

HB 1/ SB 1 Summary

Appropriations for FY 2012-2013

Department of Aging and Disability Services (DADS)

Medicaid Waiver programs – The House and Senate budgets make no additional appropriations to Medicaid 1915(c) waiver programs. The number of people served will remain at August 2011 levels, however the amounts available to fund those programs are less, which will either mean fewer people will be served or people in the programs will receive less services. Given this situation, the agency will be forced to reduce rates by as much as 30% and many providers will cease to participate in the programs. Additionally, individuals in waiver programs will be forced to reduce the amount of services they receive, shrinking individual service plan budgets. The interest list for these programs will continue to grow.

MR Community Services – Funding for these community “safety net” services is significantly reduced in the budget; as introduced, there would be 50% fewer people served in this program. With significant reductions in this program, more people (especially children) will seek institutional services as no other options will be available.

In-Home Family Support (IHFS) – Funding for IHFS is significantly reduced. This program provides needed support to families who would otherwise turn to institutional services for their loved ones with intellectual disabilities.

Promoting Independence Services – Funding for these services is decreased, however the number of individuals who will receive these services is increased. Promoting Independence Services allows individuals to transition from institutions into community waiver programs.

ICF/MR Services – The budget contains fewer dollars for this program that would serve fewer people. The reduction in the number of people served will not encompass the total dollars reduced in the budget. Therefore, DADS will be forced to reduce provider reimbursement rates as much as 30% and some providers will cease to participate in the program.

DADS Program name	Proposed Funding (HB 1/ SB1)		
	FY 10-11	FY 12-13	Difference
Medicaid Waiver programs	\$3.02b	\$2.07b	-\$945.6m
	52,335	53,347	+1,012
MR Community Services	\$204m	\$102m	-\$102m
	12,725	6,306	-6,419
In-Home Family Support	\$9.97m	\$4.99m	-\$4.99m
	5,491	2,688	-2,803
MR In-Home and Family Services	\$11.4m	\$5.7m	-\$5.7m
	3,060	1,530	-1,530
Promoting Independence Services	\$236m	\$169.9m	-\$66m
	6,301	7,752	-1,451
ICF/MR	\$653m	\$433m	-\$219.9m
	6,063	5,616	-447
State Supported Living Centers (SSLC)	\$1.288b	\$1.076b	-\$212m
	4,338	3,402	-936

Additional considerations: There are several budget riders that direct DADS to make significant changes to the SSLC program, including a rider that directs the agency to close up to two SSLCs. Additional budget riders direct DADS to implement an intensive culture change process at one SSLC and fund a Commission on SSLC Realignment.

****Proposed Funding tables include dollar amounts and expected caseloads, as applicable.****

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Department of Assistive and Rehabilitative Services (DARS)

Early Childhood Intervention Services (ECI) – ECI provides services to children with developmental delays that assist eligible children to gain skills or improve development. Both the Senate and House budgets reduce the ECI program significantly. Children who do not receive adequate early intervention will require more costly services later in life, provided through special education, Medicaid, etc.

DARS Program name	Proposed Funding (SB 1/ HB1)		
	FY 10-11	FY 12-13	Difference
Early Childhood Intervention Services	32,245 \$373.9m	26,052 \$302.9m	-6,193 -\$71m
Autism Program	180 \$6.6m	64/ 0 \$3.3m/ \$0	-116/ -180 \$3.3m/ - \$6.6m
Vocational Rehabilitation	88,024 \$456.7m	82,636 \$409.6m	-5,388 -\$56.1m
Independent Living Centers	6,632 \$5.4m	4,782 \$3.9m	-1,850 -\$1.5m
Independent Living Services	1,785 \$14.2m	1,890 \$13.5m	+105 -\$0.7m
Comprehensive Rehabilitation	583 \$34.4m	369 \$21.2m	-214 \$13.2m

Autism Program – The DARS Autism Program provides intensive, evidence-based treatment to children age 3-8 with a diagnosis of Autism Spectrum Disorder. The Senate budget reduced the program by half; the House budget eliminated the program completely. Children in this program will no longer receive these services.

Vocational Rehabilitation- The Vocational Rehabilitation (VR) Program helps people who have physical or mental disabilities prepare for, find or keep employment. Both the House and the Senate budgets reduce the amount of funding for the VR program which also reduced the number of people

served, resulting in fewer people who gain successful employment.

Independent Living Centers (ILCs)– The proposed budget for Independent Living Centers would not allow the current network of ILCs to maintain current levels of services. This amount of funding may result in closing some ILC locations completely.

Independent Living Services – SB 1 and HB 1 do not fully fund the Independent Living Services program. However, the agency is expected to serve slightly more individuals in this program in the two-year biennium. In order to achieve this, DARS will reduce the annual service budget for individuals in the program, resulting in fewer services provided.

Comprehensive Rehabilitation Services (CRS) – Individuals with traumatic brain injury or spinal cord injury can receive post-acute rehabilitative services in the CRS program. The budget as proposed would reduce funding to the CRS program by almost 50%. Without this funding, DARS would establish a waiting list for the CRS program which would limit the ability to provide time-sensitive rehabilitative services to people who need it in order to avoid institutional services.

Additional considerations: DARS' evaluation of the ECI program determined that the amount of direct service hours received by ECI children were not enough. Currently, children in ECI receive approximately two hours of direct service per month. In order to increase the number of hours provided, fewer children will be served without additional appropriations.

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Department of Family and Protective Services (DFPS)

Child Protective Services programs (CPS) – The House and Senate budgets for FY 2012-2013 maintain caseloads for the foster care, adoption subsidy and permanency care assistance programs. With a reduction of 749.15 FTE’s for 2013 this will mean an increase in caseloads for Investigations, Family-Based Safety Services and Substitute Care Services. In the Senate budget there will be no new adoption subsidies given to foster families. This would significantly reduce the number of foster families and children who are adopted in Texas. Adoption subsidies are given to families that adopt “special needs” children. A special needs child could be a child with a verifiable and diagnosed physical, mental or emotional handicapping condition. There will be no additional adoption subsidies for special needs children if the proposed funding amounts are accepted.

DFPS Program name	Proposed Funding (SB 1/ HB 1)		
	FY 10-11	FY 12-13	Difference
Child Protective Services	\$2.3b	\$2.1b	-\$1.6m
Prevention Programs	\$88m	\$52.8m/ \$48.2m	-\$35.2m/ -\$38.0m
Adult Protective Services	\$134.4m	\$132.9m	-\$1.6m
Child Care Regulations	\$68.7m	\$64.7m	-\$4.0m

Prevention programs – The Senate budget for FY 2012-2013 includes a 32 percent reduction for the Services to At-Risk Youth (STAR) program, the Community Youth Development program and the Texas Families Program. There is also a 45 percent reduction for other at-risk programs. The Department’s mission is to protect children, the elderly, and people with disabilities from abuse, neglect, and exploitation by involving clients, families and communities; a significant portion of this mission is accomplished through prevention and early intervention. Without adequate funding for prevention programs, more children will be removed from their families and placed in foster care.

Adult Protective Services programs (APS) – The Senate budget includes a \$2 million General Revenue reduction in emergency client services. APS MH and MR investigators have the ability to provide emergency services to persons receiving Home and Community-Based Service Waiver (HCS) services to protect a client from serious harm or death. Services may include paying an electric bill or fixing a window so the client can remain in their own home. Without these services, people will be at greater risk of abuse, neglect and exploitation, which may lead to increased levels of institutionalization.

Child Care Regulations – The funding levels for 2012-2013 include a reduction for dare care inspections, which may result in lower quality of care in child care settings.

Additional considerations: DFPS is charged with protecting all children, adults and people with disabilities from being abused, neglected and exploited. Therefore, the budget does not reduce the number of children or adults served through DFPS. With less funding to serve the same or more people, DFPS will be forced to increase caseloads of its employees, which will negatively impact the quality of services provided.

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Department of State Health Services

Mental Health Block Grant – The Mental Health Block grant program provides federal funds through the Substance Abuse and Mental Health Services Administration for Texas to establish or expand an organized, community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbances (SED). The budget proposal would cut over \$30 million per year in general revenue.

Adult Community Mental Health – Over 50% of DSHS general revenue budget is for mental health services. The proposed budget reduces community mental health services by 38% which means more children and adults with serious mental illness and/or intellectual disabilities will wind up in jail, in the state hospitals and in emergency rooms.

DSHS Program Name	Proposed Funding (SB 1/ HB1)		
	FY 2010-11	FY 2012-13	Difference
Mental Health Block Grant	\$658 m	\$590 m	-\$68 m
Adult Community Mental Health	52,484	48,705	-\$3,779
	\$795 m	\$644.4 m	\$150.0 m
Mental Health Crisis	\$164.8 m	\$155.9 m	-\$8.9 m
Children’s Community Mental Health	12,834	11,455	-1,379
	\$139.1 m	\$107.6 m	-\$31.5 m
Mental Health Hospitals	4,816	4,694	-122
	\$839 m	\$805 m	-\$34 m
Children with Special Health Care Needs	2,520	1,800	-239
	\$83.4 m	\$71.2 m	-\$12.2 m

Mental Health Crisis – An array of services are provided to people in crisis to help them regain their mental health. The program funds crisis hotline, emergency psychiatric stabilization, peer support services and mobile crisis outreach teams that help prevent suicide and hospitalization. The proposed budget reduces funding for crisis services, which will force local police departments to jail or transport people experiencing mental health crises to local emergency rooms.

Children’s Community Mental Health – The proposed budget reduces community mental health services for children. Without access to

these services, children with mental illness will not receive needed treatment and may require hospitalization or more expensive services.

Mental Health Hospitals – Severe mental illness can require hospitalization. The budget proposal would cut hospital beds, exacerbating a hospital system that is operating at or above capacity. This would result in more individuals with mental illness remaining incarcerated in local jails, some for more than one year, because hospital-based competency restoration services will be unavailable. There are eight state hospitals and one psychiatric residential facility for children that are full continuously.

Children with Special Health Care Needs – The proposed budget significantly reduces funding for the CSHCN program which covers children who are not eligible for CHIP or Medicaid and have significant health care needs. These are children with chronic physical, developmental, behavioral, or emotional conditions and over 1,422 on the waiting list today. With less funding, the waiting list will grow and more children with special needs will go without care.

Additional Considerations: Research indicates that between 20 and 35 per cent of people with intellectual disability will at some point in their life experience mental illness. This is a higher rate than the general population. For people with intellectual disability, mental illness can seriously affect a person's daily functioning, jeopardize educational, vocational or housing opportunities and disrupt family, friend and community relations. Spending and lost tax dollars related to mental illness cost about \$13 billion annually.

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Department of Housing and Community Affairs

Housing Trust Fund: The Housing Trust Fund was established by the 72nd Legislature, Senate Bill 546, to create affordable housing for low and very low income individuals and families. It currently funds seven programs, including the Amy Young Architectural Barrier Program, Bootstrap Loan, and Veterans Housing Support. The budget proposal will cut funding this program by 50%.

Homeless Housing: The proposed budget eliminates \$20 million that is distributed among Texas 8 largest urban areas to help address homelessness. Studies show that people with disabilities are over-represented within the homeless population. They are more likely to have repeated episodes of homelessness and remain homeless for longer periods of time.

TDHCA Program	Proposed Funding (SB 1/ HB 1)		
	FY 10-11	FY 12-13	Difference
Housing Trust Fund	\$22 m	\$11.7 m	-\$10.3 m
Homeless Housing Program in 8 Urban Areas	\$20 m	\$0 m	-\$20 m

Additional considerations: Because Texas Government Code requires \$3 million per year be available through Texas Housing Trust Fund for Bootstrap, the budget if passed as proposed will mean only \$4.3 million per year for the remaining 6 programs. Continuation of the Amy Young architectural barrier removal program is jeopardized by these proposed cuts. Local shelters, jails and emergency rooms will be burdened by the loss of funding for homeless services.

