

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 88TH LEGISLATIVE REGULAR SESSION

May 19, 2023

TO: Honorable Stephanie Klick, Chair, House Committee on Public Health

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: SB26 by Kolkhorst (Relating to local mental health authority and local behavioral health authority audits and mental and behavioral health reporting, services, and programs.), **Committee Report 2nd House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for SB26, Committee Report 2nd House, Substituted : a negative impact of (\$15,794,902) through the biennium ending August 31, 2025.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	<i>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</i>
2024	(\$5,188,758)
2025	(\$10,606,144)
2026	(\$4,825,538)
2027	(\$1,935,897)
2028	(\$1,937,220)

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	<i>Probable Savings/(Cost) from General Revenue Fund 1</i>	<i>Probable Savings/(Cost) from GR Match For Medicaid 758</i>	<i>Probable Savings/(Cost) from Federal Funds 555</i>	<i>Change in Number of State Employees from FY 2023</i>
2024	(\$4,063,079)	(\$1,125,679)	(\$1,125,679)	22.0
2025	(\$9,281,357)	(\$1,324,787)	(\$1,324,787)	22.0
2026	(\$3,718,187)	(\$1,107,351)	(\$1,107,351)	22.0
2027	(\$936,925)	(\$998,972)	(\$998,972)	22.0
2028	(\$937,569)	(\$999,651)	(\$999,651)	22.0

Fiscal Analysis

The bill would establish an innovation grant program for mental health early intervention and treatment and would permit the Health and Human Services Commission (HHSC) to utilize up to five percent of program funding to pay for administration.

The bill would require HHSC to develop a plan by January 1, 2025, for transitioning individuals who require a nursing facility level of care and a high level of behavioral health supports and services from behavioral health services hospitals to nursing facilities. HHSC would be authorized to implement the plan only if it would

increase available General Revenue.

The bill would require the Health and Human Services Office of Inspector General (OIG) to conduct performance audits of each local mental health authority (LMHA) and local behavioral health authority (LBHA) at least once every five years. LMHAs and LBHAs would also be required to have independent financial audits conducted once every three years and submitted to OIG. Additional audits would be required based on adverse findings in a previous audit or as requested by HHSC.

The bill would require LMHAs to be responsible for the transition of patients from HHSC facilities and would require LMHAs to provide services to complement discharge planning efforts.

The bill would authorize a facility administrator of an inpatient mental health facility to only approve a voluntary admission for inpatient services if there is available space at the inpatient mental health facility.

The bill would require HHSC to establish and maintain a public reporting system of performance and outcome measures to compare LMHAs, LBHAs, and local intellectual and developmental disability authorities (LIDDA), that includes specific measures to be posted monthly, or as frequently as possible.

Methodology

The cost estimate does not include funding required to provide innovation grants for community-based initiatives. HHSC would require appropriations to implement the grant program, but the cost for grant funding would depend on the preferred scale of the program. Other community mental health grant programs at HHSC received appropriations ranging from \$5.0 million to \$25.0 million for grants each fiscal year of the 2022-23 biennium. The analysis assumes costs for grant program administration would be a portion of the total program funding as authorized by the bill.

The analysis assumes HHSC would utilize existing resources to develop the required plan for transitioning certain patients from behavioral health services hospitals to nursing facilities.

The analysis assumes OIG would require 20.0 additional FTEs, including 2.0 project managers, 16.0 auditors, 1.0 program specialist, and 1.0 director, to conduct performance audits of LMHAs and LBHAs and oversee financial audits, which would result in a cost of \$2.8 million in fiscal year 2024 and \$2.7 million in subsequent fiscal years.

It is assumed that the provisions of the bill relating to voluntary admission to an inpatient mental health facility could be absorbed within existing resources.

The analysis assumes HHSC would require 2.0 FTEs, including a Project Manager III and Data Analyst IV, to implement the new requirements for a monthly public reporting system at a cost of \$0.3 million in fiscal year 2024 and \$0.2 million in subsequent fiscal years. According to HHSC, technology costs for system development and licensing for the updated public reporting system would be \$3.3 million in fiscal year 2024, \$9.0 million in fiscal year 2025, and \$3.0 million in fiscal year 2026.

Technology

Total IT costs would be \$3.4 million in fiscal year 2024, \$9.0 million in fiscal year 2025, and \$3.0 million in fiscal year 2026, which includes costs for system development and licensing for the updated public reporting system, and less than \$0.1 million in FTE-related IT costs each fiscal year.

Local Government Impact

The analysis assumes local entities would have a negative fiscal impact relating to implementing the provisions of the bill. Costs for local entities are not included in the tables above though HHSC does provide funding for LMHAs and LBHAs through performance contracts.

Based on information provided by HHSC, the analysis assumes LMHAs and LBHAs would have an increase in

costs of \$4.1 million per fiscal year for additional staffing needs to provide services related to discharge planning efforts. In addition, the analysis assumes that LMHAs and LBHAs would have costs of \$3.0 million in fiscal year 2024, \$1.5 million in fiscal year 2025, and \$0.5 million in fiscal year 2025 related to assisting providers with collecting and reporting new data requirements for the public reporting system.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JMc, NPe, ER, NDA, NV