available, to develop a program in counties along the international border with Mexico that 1) provides grants to local health units, local health departments, or public health districts to improve the recruitment and retention of sanitarians; and 2) expands opportunities for training and registration of sanitarians to improve disease response and prevent foodborne, waterborne, vector-borne, and zoonotic diseases. The bill would allow DSHS to solicit or accept gifts, grants, and donations to operate the program. The bill would also require DSHS to coordinate with appropriate entities to identify and solicit funding to administer the grant program. The bill would allow DSHS to solicit or accept gifts, grants, and donations to operate the program. The bill would also require DSHS to coordinate with appropriate entities to identify and solicit funding to administer the grant program.

The bill would amend the Health and Safety Code to require DSHS to establish a border public health response team to deploy in response to public health threats declared by the commissioner of DSHS and disasters declared in counties adjacent to the international border with Mexico by December 1, 2019. The bill would require DSHS to consult with other state agencies to develop policies, plans, and procedures to facilitate an effective response. The bill would also require DSHS to provide training, equipment, and support staff to the response team. The bill would require DSHS to coordinate with appropriate state and federal entities for funding to support the response team's activities. The bill would also allow DSHS to accept gifts, grants, and donations to carry out the purposes of the response team.

Methodology

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission estimates, it is assumed that costs associated with developing the comprehensive plan to increase and improve workforce in the state could be absorbed using existing resources. There could be an indeterminate fiscal impact to the state to implement the plan depending on the plan's

recommendations to increase and improve the workforce. To develop and publish each mental health services development plan, it is assumed HHSC would need to hire 3.0 Program Specialist VI to assist with developing and analysis of the plans and to assist with data analysis and program oversight. It is also assumed HHSC would need to hire 0.3 Research Specialist V to assist with data analysis and reporting requirements. Costs associated with the additional full-time equivalents (FTEs) would be \$377,990 in fiscal year 2020 and \$387,806 in fiscal year 2021. This analysis assumes the associated costs would expire September 1, 2021.

Based on the Legislative Budget Board's analysis of the Health and Human Services Commission, it is assumed that the provisions of the bill relating to state supported living centers could be absorbed using existing resources.

Under the provisions of the bill, the Department of State Health Services (DSHS) would prepare and submit a report to the legislature about public laboratories in counties that are adjacent to an international border. DSHS assumes they would use existing collaborations with local health departments to gather information required for the report. Under the provisions of the bill, DSHS would enter into an agreement with institutions of higher education and public and private testing laboratories to increase the availability of public health laboratory services for local health departments in counties adjacent to an international border. Currently, only DSHS meets protocols that ensure confidentiality of the laboratory testing and provides laboratory testing for human and nonhuman specimens in the border counties. The costs related to entering into agreements with institutions for higher education, and public and private testing laboratories to enhance laboratory testing capacity, cannot be determined but is assumed to be significant because new agreements would accelerate testing capacity and increase testing volume at an unknown amount. Under the provisions of the bill, DSHS would be required to provide year-round access to laboratory testing for vector-borne diseases in certain counties. Currently, DSHS provides support for arboviral testing of vector-borne infectious diseases for 7 months of the year, from May to November, for 4 border counties. The bill would require expansion of support and testing for 5 additional months and to 8 new counties. According to the agency, additional FTEs including 1.0 Molecular Biologist III to perform testing of mosquito pools and human samples for detection of disease; 1.0 Microbiologist I to assess specimen for proper shipping and receipt according to specimen submission criteria; 1.0 Administrative Assistant III to maintain specimen databases; and 1.0 Epidemiologist II to educate counties about trapping, specimen collection, and analyze testing results would be needed to implement the provisions of the bill. The cost for 4.0 FTEs would be \$197,841 in fiscal year 2020 and \$263,788 in each subsequent fiscal year. An additional \$134,570 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$141,376 in each subsequent fiscal year for this purpose. DSHS indicated that additional costs for chemicals and supplies to perform testing would be \$59,960 for each fiscal year.

Currently, DSHS operates the Community and Clinical Health Bridge (CCHB) Initiative program in six counties statewide, including two border counties. The CCHB program includes initiatives to promote 1) educational resources designed to prevent diabetes, hypertension, and obesity for adults and children; 2) screenings for persons at risk for those conditions; and 3) referrals to and treatment by health care providers. Under the provisions of the bill, DSHS would be required to develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity in border counties. DSHS estimates there are four additional border counties with a high obesity prevalence and local health department or public health organization infrastructure support the CCHB program activities. According to the agency, they would contract with the local health department or other organization in the four additional border counties to implement the CCHB program activities at a cost of \$500,000 each fiscal year. DSHS estimates that an additional \$80,000 per year would be required to implement outreach campaigns through the contracts with

the four counties.

Under the provisions of the bill, DSHS would be required to collaborate with health authorities, local health departments, and public health districts to provide continuing education to reduce the incident of communicable and other diseases. According to the agency, an additional \$150,000 would be needed to contract with six city and county public health departments at a cost of \$25,000 each to provide continuing education to counties along the international border with Mexico. Currently, DSHS provides continuing education through webinars, conferences, and online disease prevention modules. However, in counties along the international border with Mexico where there is no local health department, DSHS would assume responsibility for continuing education. This analysis assumes an additional 1.0 FTE to provide program oversight, management of contracts, and provide continuing education would be needed to implement the provisions of the bill. The cost for 1.0 FTE would be \$56,268 in fiscal year 2020 and \$75,024 in each subsequent fiscal year. An additional \$65,006 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$61,808 in each subsequent fiscal year for this purpose.

Under the provisions of the bill, DSHS would develop and implement a school-based demonstration program to address childhood obesity and related chronic diseases in Cameron County. DSHS assumes an additional 1.0 FTE and \$25,000 each fiscal year for development training materials to implement this program. The cost for 1.0 FTE would be \$60,185 in fiscal year 2020 and \$80,247 in each subsequent fiscal year. An additional \$97,391 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$94,428 in each subsequent fiscal year for this purpose. Under the provisions of the bill, DSHS would establish a chronic disease prevention demonstration program for adults. DSHS assumes they would contract with the local health department or other health organization in Cameron County at a cost of \$250,000 each fiscal year to implement the program. Under the provisions of the bill, DSHS would share the strategies, best practices, and recommendations DSHS determined to be successful in addressing childhood obesity and chronic disease prevention with public schools and other appropriate entities. DSHS assumes they would contract with a university or other organization in Cameron County at a cost of \$50,000 each fiscal year to evaluate the effectiveness of the demonstration programs.

Under the provisions of the bill, DSHS would be required to coordinate with health authorities, local health departments, and public health districts to administer the grant program to improve the recruitment and retention of sanitarians and expand training opportunities. According to the agency, an additional \$60,000 would be needed to award six contracts to local health units, local health departments, or public health districts at a cost of \$10,000 each to provide continuing education and expand training to counties along the international border with Mexico. This analysis assumes an additional 1.0 FTE to provide grant management and oversight to grantees; coordinate technical support to local jurisdictions on training needs; and manage continuing education training support would be needed to implement the provisions of the bill. The cost for 1.0 FTE would be \$56,268 in fiscal year 2020 and \$75,024 in each subsequent fiscal year. An additional \$52,839 in other operating expenses, including rent, travel, and supplies that would be needed in fiscal year 2020 and \$49,636 in each subsequent fiscal year for this purpose.

This analysis assumes the provisions of the bill related to the establishment of a border public health response team can be implemented using existing resources.

The estimated total to comply with the provisions of the bill would be \$2.3 million in fiscal year 2020 and fiscal year 2021 and \$2.0 million in each subsequent fiscal year.

Technology

Technology costs are estimated to be \$28,861 in the first year for Data Center Services (DCS), hardware, and software and \$28,826 in each subsequent fiscal year for the same purposes.

Local Government Impact

The fiscal implications of the bill cannot be determined at this time.

Source Agencies:

LBB Staff: WP, AKi