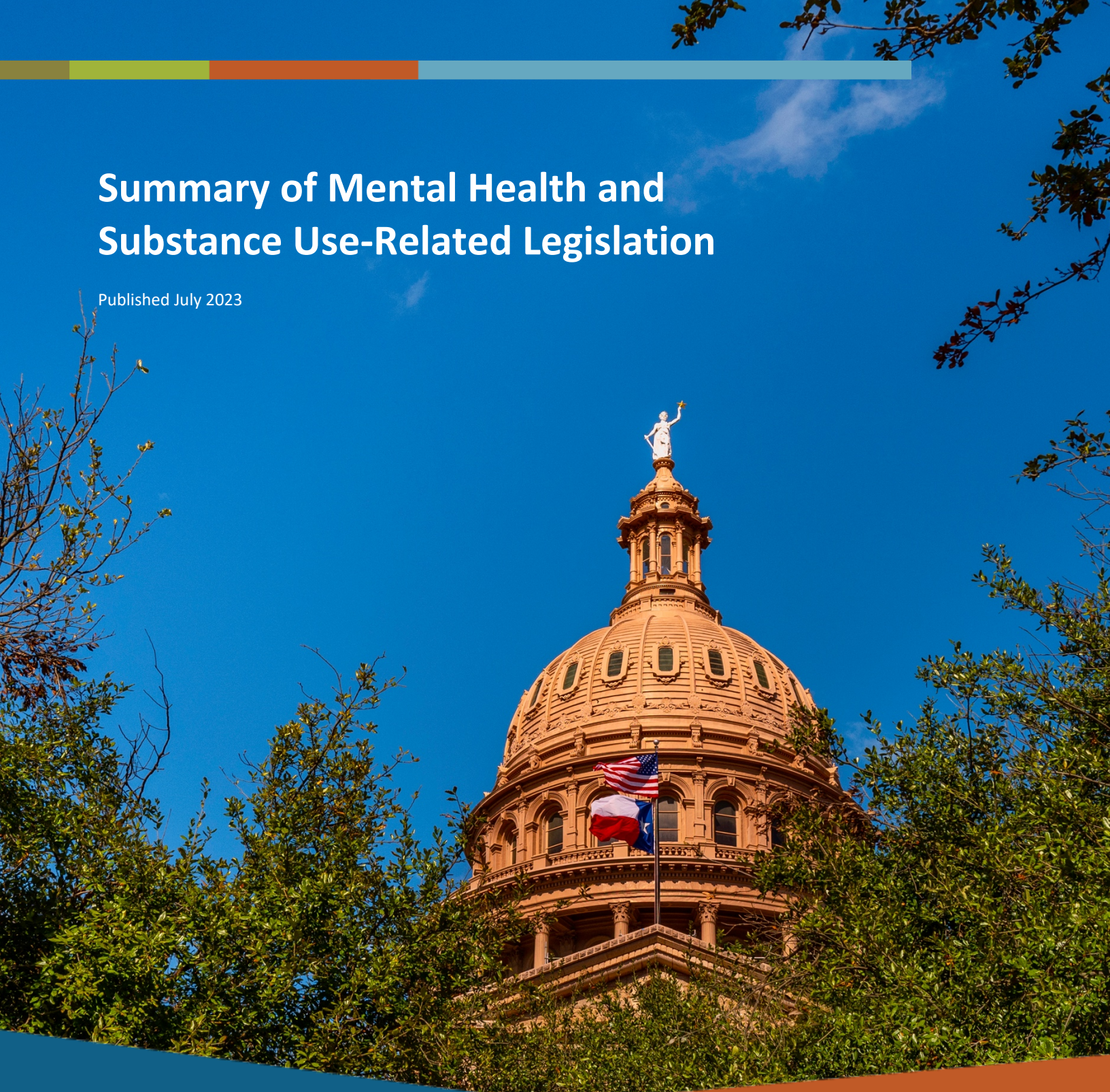


# Summary of Mental Health and Substance Use-Related Legislation

Published July 2023



**Texas 88th  
Legislative Session**



**Hogg Foundation**  
*for Mental Health*

## About the Hogg Foundation

Established in 1940, the Hogg Foundation for Mental Health envisions a future in which the people of Texas thrive in communities that support mental health and well-being. Using a variety of approaches, including grantmaking, convening, research and public policy, the foundation works collaboratively to transform how communities promote mental health in everyday life.

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The 88<sup>th</sup> Legislative Session was a whirlwind of activity with many mental health and substance use issues rising to the forefront. The Uvalde tragedy, youth mental health, workforce challenges, and high substance use overdose deaths were top of mind for many lawmakers. Ultimately after 140 days of negotiations and compromises, legislators landed on both some sizable wins and opportunities for improvement on policy issues that would impact Texans. Notably, the Texas budget included the largest amount ever dedicated to mental health, including creating a new grant program for children and youth, increased funding to multiple existing community-based grant programs, and \$2.3 billion for state hospital infrastructure. Substance use funding remained consistent with previous sessions.

On the other hand, many positive policy solutions agreed upon by mental health and substance use stakeholders were left without final passage, including school mental health efforts, and policies to support both suicide prevention and substance use issues in Texas communities.

The Hogg Foundation for Mental Health Policy Team provided education, technical assistance, and policy analysis to legislative offices, as well as tracked hundreds of related bills. The Legislative Session Summary is not meant to provide an exhaustive review of every mental health or substance use bill filed. Instead, the focus is on the highlights of the state budget, successful bills that will become law, and key missed opportunities. We hope this document can help stakeholders understand the legislative session's impact on community and individual mental health and well-being across the state.

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# Mental Health and Substance Use Funding Legislation

## General Appropriations – HB 1 (Bonnen/Huffman)

The general appropriations bill is the only piece of legislation that the legislature is required to pass each biennium. It must be approved by both the House and the Senate, certified by the comptroller, and sent to the governor. The governor has line-item veto authority.

### ***Article II – Health and Human Services Commission (HHSC) Mental Health and Substance Use Funding***

Budget Strategy	SB 1 FY 2022/23 87 <sup>th</sup> session passed budget	HB 1 FY 2024/25 88th session passed budget	Difference
D.2.1 Community Mental Health – Adults	\$785,705,000	\$902,488,498	\$116,783,498
D.2.2 Community Mental Health – Children	\$187,879,512	\$221,258,318	\$33,378,806
D.2.3 Community Mental Health Crisis	\$231,398,300	\$333,626,094	\$102,227,794
D.2.4 Substance Abuse Services	\$496,360,084	\$554,070,891	\$57,710,807
D.2.5 Behavioral Health Waivers	\$58,874,900	\$66,077,690	\$7,202,790
D.2.6 Community Mental Health Grants	\$145,000,000	\$213,000,000	\$68,000,000
G.2.1 State Mental Health Hospitals*	\$965,484,056	\$1,167,992,552	\$202,508,496
G.2.2 Community Mental Health Hospitals	\$307,010,202	\$623,416,853	\$316,406,651

*\*Cost of operations (this does not include construction and planning costs for facilities; these costs are included in the supplemental appropriations).*

### ***Article II – HHSC Mental Health and Substance Use-Related Riders***

Budget riders are legislative directives that instruct agencies on how to spend certain appropriated funds. Riders do not typically provide additional or new funding.

Rider #	Description
4	<b>Cost Comparison of Residential and Nonresidential Services</b> – Directs HHSC to analyze state and federally funded residential and nonresidential services in the Home and Community-based Services (HCBS) waiver program, the Texas Home Living waiver program (TxHmL), and Intermediate Care Facilities for Individuals with IDD (ICF/IDD). Requires a report no later than August 31, 2024.
9	<b>Increase Consumer Directed Services</b> – Directs HHSC to educate STAR+PLUS HCBS consumers on the Consumer Directed Services option to increase the percentage of individuals who choose this option. HHSC is responsible for collecting annual data from each Managed Care Organization (MCO) and compiling a report which will be made public and given to the Texas Council on Consumer Direction.
12	<b>Medically Dependent Children Program (MDCP) and Youth Empowerment Services (YES) Waivers</b> – Includes funding for MDCP and YES waiver services for clients enrolled in the STAR Kids program. This does not create an entitlement to waiver services.
19	<b>Interest List Reporting</b> – Directs HHSC to post information related to waitlists for HCS, Community Living Assistance and Support Services (CLASS), Deaf-Blind Multiple Disabilities (DBMD), TxHmL, and MDCP and STAR+PLUS on its website.
21	<b>HHSC Cost Containment</b> – Directs HHSC to develop and implement cost containment initiatives to achieve savings of at least \$450,000,000 in GR for FY2024-25 throughout the HHS system and submit an annual report by December 1. Requires the initiatives to include: <ul style="list-style-type: none"> <li>Increasing fraud, waste, and abuse prevention and detection;</li> <li>Seeking to maximize federal flexibility under the Medicaid program;</li> <li>Achieving other programmatic and administrative efficiencies; and</li> <li>Savings from services that include emergency telemedicine services for individuals with intellectual and developmental disabilities.</li> </ul>
23	<b>Medicaid Provider Rate Increases</b> – It is the intent of the Legislature that when Medicaid provider rates are increased as a result of a legislative appropriation, managed care organizations reimburse the full amount of the appropriated funds to providers, to the extent allowed by federal laws and regulations.
26	<b>End-of-Year Waiver Slots Funding</b> – Informational listing identifying funding for: <ul style="list-style-type: none"> <li>STAR+PLUS HCS: \$941,304,984 in GR and \$1,466,089,763 in federal funds in FY24 for 60,806 waiver slots and \$959,074,381 in GR and \$1,481,532,677 in federal funds for FY25 for 61,293 waiver slots;</li> <li>MDC Program: \$424,602,498 in GR and \$655,792,377 in federal funds in FY24 for 6,107 waiver slots and \$435,754,842 in GR and \$665,965,477 in federal funds in FY25 for 6,187 waiver slots;</li> <li>HCBS: \$506,167,919 in GR and \$809,066,632 in federal funds in FY24 for 28,517 waiver slots and \$520,315,970 in GR and \$823,292,564 in federal funds in FY25 for 29,089 waiver slots;</li> </ul>

Rider #	Description
	<ul style="list-style-type: none"> <li>CLASS: \$121,797,093 in GR and \$227,925,475 in federal funds in FY 2024 for 6,282 waiver slots and \$124,808,692 in GR and \$231,135,832 in federal funds in FY 2025 for 6,388 waiver slots;</li> <li>DBMD: \$7,324,801 in GR and \$12,371,962 in federal funds in fiscal year 2024 for 310 waiver slots and \$7,502,401 in GR and \$12,520,210 in federal funds in fiscal year 2025 for 314 waiver slots; and</li> <li>TxHmL: \$25,555,609 in GR and \$47,605,478 in federal funds in fiscal year 2024 for 2,934 waiver slots and \$27,307,262 in GR and \$50,256,534 in federal funds in fiscal year 2025 for 3,085 waiver slots.</li> </ul> <p>An additional \$50,000,000 in GR to increase waiver slots and reduce interest lists.</p>
27	<p><b>Medicaid Coverage Unwinding</b> – Allocates \$31,098,585 in GR and \$61,253,821 in federal funds in FY24 and \$6,794,845 in GR and \$14,178,839 in federal funds in FY25 for temporary FTEs to support increased workload for the unwinding of continuous Medicaid coverage. The positions are intended to be phased out by June 30, 2024.</p>
28	<p><b>2-1-1 Texas Information &amp; Referral Network (TIRN)</b> – Allocates \$375,000 in GR and \$379,420 in federal funds each fiscal year for staff retention and hiring at each Area Information Centers, and allocates \$375,000 and \$684,143 in federal funds each fiscal year for technological improvements.</p>
30	<p><b>Attendant Wages Funding</b> – Informational listing identifying funding for:</p> <ul style="list-style-type: none"> <li>Base wage for personal attendant services: \$773,185,216 in GR and \$1,176,676,992 in federal funds over the biennium to increase to \$10.60 per hour for FY24-25.</li> <li>Attendant care rate enhancement program: \$4,493,605 in GR and \$7,405,221 in federal funds in FY25 for.</li> <li>Individualized and specialized services rate enhancement program: \$6,246,285 in GR and \$9,479,424 in federal funds each fiscal year to increase to \$0.05 per level.</li> </ul> <p>Directs HHSC to evaluate the rate enhancement program paid in Medicaid to providers to increase reimbursement for direct and attendant care services.</p>
41	<p><b>Contingency for Behavioral Health Funds</b> – Instructs the comptroller to not allow the expenditure of certain funds if the planned expenditure does not satisfy the requirements of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p>
42	<p><b>Mental Health Outcomes and Accountability</b> – Requires HHSC to place 10% of the funds allocated to Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) at risk. Allows HHSC to recoup funds for failure to achieve outcome targets set by HHSC.</p>
43	<p><b>Mental Health Appropriations and Federal Matching Opportunities</b> – Directs HHSC to include in mental health services (adults, children, and crisis services) contract provisions that GR funds must be used as much as possible to draw down additional federal dollars through</p>

Rider #	Description
	the 1115 Transformation Waiver or other federal matching opportunities. Requires a legislative report December 1 of each fiscal year. Does not relieve LMHAs or LBHAs of any HHSC contract requirements.
44	<b>Mental Health Peer Support Re-entry Program</b> – Allocates up to \$1 million in GR for the biennium to maintain a mental health peer support re-entry program that uses certified peer support specialists to ensure individuals transition from the county jail into clinically-appropriate community-based care.
45	<b>Mental Health Services Waiting Lists</b> – Directs HHSC to submit a report on the current waiting list and related expenditure data for community mental health services for adults, community mental health services for children, forensic state hospital beds, and maximum-security forensic state hospital beds. Data shall be submitted November 1 and May 1 of each fiscal year.
46	<b>Mental Health Program for Veterans</b> – Allocates \$3,956,000 in GR each fiscal year to administer the mental health program for veterans. Requires a legislative report December 1 of each fiscal year.
47	<b>Consolidated Reporting of Opioid-Related Expenditures</b> – Directs HHSC to submit a report of annual expenditures from the previous fiscal year for all opioid abuse and misuse-related programs at HHSC, DFPS, and DSHS no later than June 1 of each year.
48	<p><b>Community Mental Health Grant Programs</b> – Informational listing identifying:</p> <ul style="list-style-type: none"> <li>• \$10 million in GR each fiscal year for a grant program for mental health services for veterans and their families;</li> <li>• \$40 million in GR each fiscal year for a grant program reducing recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment;</li> <li>• \$5 million in GR each fiscal year for a grant program reducing recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county;</li> <li>• \$27.5 million in GR each fiscal year for the community mental health grant program;</li> <li>• \$16.5 million in GR each fiscal year to provide grants for Healthy Community Collaboratives; and</li> <li>• \$7.5 million in GR each fiscal year for an innovation grant program to support community-based initiation for children and families. With the passage of SB 26 (Kolkhorst/Jetton), an additional \$7.5 million in GR each fiscal year is allocated.</li> </ul> <p>Report is required by November 1, 2024.</p>
49	<b>Community Mental Health Block Grant (MHBG)</b> – Directs HHSC to report the use of the federal MHBG funds from the previous fiscal year including an itemized list and detailed description of each activity, if an activity was funded by COVID-19 related awards, expenditures by funding stream, and the amounts expended, unexpended and unobligated

Rider #	Description
	business no later than June 1 of each fiscal year.
50	<b>Substance Abuse Prevention and Treatment Block Grant (SABG)</b> – Directs HHSC to report the use of the federal SABG funds from the previous fiscal year including an itemized list and detailed description of each activity, if an activity was funded by COVID-19 related awards, expenditures by funding stream, and the amounts expended, unexpended and unobligated business no later than June 1 of each fiscal year.
51	<b>Outpatient Integrated Care Clinic Project</b> – Appropriates \$6 million in GR in FY 24 to HHSC to partner with an acute care hospital with child and adolescent psychiatric inpatient beds in Jefferson County to establish a clinic utilizing the Collaborative Care Model.
52	<p><b>Additional Mental Health Funding</b> – Informational listing identifying GR funding for:</p> <ul style="list-style-type: none"> <li>• <b>HHSC Frontline Staff Salary Increases</b> <ul style="list-style-type: none"> <li>○ State Supported Living Centers: \$101,729,614 in FY24 and \$101,729,070 in FY25; and</li> <li>○ State Hospitals: \$67,340,974 each fiscal year.</li> </ul> </li> <li>• <b>Expansion of Community Inpatient Beds</b> <ul style="list-style-type: none"> <li>○ State Hospital Contract Beds: \$4,197,500 each fiscal year to contract for 20 competency restoration beds and \$4,068,000 each fiscal year for 16 beds;</li> <li>○ John S. Dunn Behavioral Health Sciences Center: \$4,730,400 each fiscal year to increase funding for 144 beds and \$6,132,000 each fiscal year for 24-bed expansion to address forensic waitlist;</li> <li>○ Purchased Psychiatric Beds: \$99,098,599 each fiscal year to maintain current capacity and for 193 additional state-purchased beds, including 70 in rural communities and 123 in urban communities. Of this funding, \$13.7 million is required to be used in Uvalde, and 20 contracted beds for children in DFPS conservatorship;</li> <li>○ Inpatient Capacity Expansion: \$45,834,616 each fiscal year to contract for 150 competency restoration beds; and</li> <li>○ Sunrise Canyon: \$2.9 million each fiscal year to increase funding for inpatient beds at Sunrise Canyon Hospital.</li> </ul> </li> <li>• <b>Step-down Housing and State Hospital Transitions</b> <ul style="list-style-type: none"> <li>○ State Hospital Transition Teams: \$2.5 million each fiscal year to establish teams to support individuals at-risk of state hospital re-admission through coordinate and needs in the community; and</li> <li>○ Step-down Housing Expansion: \$8.5 million each fiscal year for step-down housing for individuals transitioning into the community.</li> </ul> </li> <li>• <b>Crisis Services</b> <ul style="list-style-type: none"> <li>○ Crisis Stabilization Facilities <ul style="list-style-type: none"> <li>▪ \$14 million each fiscal year to fund up to 5 crisis stabilization facilities;</li> <li>▪ \$2.5 million in FY24 to the LMHA servicing Montgomery, Walker and</li> </ul> </li> </ul> </li> </ul>

Rider #	Description
	<p>Liberty counties;</p> <ul style="list-style-type: none"> <li>▪ \$4 million each fiscal year to the LMHA servicing Galveston County; and</li> <li>▪ \$4 million each fiscal year to the LMHA servicing the Heart of Texas region.</li> </ul> <ul style="list-style-type: none"> <li>○ Youth Crisis Respite: \$5,750,000 each fiscal year to fund four youth-serving crisis respite units and pilot three peer-run units</li> <li>○ Youth Mobile Crisis Outreach Team (MCOTs): \$7 million each fiscal year to establish youth MCOTs, including four teams for children served by DFPS</li> </ul> <ul style="list-style-type: none"> <li>• <b>Programs for High-Risk Youth</b> <ul style="list-style-type: none"> <li>○ Multisystemic Therapy (MST): \$15,225,000 each fiscal year;</li> <li>○ Coordinated Specialty Care (CSC): \$2.1 million each fiscal year; and</li> <li>○ Uvalde Community: \$5 million in FY25 to start and operate a new Uvalde Behavioral Health Campus.</li> </ul> </li> <li>• <b>Administration and Oversight Funds:</b> <ul style="list-style-type: none"> <li>○ Contracted Inpatient Beds: \$585,121 in FY24 and \$546,529 in FY25</li> <li>○ Mental Health Grants: \$1,071,316 in FY24 and \$970,050 in FY25</li> <li>○ Budget Execution/ MST, CSC and Uvalde: \$411,332 in FY24 and \$368,585 in FY25</li> <li>○ Crisis Services: \$345,191 in FY24 and \$321,875 in FY25</li> <li>○ Innovation Grants: \$88,079 in FY24 and \$80,306 in FY25</li> </ul> </li> </ul>
53	<p><b>Rates: Reimbursement for Federal SABG Services</b> – Identifies the intent of the Legislature that HHSC evaluate the rate setting methodology for reimbursement for services provided by SABG recipients and propose new rates no later than October 1, 2023 with an opportunity for public comments on the proposed rates.</p>
54	<p><b>Local Authority Workforce Capacity</b> – Directs HHSC to allocate \$11,935,624 each fiscal year to local mental health authorities, local behavioral health authorities, and local intellectual and developmental disability authorities proportionally based on FY23 funding levels.</p>
55	<p><b>Contracted Mental Health Beds at University of Texas Health Science Center at Tyler (UT Tyler)</b> – Directs HHSC to allocate \$889,800 in GR in FY24 and \$887,683 in GR in FY25 to increase the bed-day rate for inpatient mental health contracted beds at UT Tyler.</p>
56	<p><b>Rural Hospital Telepsychiatry Consultations</b> – Directs HHSC to appropriate \$3.7 million in GR in each fiscal year for telepsychiatry consultations at rural hospitals, and contract with a statewide organization to aggregate telepsychiatry consultations.</p>
79	<p><b>Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs</b> – Allocates \$29,827,834 in GR, \$5 million in GR – Dedicated Sexual Assault Program No. 5010, and \$6,948,063 in federal funds each fiscal year for contracting with a statewide organization for training, technical assistance, evaluation, and fund administration for local children’s advocacy center programs. Allocates \$15,950,500 in GR, and \$13,500 in License</p>

Rider #	Description
	Plate Trust Fund Account No. 0802, each fiscal year for contracting with a statewide organization for training, technical assistance, and evaluation for the benefit of a local volunteer advocate program. Requires HHSC to submit a report December 1 of each fiscal year of expenditures.
83	<b>Unexpended Balances: Intellectual and Developmental Disabilities (IDD) Crisis Funding</b> – Allocates \$14 million in GR each fiscal year allocated for crisis intervention and respite services, that if unexpended and unobligated balances remain as of August 31, 2024, are appropriated for the same purposes for FY25.
84	<b>Crisis Intervention and Respite Services</b> – Allows HHSC to identify and use any available SSLC space for crisis respite services to individuals with IDD provided by HHSC, the local intellectual and developmental disability authority, or other entity that operates a crisis respite program under contract with HHSC.
85	<b>Multi-Assistance Center Demonstration Project</b> – Appropriates \$7.5 million in GR each fiscal year to support a demonstration project providing comprehensive medical, therapeutic, and non-medical services to adults and children with special needs in Bexar County and the South Texas region.
91	<b>Behavioral Support Specialists at State Supported Living Centers</b> – Requires San Angelo SSLC and Mexia SSLC to provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.
92	<b>State Supported Living Center Oversight</b> – Directs HHSC to provide notification when an SSLC reaches substantial compliance with a section of the Department of Justice Settlement Agreement and is no longer subject to monitoring in that area. Requires HHSC to report of all monthly expenditures by SSLC service costs no later than April 1 and October 1 of each fiscal year, and data on cost reductions no later than April 1 and October 1 of each fiscal year.
93	<b>Maximum Security Salaries</b> – Directs a 6.8% increase for salary rates of employees working in Maximum Security or Behavioral Management Units at state hospitals and SSLCs.
95	<b>State Hospital and State Supported Living Center Workforce</b> – Directs HHSC to evaluate compensation levels, turnover and vacancy rates and patterns, use of contractors and position type, and recruiting efforts at the state hospitals and state supported living centers. Requires a report by August 31, 2024.
93	<b>Expenditure Reporting at the State Hospitals</b> – Requires HHSC to report monthly expenditures for each State Hospital no later than April 1 and October 1 of each fiscal year.
104	<b>State Hospital Salary Funding</b> – Appropriates \$17,530,335 in GR each fiscal year to maintain funding for salary increases to address staffing challenges. If by December 1, 2023, HHSC is unable to hire enough staff to allow offline state hospital beds to be utilized, HHSC may instead allocate the funding to contract for additional competency restoration beds.

Rider #	Description
107	<b>State Hospital Cost Study</b> – Directs HHSC to analyze data provided by the University of Texas Health Science Center at Houston on operating cost data for all state-contracted inpatient mental health hospital beds and issue a report by September 1, 2024.
108	<b>One-time Funding for Facility Inflationary Costs</b> – Appropriates one-time amounts to address increasing costs for SSLCs and mental health state hospitals, including \$4,518,050 in GR in each fiscal year for SSLCs, \$2,764,946 in GR each fiscal year for state hospitals, and \$202,177 in GR each fiscal year for community mental health hospitals.
109	<b>State Hospital Forensic Waitlist</b> – Identifies the intent of the legislature for HHSC to prioritize forensic admissions to state hospitals to the waitlist. Directs HHSC to report on each state hospital’s census, including the breakdown of civil, forensic, and maximum-security patients by October 1 of each fiscal year.

### **Article III – Texas Education Agency (TEA) Student Well-Being and School Climate-Related Funding**

*Note: TEA does not have a dedicated strategy for student mental health or school climate. The amounts shown below reflect funds dedicated to a program that may address. The amounts below reflect only the program, not the Strategy in its entirety as the Strategies are far more encompassing.*

Program/Support	SB 1 FY 2022/23 87 <sup>th</sup> session passed budget	HB 1 FY 2024/25 88 <sup>th</sup> session passed budget	Difference
<b>Amachi Texas</b> – included in Strategy A.2.2	\$5,000,000	\$10,000,000	\$5,000,000
<b>Disability Community-Based Support</b> – included in Strategy A.2.3	\$1,974,600	\$1,974,600	\$0
<b>School Safety Allotment</b> – included in Strategy A.1.1*	\$100,000,000	\$100,000,000	\$0
<b>Communities in Schools</b> – included in Strategy A.2.4	\$61,043,632	\$68,840,532	\$7,796,900
<b>Best Buddies</b> – included in Strategy A.2.4	\$500,000	\$2,000,000	\$1,500,000
<b>Customized School Safety Programming</b> – included in Strategy B.2.2	\$2,000,000	\$2,000,000	\$0

*\*Note: The School Safety Allotment’s allowable uses include mental health and “school climate” uses.*

### Article III – TEA Student Well-Being and School Climate-Related Riders

Rider #	Description
3	<b>School Safety Funding within Foundation School Program</b> – Allocates \$9.72 per student in average daily attendance, estimated to be \$50,000,000 in each fiscal year.
16	<b>Non-educational Community-based Support Services</b> – Allocates \$987,300 each fiscal year to non-educational community-based support services for certain students with disabilities.
17	<b>Professional Development for the Provision of Access to the General Curriculum for Students with Disabilities in the Least Restrictive Environment</b> – Directs TEA to use 10.5% of federal discretionary funds awarded through Individuals with Disabilities Education Act (IDEA) during the biennium for capacity building, including professional development and support, for school districts to provide learning in the least restrictive environment for students with disabilities and Multi-Tiered Systems of Support (MTSS) for struggling learners in general education. Requires legislative reports no later than August 21, 2024 and 2025.
21	<b>Communities in Schools</b> – Allocates \$30,521,816 in GR and \$3,898,450 in Temporary Assistance for Needy Families (TANF) funds in FY24 and \$30,521,816 in GR and \$3,898,450 in TANF funds in FY 24 to the Communities in Schools Program. Additionally, \$943,892 in TANF funds each fiscal year will be allocated for administrative purposes of the program. Transfer of GR funds for providing administrative support may not exceed \$100,000 for the 2024-25 biennium.
32	<b>Early Childhood Intervention (ECI)</b> – Allocates \$16,498,102 each fiscal year from the Special Education allotment to be set aside and transferred to HHSC to support ECI eligibility and comprehensive and transition services. Directs TEA to enter into a memorandum of understanding (MOU) with HHSC no later than October 1, 2024.
33	<b>Funding for Regional Education Service Centers</b> – Allocates \$11,875,000 each fiscal year to be distributed to ESCs for providing professional development and other technical assistance services to school districts, with additional distributions to school districts serving fewer than 1,600 students. A legislative report on expenditures, savings, services, staff, programs, and funding transferred from TEA is due no later than December 1st of each even numbered year.
41	<b>Student Success Initiative/Community Partnerships</b> – Allocates \$5,245,000 each fiscal year to school districts in the most struggling neighborhoods and with high percentages of students struggling with state assessments to implement a comprehensive program by leveraging academic, community, and governmental supports.
46	<b>Amachi Texas</b> – Allocates \$5 million in GR each fiscal year to the Amachi Texas program to mentor youth of incarcerated parents in coordination with Big Brothers Big Sisters Lone Star and other community-based resources for training, services, and funding.
63	<b>Funding for Customized School Safety Programming</b> – TEA Commissioner shall allocate \$1 million in GR each fiscal year to a non-governmental organization with an established safe

Rider #	Description
	school institute to provide customized school safety programming.
66	<b>Athletic Programs for Students with Disabilities</b> – Allocates \$1.9 million each fiscal year to provide grants for organizations that provide comprehensive early child development to adult transition programs with data-based health, social, leadership, transition and athletic programs for students with intellectual disabilities.
85	<b>Fentanyl Contamination Training</b> – Allocates \$2,611,722 in FY24 from the Opioid Abatement Account No. 5189 to provide training created by The University of Texas Health Science Center at San Antonio by ESCs to school staff on the dangers of fentanyl contamination.
86	<b>Best Buddies</b> – Allocates \$1 million each fiscal year to support the Best Buddies program.
88	<b>Mental Health Services in Out of School Time</b> – Allocates \$2.5 million each fiscal year to fund the Texas Partnership for Out of School Time (TXPOST) to implement mental health programs in community-based out of school time (OST) and statewide intermediary infrastructure to support OST programs and professionals.

### **Article III – Higher Education Mental Health and Well-Being-Related Funding**

*Note: Institutions of Higher Education do not always have dedicated strategies for mental health and well-being. The amounts shown below reflect funds dedicated to a program that address these integral components to student learning and campus environment, as well as workforce-related strategies that are conducted by the Texas Higher Education Coordinating Board (HECB) or an institute of higher education.*

	SB 1 FY 2022/23  87 <sup>th</sup> session passed budget	HB 1 FY 2024/25  88th session passed budget	Difference
<b>Higher Education Coordinating Board (HECB)</b>			
<b>Mental Health Professionals Loan Repayment Program</b> – included in Strategy C.1.3	\$2,071,876	\$28,000,000	\$25,928,124
<b>Family Practice Rural and Public Health Rotations</b> – included in Strategy D.1.1	\$227,914	\$227,914	\$0
<b>D.1.7 Child Mental Health Care Consortium</b>	\$118,508,272	\$280,555,912	\$162,047,640
<b>D.1.8 Forensic Psychiatry Fellowship Program</b>	\$0	\$5,000,000	\$5,000,000
<b>G.1.2 Autism Grant Program</b>	\$7,410,000	\$7,410,000	\$0

	<b>SB 1 FY 2022/23  87<sup>th</sup> session passed budget</b>	<b>HB 1 FY 2024/25  88th session passed budget</b>	<b>Difference</b>
<b>Texas State University (TSU)</b>			
<b>C.2.3 School Safety Center</b>	\$10,990,944	\$10,990,944	\$0
<b>The University of Texas Health Science Center at San Antonio (UT SA)</b>			
<b>E.2.1 Opioid Abuse Prevention</b>	\$0	\$18,735,964	\$18,735,964
<b>The University of Texas Health Science Center at Tyler (UT Tyler)</b>			
<b>D.1.1 Mental Health Workforce Training Programs</b>	\$13,460,000	\$13,460,000	\$0

### ***Article III – Higher Education Mental Health and Well-Being-Related Riders***

<b>Rider #</b>	<b>Description</b>
<b>HECB #27</b>	<b>Family Practice Rural and Public Health Rotations</b> – Allocates \$113,957 each fiscal year for one month rural or public health rotations for family practice residents.
<b>HECB #40</b>	<b>Autism Grant Programs</b> – Directs HECB to distribute funding to autism research centers that provide behavioral health services and trainings. Allocates \$2,055,000 per fiscal year for parent-directed treatment to serve 750 children; \$950,000 each fiscal year for Board-certified Behavioral Analysts Training for teachers and paraprofessionals to serve 2,547 children; \$700,000 each fiscal year for research and evaluation of treatment models; and \$150,000 each fiscal year for administrative support.
<b>HECB #46</b>	<b>Texas Child Mental Health Care Consortium (TCCMHC)</b> – Allocates \$140,277,958 in GR in FY24 and \$140,277,954 in GR in FY25 to be used for the following programs of the TCCMHC: <ul style="list-style-type: none"> <li>• Child Psychiatry Access Network (CPAN): \$47,240,559</li> <li>• Texas Child Access Through Telemedicine (TCHATT): \$142,082,790</li> <li>• Workforce Expansion: \$43,081,465</li> <li>• CAP Fellowships: \$10,628,783</li> <li>• Coordinated Research: \$27,575,459</li> <li>• Central Operation Support Hub: \$6,283,094</li> <li>• External Evaluation: \$1,000,000</li> <li>• Administration: \$2,663,762</li> </ul>

<b>HECB #50</b>	<b>Educational Loan Repayment Programs</b> – Identifies \$14 million each fiscal year to the mental health loan repayment program.
<b>HECB #57</b>	<b>Forensic Psychiatry Fellowship Program</b> – Allocates \$2.5 million each fiscal year to support the development or expansion, and administration of forensic psychiatry one-year fellowship training programs and to support the salaries and benefits of the training physicians.
<b>HECB #59</b>	<b>Social Work Workforce Study</b> – Directs the HECB to study and report on the state’s current social work workforce landscape and needs no later than November 1, 2024.
<b>UT SA #6</b>	<b>Opioid Abuse and Treatment</b> – Allocates one-time \$9,067,982 each fiscal year from GR – Dedicated Account No. 5189 to support overdose prevention, education, and overdose reversal medication access for law enforcement, distribution through health care providers, educational programming and distribution through schools, and distribution through community organizations.
<b>UT SA #7</b>	<b>Fentanyl Education</b> – Appropriates \$500,000 in FY24 and \$100,000 in FY25 from the Opioid Abatement Account No. 5189 for UT-San Antonio to coordinate with regional ESCs to develop and distribute evidence-based training for public school employees on the dangers of fentanyl contamination.
<b>UT Tyler #7</b>	<b>Mental Health Workforce Training for Underserved Areas</b> – Allocates \$6,730,000 in GR each fiscal year to support mental health workforce training programs in underserved areas including, but not limited to, Rusk and Terrell State Hospitals.
<b>UT Tyler #8</b>	<b>Contingency for Behavioral Health Funds</b> – Requires behavioral health funds to satisfy the requirements of the Statewide Behavioral Health Strategic Plan.

## ***Article IX – Contingencies and Other Provisions***

Contingency riders are legislative directives that instruct agencies on how to spend certain appropriated funds if/when legislation passes. Contingency riders typically do not provide additional or new funding. Provisions are instructions included in the appropriations bill that may apply to multiple agencies. Typically, these provisions are used to restrict the amount and conditions under which appropriations may be expended.

<b>Section</b>	<b>Description</b>
<b>Sec. 10.001</b>	<b>Full Application for Health Coverage</b> – Requires all state agencies that have children in their custody (to the fullest extent permitted by federal law and regulations), to apply for Medicaid or CHIP, unless the children have otherwise been provided health insurance.
<b>Sec. 10.004</b>	<b>Statewide Behavioral Health Strategic Plan and Coordinated Expenditures</b> <ul style="list-style-type: none"> <li>Informational Listing of Behavioral Health and Substance Abuse Services Appropriations across state agencies, including federal funds and estimated Medicaid and CHIP</li> </ul>

Section	Description
	<p>expenditures, totaling \$4,750,849,413 for FY24 and \$4,614,671,775 for FY25. <b>A breakdown of expenditures by article, agency, and method of finance can be found on page IX-57 of HB 1.</b></p> <ul style="list-style-type: none"> <li>• Statewide Behavioral Health Coordinating Council (SBHCC) – Identifies the state agencies and other entities responsible for appointing a member to serve on the SBHCC, and requires at least quarterly meetings.</li> <li>• Statewide Behavioral Health Strategic Plan – The purpose of the SBHCC shall be to implement the five-year Statewide Behavioral Health Strategic Plan, including an inventory of behavioral health programs and services, and provide annual reports no later than December 1 of each fiscal year. <ul style="list-style-type: none"> <li>○ Collaborating with the Board of Pharmacy and Medical Board, the SBHCC shall create a sub-plan related to substance abuse.</li> </ul> </li> <li>• Coordination of Behavioral Health Expenditures – The SBHCC shall submit a coordinated statewide expenditure proposal for each agency by September 1, 2023 for FY24 and July 1, 2024 for FY25 to be considered for approval by the LBB.</li> <li>• Report on Exceptional Item Request – The SBHCC shall submit a report to the Executive Commissioner of HHSC and the LBB regarding a review of all behavioral health exceptional item requests submitted with each agency's legislative appropriation request no later than January 15, 2025.</li> <li>• Report on Suicide and Suicide Prevention – The SBHCC shall provide updates to the report required from HB 3980 (86<sup>th</sup>) on suicide and suicide prevention in the state to include data and recommendations specific to veterans and foster youth no later than September 1, 2024.</li> <li>• Children's Mental Health Strategic Plan – The SBHCC shall develop a strategic plan for behavioral health of children and youth, including descriptions of service providers; strategies to identify and address gaps in care; discussion of workforce shortages; information on funding and reimbursement; and data and expenditure information no later than December 1, 2024.</li> </ul>
<b>Sec. 17.15</b>	<b>Information Listings of Pro-Rata Share of Texas Opioid Settlement Receipts Received by Municipal Areas and Regions</b> – Provides the pro-rata share to be received by municipal area and region from the 15% allocation agreed upon during the opioid settlement agreement. Listing begins on page IX-86 of HB 1.
<b>Sec. 17.30</b>	<b>Comal County Mental Health Facility</b> – Appropriates \$1 million in GR in FY24 for operational costs for a mental health facility operated by the local mental health authority serving Comal County.
<b>Sec. 17.31</b>	<b>Sunrise Canyon Operational Funding</b> – Appropriates \$636,850 in GR each fiscal year to increase funding for existing Sunrise Canyon Hospital inpatient beds.
<b>Sec. 17.32</b>	<b>Community Services Grant</b> – Appropriates \$5 million in GR in FY24 to make a grant to a non-profit organization operating as a 501(c)(3) in the greater Houston area for the purposes of

Section	Description
	providing community crisis pregnancy services, foster care outreach, and community services.
<b>Sec. 17.35</b>	<b>Additional Funding for Article III-Higher Education</b> – Informational listing of appropriations to institutes of higher education, including \$1.5 million to Texas A&M University System Administration for a study on mental health services for children and adolescents, and \$1,750,000 to Midland College for mental health workforce.
<b>Sec. 18.01</b>	<b>American Rescue Plan Act (ARPA) Appropriations</b> – Directs all unobligated fund balances and money received by the state from the Coronavirus State Fiscal Recovery Fund (42 U.S.C. Section 802) established under ARPA (estimated to be \$5,449,900,000) to be appropriated to the Texas Department of Criminal Justice for salaries, benefits, or other eligible agency expenditures.
<b>Sec. 18.03</b>	<b>Contingency for House Bill 9 and House Joint Resolution 125</b> – Allocates \$1.5 billion in GR for FY24 to the Texas Comptroller of Public Accounts for the development and funding of broadband and telecommunications services and a constitutional amendment creating the broadband infrastructure fund to assist in the financing of broadband and telecommunications services projects.
<b>Sec. 18.40</b>	<b>Contingency for Senate Bill 26</b> – To implement the provisions of the legislation, HHSC is appropriated: <ul style="list-style-type: none"> <li>• \$13,478,811 in GR and \$1,157,590 in federal funds</li> <li>• Capital budget authority is increased by \$3.3 million in FY24 and \$9 million in FY25</li> <li>• 11 FTEs each fiscal year</li> </ul>
<b>Sec. 1677</b>	<b>Contingency for Senate Bill 1677</b> – To implement the provisions of the legislation, HHSC is appropriated \$1.5 million each fiscal year to provide mental health services in regional behavioral health centers or jail diversion centers.
<b>Sec. 1878</b>	<b>Contingency for Public Education Funding</b> – Within the information listing of appropriations made throughout SB 1, \$300 million in GR is allocated for school safety.

## Supplemental Appropriations – SB 30 (Huffman/Bonnen)

Funding for important inpatient mental health and substance use services was included in the supplemental appropriations bill. The supplemental appropriations bill appropriates funds for one-time costs.

Item	Description
<b>Section 3.02 – HHSC: New Capacity for Mental Health Services and Inpatient Facilities</b>	<ul style="list-style-type: none"> <li>• \$33,600,000 in GR for construction of a behavioral health campus in Uvalde, TX;</li> <li>• \$21,400,000 in GR for a grants management system;</li> <li>• \$101,890,000 in GR for constructing a 200-bed adult unit at the new state hospital in Dallas, Texas, with at least 75% of the beds to be used for forensic</li> </ul>

Item	Description
	<p>purposes;</p> <ul style="list-style-type: none"> <li>• 138,773,054 in GR for an electronic health record system upgrade for state hospitals;</li> <li>• \$50,000,000 in GR for deferred maintenance for state facilities;</li> <li>• \$14,000,000 in GR for state facilities emergency repairs;</li> <li>• \$121,000,000 in GR to construct a 50-bed maximum security unit (MSU) on the existing SSLC campus in Lubbock;</li> <li>• \$15,000,000 in GR to renovate a unit at the State Antonio state hospital into a 40-bed MSU;</li> <li>• \$159,000,000 in GR to construct a 75-bed state hospital, with at least 50 forensic beds;</li> <li>• \$120,000,000 in GR to construct a 50-bed MSU in the Rio Grande Valley;</li> <li>• \$573,000,000 in GR to construct a 250-bed replacement at the Terrell State Hospital, including 50-bed MSU, 140 forensic beds, 35 adolescent beds, and 25 civil beds;</li> <li>• \$452,000,000 in GR to construct a 200-bed replacement for North Texas State Hospital - Wichita Falls, including a 24-bed MSU, 136 forensic beds, 24 adolescent beds, and 16 civil beds;</li> <li>• \$50,000,000 in GR for pre-planning, planning, land acquisition, and initial construction of a new 50-bed El Paso State Hospital, with 50% of the beds to be forensic;</li> <li>• \$45,000,000 in GR to construct 30 additional beds at the Sunrise Canyon facility in Lubbock, Texas, with at least 50 forensic beds;</li> <li>• \$100,000,000 in GR for a one-time community mental health program for county-based collaboratives that must: <ul style="list-style-type: none"> <li>○ Construct jail diversion facilities, step-down facilities, permanent supportive housing, crisis stabilization units, and crisis respite units, not including office space; and</li> <li>○ Provide a local match of 25% if the collaborative includes a county with a population of less than 100,000, 50% if the collaborative includes a county with a population of at least 100,000 but less than 250,000, or 100% of the grant amount if the collaborative includes a county with a population of 250,000 more;</li> </ul> </li> <li>• \$175,000,000 in GR for a one-time grant program to construct or expand a mental health inpatient facility to have at least 50% forensic capacity, using only donated land, to increase inpatient bed availability for forensic patients ordered to a state hospital for competency restoration. Of these funds: <ul style="list-style-type: none"> <li>○ \$85,000,000 for construction of up to 100 inpatient beds by a hospital located in the Rio Grande Valley region that, as of June 1, 2023, is: <ul style="list-style-type: none"> <li>▪ A licensed as a general hospital;</li> <li>▪ Has a Level 1 trauma designation;</li> <li>▪ Is located in a county with a population of more than</li> </ul> </li> </ul> </li> </ul>

Item	Description
	<p>300,000; and</p> <ul style="list-style-type: none"> <li>▪ Has fewer than 100 licensed psychiatric beds;</li> <li>○ \$50,000,000 for construction of no more than 100 inpatient beds by Montgomery County to expand the existing Montgomery County Mental Health Facility; and</li> <li>○ \$40,000,000 for construction of up to 60 inpatient beds by Victoria County;</li> <li>• \$4,712,356 in GR to make Child Care Licensing Automated;</li> <li>• \$64,000,000 in GR to construct 72 beds, with 36 forensic beds and 36 civil beds, at the Baptist Hospital in Beaumont, Texas; and</li> <li>• \$15,852,990 in GR to establish a one-time children’s hospitals construction grant program that may only be used to construct inpatient mental health beds for children and the grantee must provide a local match at least equal to: <ul style="list-style-type: none"> <li>○ 25% of the grant amount for construction in a county with a population of less than 100,000;</li> <li>○ 50% of the grant amount for construction in a county with a population of at least 100,000 but less than 250,000; or</li> <li>○ 100% of the grant amount for construction in a county with a population of 250,000 or more.</li> </ul> </li> </ul>
<b>Section 3.03 - Facilities Commission: Permian Basin Behavioral Health Center</b>	<p>\$86,700,000 in GR to the Texas Facilities Commission to construct a 100-bed comprehensive behavioral health center, with 40 forensic beds, to serve the Permian Basin region.</p>
<b>Section 4.02 – Texas Education Agency (TEA): School Safety</b>	<p>\$1.1 billion in GR to TEA to award grants to assist school districts in implementing school safety initiatives.</p>
<b>Section 8.52 – Higher Education Coordinating Board: Texas Child Mental Health Care Consortium (TCMHCC)</b>	<p>All unexpended and unobligated balances remaining from appropriations made from the ARPA fund to the Higher Education Coordinating Board (HECB) for the TCMHCC to expand mental health initiatives for children, pregnant women, and women who are up to one year postpartum (estimated to be \$56,541,442) are appropriated to the coordinating board for the same purpose for FY24-25. At the direction of the TCMHCC, the HECB shall transfer money through interagency contracts for: enhancements and expansion of the Child Psychiatry Access Network (CPAN), enhancements and expansion of the Texas Child Access Through Telemedicine program, expansion of the child and adolescent mental health workforce; and administrative expenses. Out of money appropriated in this section, the TCMHCC may enhance the CPAN to improve perinatal mental health services.</p>



# Community Mental Health

**All Texans should thrive in communities that support mental health, achieve health equity, and promote well-being.**

## Safe and Supportive Schools

Parents, experts, teachers, and students themselves acknowledge the immense challenge of how to support mental health within schools. Legislators were focused on school safety and mental health before the session began, with two interim committees created to address ongoing concerns: the Senate Special Committee to Protect All Texans and the House Select Committee on Youth and Safety. Continued unimaginable tragedies, crises, and conversations happening in kids' lives deeply affect schools' ability to provide safe and supportive environments. While there were many conversations on mental health and school safety, ultimately legislation focused on school safety and hardening schools through HB 3 (Burrows/Nichols), a comprehensive school safety bill. Other policy ideas like allowing for Medicaid SHARS services for children with behavioral health needs and creating a dedicated school mental health allotment were left unfinished.

Passed	Summary
<b>HB 3 (Burrows/Nichols)</b> Relating to measures for ensuring public school safety, including the development and implementation of purchases relating to and funding for public school safety and security requirements and the provision of safety-related resources.	Comprehensive school safety bill, among its provisions include updates to facilities standards; mental health trainings of all employees that regularly interact with students; a requirement to have an armed person on each campus; the establishment of the Office of School Safety and Security at TEA; and updates the funding formula for the School Safety Allotment to be \$10/student + \$15,000/campus annually (~\$330M/biennium).
<b>HB 763 (Middleton/Hefner)</b> Relating to allowing public schools to employ or accept as volunteer chaplains.	Allows school districts and charter schools to employ or accept volunteering from a chaplain to provide support, services, and programs for students as assigned by the board of trustees of the district, and ensures they pass background checks and are not a registered sex offender. Allows school's school safety allotment funds to be used to employ a chaplain. Requires each board of trustees to take a vote to employ or allow volunteering from a chaplain within six months of bill passage.
<b>SB 798 (Middleton/Buckley)</b> Relating to the certification requirements for a public-school counselor.	Removes the requirement of experience as a classroom teacher for school counselor certification.

Failed	Summary
<p><b>HB 98 (Moody/Menéndez)</b> Relating to the provision of on-campus mental health services by a school district and reimbursement under Medicaid for certain services provided to eligible students.</p>	<p>Would have allowed school districts to bill Medicaid for providing behavioral health services to all students enrolled in Medicaid under the SHARS program.</p>
<p><b>HB 316 (Bernal)</b> Relating to social work services in public schools.</p>	<p>Would have defined school social work services within the Texas Education Code.</p>
<p><b>HB 516 (Wu)</b> Relating to requiring a school district or open-enrollment charter school to report data regarding certain disciplinary or law enforcement actions taken against students.</p>	<p>Would have required school districts to collect and report certain disciplinary or law enforcement actions taken against students, disaggregated by demographic information.</p>
<p><b>HB 1157/SB 1101 (Lozano/Paxton)</b> Relating to excused absences from public school for certain students to attend mental health care appointments.</p>	<p>Would have clarified that mental health appointments can be excused absences when a student returns to school same-day with documentation.</p>
<p><b>HB 1537 (Howard)</b> Relating to the submission by law enforcement agencies to certain public school personnel of a handle with care notice concerning a traumatic event experienced by a public school student.</p>	<p>Would have authorized school districts to partner with law enforcement agencies to create “Handle with Care” programs, allowing law enforcement to provide confidential notices to schools if students were involved in a traumatic interaction outside of school hours. Would have required TEA to develop resources and training materials for school districts to create this process.</p>
<p><b>HB 2451/SB 948 (Allison/West)</b> Relating to the permissible uses of the school safety allotment and the creation of a mental health allotment under the Foundation School Program.</p>	<p>Would have created a “school mental health allotment” for schools to receive dedicated funding to implement mental health and other positive school climate policies, programs, and services.</p>

Failed	Summary
<b>HB 4449/SB 2395 (Reynolds/West)</b> Relating to the establishment of a task force to study disciplinary practices and policies in public schools.	Would have established a task force to study, evaluate, and make recommendations for policies and practices relating to student discipline in public schools
<b>SB 595/HB 1149 (Kolkhorst/Swanson)</b> Relating to requiring parent consent for psychological or psychiatric examinations, testing, or treatment conducted by a school district.	Would have expanded the definition of psychological and psychiatric tests, exams, and treatments to include more broad activities and would require written parental consent for any psychological or psychiatric examinations, testing, or treatment within a school district during each occurrence.
<b>SB 891 (Zaffirini)</b> Relating to excused absences from public school for a student's mental or behavioral health.	Would have required school districts to allow up to five excused absence days for mental or behavioral health treatment with documentation. Would allow districts to adopt a policy for excused mental health days without documentation.

## Suicide Prevention

In 2020, suicide was the 11th leading cause of death in Texas, and the second leading cause of death for those aged 10-34.<sup>1</sup> Since 2000, suicide rates within the state have steadily risen by nearly 36 percent.<sup>2</sup> This legislative session, policies aimed at reducing these rising rates revolved around information provision on suicide prevention and mental health care to populations at a higher risk of suicide, such as veterans, students in higher education, and youth. However, legislation that would have followed recommendations from suicide prevention stakeholders were not ultimately passed.

Passed	Summary
<b>HB 671 (González, Mary/Eckhardt)</b> Relating to a veterans suicide prevention campaign.	Requires the Texas Veterans Commission to conduct a suicide prevention campaign to provide veterans with information regarding suicide prevention, and to create a dedicated website to provide information about safely storing firearms.
<b>SB 63 (Zaffirini/Raymond)</b> Relating to an instruction guide for family members and caregivers of veterans who have mental health disorders.	Requires Health and Human Services Commission and Texas Veterans Commission to create an instruction guide for family members and caregivers of veterans with mental health conditions, which must be available on both agency's websites.

Failed	Summary
<b>HB 906/SB 633 (Moody/Menéndez)</b> Relating to the provision of information regarding mental health and suicide prevention services to entering students at public institutions of higher education.	Would have required institutions of higher education to provide information on mental health services and suicide prevention to all enrolling students.
<b>HB 2898 (Garcia)</b> Relating to the definition of preventable death of a child.	Would have classified suicide as a preventable death for purposes relating to the review and investigation of child fatalities.
<b>HB 3631 (Lalani)</b> Relating to a requirement that public institutions of higher education provide certain information regarding mental health services to entering students.	Would have required institutions of higher education to provide information on campus mental health resources and suicide prevention resources to all entering students, including part-time students.  <i>*Amended onto SB 532 which did pass.</i>
<b>HB 4065/SB 2423 (Rose/Johnson)</b> Relating to required reporting by the Department of Family and Protective Services regarding youth in the managing conservatorship of the department who attempt suicide.	Would have required DFPS to report on suicide attempts in foster youth.

## Substance Use

Whether through interactions with the criminal justice system, involvement with the child welfare system, utilizing the healthcare system, or experiencing the tragic loss of life due to an overdose, substance use gravely impacts Texas communities across a number of systems. In 2022, more than 5,000 Texans lost their lives from an overdose.<sup>3</sup> Harm reduction, prevention, treatment, and recovery supports for individuals and families can minimize community trauma caused by punitive responses to substance use. Despite optimism going into session generated from Governor Abbott's support for harm reduction strategies such as decriminalizing fentanyl strips, the bill ultimately failed in the Senate. Most disappointing for stakeholders was the passage of HB 6 (Goldman/Huffman), which further creates punitive responses to substance use, allowing prosecutors to seek a murder charge for a person who manufactures or delivers fentanyl when someone dies as a result of use. There were however several bills passed which stakeholders worked tirelessly to educate legislators on, including

improving access to opioid antagonists in schools and higher education, requiring better substance use education in schools, and creating voluntary certification for recovery housing.

Passed	Summary
<b>HB 6 (Goldman/Huffman)</b> Relating to the criminal penalties for certain controlled substance offenses.	Increases the criminal penalties for the manufacturing or delivery of fentanyl, expands the conduct constituting murder, and creates two criminal offenses involving the manufacture or delivery of certain opioids.
<b>HB 299 (Murr/Johnson)</b> Relating to creating a voluntary accreditation for recovery housing.	Defines “recovery housing” in statute and establishes a voluntary accreditation process that is consistent with industry standards and best practices.
<b>HB 3908 (Wilson/Creighton)</b> Relating to fentanyl prevention and drug poisoning awareness education for public school students in grades 6 through 12.	Requires each school district to annually provide research-based instruction related to fentanyl abuse prevention and drug poisoning awareness to students in grades 6 through 12, and requires a week determined by the governor to be designated as Fentanyl Poisoning Awareness Week.
<b>SB 629 (Menéndez/Talarico)</b> Relating to the use of opioid antagonists on public and private school campuses and at or in transit to or from off-campus school events.	Requires each public school district to adopt a policy regarding the maintenance, administration, and disposal of opioid antagonists for schools serving students in grades 6 through 12. The bill gives private schools, charter schools, and schools not serving students in grades 6 through 12 the option to adopt such a policy.
<b>SB 897 (West/Rose)</b> Relating to the recipients of opioid antagonists under the opioid antagonist program.	Allows colleges to be included among the entities allowed to be provided opioid antagonists by HHSC opioid antagonist program.
<b>SB 1319 (Huffman/Turner, Chris)</b> Relating to the reporting of certain overdose information and the mapping of overdoses for public safety purposes.	Requires local health authority or law enforcement agency to provide overdose information to an entity that maintains a computerized system for mapping overdoses.

Failed	Summary
<b>HB 248 (Murr/Kolkhorst)</b> Relating to solicitation of patients and other prohibited marketing practices and the establishment of the task force on patient solicitation.	Would have established a task force on patient solicitation and proposed changes relating to the solicitation of patients and certain marketing practices.
<b>HB 85/ HB 362/ HB 685/ HB 867/ HB 1018/ HB 2042/ SB 207/ SB 495</b> Relating to the use, possession, delivery, or manufacture of testing equipment that identifies the presence of fentanyl, alpha-methylfentanyl, or any other derivative of fentanyl.	Would have removed fentanyl testing strips from the definition of “drug paraphernalia” regarding the offense of the offense of possessing or delivering drug paraphernalia.
<b>HB 3338 (Cole)</b> Relating to measures to prevent and respond to opioid-related drug overdoses, including policies and training regarding the use of opioid antagonists, at student residences on campuses of public institutions of higher education.	Would have required each college to adopt and implement a policy providing for the availability of opioid antagonists at each residence hall, including allowing resident advisors authorized and trained to administer them.
<b>HB 4173 (Klick)</b> Relating to state overdose prevention and control efforts and the defense to prosecution for certain offenses involving possession of small amounts of controlled substances, marijuana, dangerous drugs.	Omnibus overdose prevention bill that would have, among its provisions, collected and reported on overdoses, created education campaigns, created a grant program, increased access to opioid antagonists, and improved the existing overdose bystander law.

## Housing

COVID-19 highlighted the severe housing needs that exist across our state, with attention paid to those facing housing instability and eviction. Further, individuals with serious and persistent mental illness can experience significant barriers to permanent and stable housing and those housing challenges can be a barrier for people to live full and stable lives. Having a safe and secure place to live is an important part of recovery, along with access to services that enable those with mental health conditions to live

as independently as possible.<sup>4</sup> While many bills were filed to address housing issues across the state, little movement was made. HB 1193 (Turner, C./Miles) prohibits restrictions on renter method of payment, allowing for more protections for those who use rental vouchers, assistance, or subsidies.

Passed	Summary
<b>HB 1193 (Turner, Chris/Miles)</b> Relating to prohibiting housing discrimination by a property owners' association against a residential tenant based on the tenant's method of payment.	Prohibits a property owners' association from including or enforcing a provision that prohibits or restricts a property owner from renting a dwelling to a person based on the person's method of payment, such as rental vouchers, rental assistance, or rental subsidies from a nongovernmental organization.

Failed	Summary
<b>HB 428 (Lopez)</b> Relating to the creation of a task force to evaluate the housing needs of senior citizens who are lesbian, gay, bisexual, transgender, queer, or questioning.	Would have created a task force to evaluate the housing needs of senior citizens in the LGBTQ+ community.
<b>HB 834 (Campos)</b> Relating to the establishment by the Texas Department of Housing and Community Affairs of a pilot program to solicit donations made by text message for the benefit of local programs.	Would have created a “text-to-donate” pilot program for homelessness services programs.
<b>HB 965 (Allen)</b> Relating to post-release housing for inmates released on parole or to mandatory supervision.	Would have expanded housing options for individuals approved for parole and establishes a task force.
<b>HB 2181 (Rose/West)</b> Relating to the administration by the Texas Department of Housing and Community Affairs of a homeless housing and services program for youth and young adults.	Would have authorized the Texas Department of Housing and Community Affairs to administer a youth and young adult homeless housing and services grant program.

Failed	Summary
<b>HB 1917 (Walle)</b> Relating to the establishment and implementation by the Texas Department of Housing and Community Affairs of the Texas Tenant Readiness and Landlord Incentive Pilot Program.	Would have created the Texas Tenant Readiness and Landlord Incentive Pilot Program to serve Texans with significant housing needs, including those with disabilities which includes serious and persistent mental illness.

## Peer Support

Peer support services are provided by individuals with lived experience of mental health and/or substance use conditions who are trained and certified and remain a critical component of the Texas mental health and substance use workforce. However, little action was taken at the Texas Capitol to build on previous legislation related to peer support and peer support specialists. HB 4702 (Campos/Zaffirini) would have created an IDD Peer Specialist certification but did not ultimately pass. No other legislation related to peer support passed this session.

Failed	Summary
<b>HB 1397 (Moody)</b> Relating to the provision of community recovery organization peer-to-peer services under Medicaid.	Would have defined “community recovery organizations” and allowed Medicaid reimbursement provided by peers in these organizations.
<b>HB 4702/ SB 2191 (Campos/Zaffirini)</b> Relating to peer support specialists for individuals with an intellectual or developmental disability and peer services for those individuals under Medicaid living outside of state supported living centers.	Would have directed HHSC to define and develop IDD peer specialist certification and develop a stakeholder work group for the adoption of these rules.
<b>HB 3724 (Thierry)</b> Relating to a maternal mental health peer support pilot program for perinatal mood and anxiety disorder.	Would have directed HHSC to develop a maternal mental health peer support program in five Texas counties for women with a mood or anxiety disorder that occurs during pregnancy or within 12 months postpartum, collect data, and issue an annual report.

## Equity

**Individuals' mental health and well-being should be supported and protected, regardless of where they live, how much schooling they have, how much they earn, what they look like, what language they speak, who they love, or how/if they worship.**

### Racial Justice

Communities of color in Texas continue to lack access to basic healthcare and treatment, including mental health and substance use. People of color are often less likely to seek out treatment and more likely to end it prematurely due to systemic issues including community stigma, poorer quality of care, and lack of culturally competent care.<sup>5</sup> During the 88<sup>th</sup> legislative session, few meaningful changes were made to address those concerns other than passing the HB 567 (Bowers/Miles), the CROWN Act, which protects against discrimination for race-based hairstyles. While other legislation was filed to create cultural competency training for physicians, create an Office of Health Equity, and study maternal disparities, none were successful. Instead, conversations around diversity, equity, and inclusion (DEI) at public universities dominated the session. Ultimately SB 17 (Creighton/Kuempel) was signed by the Governor, banning DEI offices, hiring practices, policies, trainings, and activities in universities.

*\*Note: Several bills in the legislature focused on eliminating or altogether eradicating programs, offices, and trainings that amplify diversity, equity, and inclusion (DEI) in schools and universities in the state. The Hogg Foundation acknowledges Racism as a Mental Health Crisis through our [public declaration](#).*

Passed	Summary
<b>HB 567 (Bowers/Miles)</b> Relating to discrimination on the basis of hair texture or protective hairstyle associated with race.	Also known as the CROWN Act, provides protection against discrimination for race-based hairstyles in the Texas Education, Labor, and Property Codes.
<b>SB 17 (Creighton/Kuempel)</b> Relating to diversity, equity, and inclusion initiatives at public institutions of higher education	Among its provisions, prohibits universities from establishing and maintaining DEI offices, hiring practices, policies, trainings, and activities.
<b>SB 18 (Creighton/Kuempel)</b> Relating to the tenure and employment of faculty members at certain public institutions of higher education.	Among its provisions, restricts how universities grant tenure.

Failed	Summary
<b>SB 16 (Hughes)</b> Relating to the purpose of public institutions of higher education and a prohibition on compelling students enrolled at those institutions to adopt certain beliefs.	Would have prohibited faculty from compelling or attempting to compel students to adopt a belief that any race, sex, or ethnicity or social, political, or religious belief is inherently superior to any other race, sex, ethnicity, or belief.
<b>HB 51 (Johnson/Jarvis)</b> Relating to abolishing Confederate Heroes Day.	Would have removed “Confederate Heroes Day” as a state holiday.
<b>HB 472 (Thierry)</b> Relating to the creation of the office of health equity within the Health and Human Services Commission.	Would have created the Office of Health Equity within HHSC.
<b>HB 1162 (Thierry)</b> Relating to continuing education in cultural competence and implicit bias for certain physicians.	Would have required cultural competence and implicit bias among the hours of continuing medical education trainings for general practitioners, pediatricians, and OBGYNs.
<b>HB 1664 (Thierry)</b> Relating to a study on maternal mortality and morbidity among Black women in this state.	Would have required DSHS and the Texas Maternal Mortality and Morbidity Review Committee to evaluate maternal mortality and morbidity among Black women in Texas.

## LGBTQIA+ Rights

Texas filed more anti-LGBTQIA+ legislation than any other state in the U.S. during the 88<sup>th</sup> legislative session, focused mostly on the rights of transgender Texans.<sup>6</sup> Research shows that individuals in the LGBTQIA+ community are at a higher risk of suicide than the average population. Hostile environments, discrimination, prejudice, denial of civil and human rights, harassment, family rejection, and more can result in mental health conditions that contribute to suicide ideation.<sup>7</sup> However, actions that create positive supports and needed care can protect these individuals and their mental health. Several peer-reviewed studies show that gender-affirming care can significantly reduce mental health conditions, such as moderate to severe depression, and suicidality in transgender and nonbinary youth.<sup>8,9</sup> Ultimately a number of bills passed to restrict access to care and services, while no protective non-discrimination legislation passed.

*\*Note: Several bills restricting LGBTQIA+ rights, especially those of the trans community, passed the Legislature this session. The Hogg Foundation is dedicated to protecting the mental health and well-being of the trans community and signed onto [a letter defending LGBTQ+ Texans](#) along with over 100+ signatories.*

Passed	Summary
<b>HB 900 (Patterson/Paxton)</b> Relating to the regulation of books sold to or included in public school libraries.	Restricts access to books in school libraries by prohibiting acquisition, limiting access, and defining "obscenity" in a broad manner. Requires publishers to determine what books constitute "sexually explicit" and "sexually relevant."
<b>HB 2127 (Burrows/Creighton)</b> Relating to state preemption of certain municipal and county regulation.	Preempts all local regulations that affect provisions of the state's Agriculture, Finance, Insurance, Labor, Natural Resources, or Occupations codes.
<b>SB 14 (Campbell/Oliverson)</b> Relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria.	Prohibits physicians from providing gender-affirming care for transgender youth. Also bans insurance companies from covering these treatments. Prohibits public funds from going towards gender-affirming care.
<b>SB 15 (Middleton/Swanson)</b> Relating to requiring a student of a public institution of higher education who competes in intercollegiate athletic competitions to do so based on the student's biological sex.	Requires collegiate athletes to participate on the sports team according to the biological sex on their unamended birth certificate; extends existing related K-12 rules to include "participation" in addition to "competition."
<b>SB 12 (Hughes/Shahen)</b> Relating to restricting certain sexually oriented performances on public property, on the premises of a commercial enterprise, or in the presence of a child.	Defines "sexual conduct" and "sexually oriented performance" and creates a criminal offense for allowing anyone under 18 to view the performance.

Failed	Summary
<b>HB 496 (Meza)</b> Relating to health benefit plan coverage for conversion therapy.	Would have prohibited health plan coverage from reimbursing for “conversion therapy.”
<b>HB 1679/ HB 5026/ SB 439</b> Relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child.	Would have prohibited mental health professionals from providing conduct known as “conversion therapy.”
<b>B 1155 (Patterson) /HB 1541 (Toth) /SB 393 (Hall)</b> Relating to parental rights in education and prohibiting instruction regarding sexual orientation or gender identity for public school students.	Would have banned K-12 instruction, guidance and programming regarding sexual orientation and gender identity, in addition to other education-related administrative changes.

## Rural Communities

Texans living in rural areas experience additional barriers to receiving timely and appropriate mental health and substance use care compared to those living in suburban and urban areas. Provider shortages, long travel time, and waitlists often discourage people from seeking support. Rural areas are disproportionately affected by lack of access to behavioral health services and generally experience poorer health outcomes.<sup>10</sup> Lack of quality mental health services further exacerbates rural residents’ well-being; individuals residing in rural areas already have fewer individual resources, higher poverty rates, and less formal education.<sup>11</sup> While many legislators highlighted issues for rural areas, broadband was top of mind based on increased public attention on the issue. In June 2022, the Office of the Texas Comptroller released their Texas Broadband Plan 2022, indicating that more than 7 million people in 2.8 million households reside in rural areas lacking broadband access.<sup>12</sup> HB 9 was passed in effort to continue expanding broadband access across the state, along with additional funding in the budget to support broadband efforts.

Passed	Summary
<b>HB 9 (Ashby/Huffman)</b> Relating to the development and funding of broadband and telecommunications services.	Establishes the broadband infrastructure fund as a special fund in the state treasury outside the general revenue fund to be administered by the comptroller of public accounts for expanding and ensuring access to reliable, high-speed broadband and telecommunications connectivity.

Passed	Summary
<b>HB 617 (Darby/Alvarado)</b> Relating to a pilot project to provide emergency telemedicine medical services and telehealth services in rural areas.	Re-establishes the next generation 9-1-1 telemedicine medical services pilot project, which expired in January 2021, as the 9-1-1 telemedicine medical services and telehealth services pilot project in rural areas.
<b>HB 2209 (Lozano/Blanco)</b> Relating to establishing the Rural Pathway Excellence Partnership (R-PEP) program and creating an allotment and outcomes bonus under the Foundation School Program to support the program.	For school districts with less than 1,600 students, incentivizes and supports multi-district, cross-sector, rural partnerships for college and career pathways. Allows rural districts to partner with colleges and businesses to access financial incentives.
<b>SB 22 (Creighton/Guillen)</b> Relating to the establishment of grant programs to provide financial assistance to qualified sheriff's departments, district attorney's offices, and county attorney's offices in rural counties.	Requires the Texas Comptroller to establish and administer a rural sheriff's office salary assistance grant program and a rural prosecutor's office salary assistance grant program for counties with a population of 300,000 or less.

Failed	Summary
<b>HB 3723 (Gerdes)</b> Relating to the establishment of the Rural Workforce Training Grant Program.	Would have required the Texas Workforce Commission to establish and administer the rural workforce training grant program to award grants to public, private, or nonprofit entities to provide workforce training in counties with populations less than 200,000.
<b>HB 1340 (Frank)</b> Relating to the licensing of certain military veterans as health care providers to practice in underserved areas.	Would have allowed the Texas Medical Board (TMB) and the Texas Board of Nursing to issue Texas licenses to eligible military veteran healthcare providers if they choose to practice in a Healthcare Professional Shortage Area (HPSA).

## Mental Health & Intellectual and Developmental Disabilities (IDD)

Mental health for Texans with intellectual and developmental disabilities (IDD) remains a challenge within the current system. While there have been efforts to address barriers that people with IDD have accessing culturally competent and trauma-informed care, siloes remain. Further, COVID-19

exacerbated many existing challenges for people with IDD. Prior to the pandemic, people with intellectual and developmental disabilities (IDD) experienced mental health conditions and the impact of trauma at two to three times the rate of those without IDD.<sup>13</sup> People with IDD experience depression, anxiety, post-traumatic stress, and other conditions associated with traumatic experiences. While no legislation passed that would directly address the mental health needs of people with IDD, HB 729 initially passed to create to establish a statewide IDD coordinating council but was vetoed by the Governor on June 18, 2023.

Passed	Summary
<b>HB 729 (Rose/West)</b> Relating to the statewide intellectual and developmental disability coordinating council.  <b>*Vetoed by the Governor on June 18, 2023.</b>	Establishes a statewide intellectual and developmental disability (IDD) coordinating council, which will develop a strategic plan to address the needs and gaps in service of Texans with IDD.

## Comprehensive Community Support for System-Involved Youth

System-involved youth include both foster youth and justice-involved youth, which have specialized mental health and substance use needs. Foster care youth are more likely than the general population to have a mental health concern.<sup>14</sup> Further, justice-involved youth have higher rates of mental and behavioral health problems than their peers, including the onset of severe mental illness.<sup>15</sup> A number of bills were filed in response to the Texas Juvenile Justice Department (TJJD) Sunset Report to address ongoing challenges within the agency. Efforts to close all of the facilities were ultimately unsuccessful. Many child welfare-related bills were filed, notably SB 24 (Kolkhorst/Frank) successfully passed, transferring all prevention and early intervention services from the Department of Family and Protective Services (DFPS) to HHSC.

Passed	Summary
<b>HB 1525 (Sparks/Johnson)</b> Relating to certain proceedings in juvenile court for children with mental illness and intellectual disabilities.	Among its provisions, revises Chapter 55 of the Family Code with respect to juvenile court proceedings for children with mental illness and intellectual disabilities.
<b>HB 1819 (Cook/Hughes)</b> Relating to the repeal of the authority of political subdivisions to adopt or enforce juvenile curfews.	Prohibits a political subdivision from adopting or enforcing a curfew for persons younger than 18.

<b>SB 24(Kolkhorst/Frank)</b> Relating to the powers and duties of the Health and Human Services Commission and the transfer to the commission of certain powers and duties from the Department of Family and Protective Services.	Transfers prevention and early intervention services currently provided by DFPS to HHSC, consolidates certain support programs within HHSC under a new family support services program, and provides for the establishment of the Thriving Texas Families Program as the continuation of the current alternatives to abortion (A2A) program.
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Failed	Summary
<b>HB 506 (Wu)</b> Relating to requirements for a juvenile's appearance in a judicial proceeding.	Would have restricted the use of restraints in juvenile court proceedings and by requiring the court to permit a child to wear clothing other than a uniform provided by a detention or correctional facility.
<b>HB 4356 (Talarico)</b> Relating to the dissolution of the Texas Juvenile Justice Department and the creation of the Office of Youth Safety and Rehabilitation.	Among its provisions, would have established the Office of Youth Safety and Rehabilitation under HHSC and would have been tasked with developing and implementing a plan to complete a staggered closure of TJJD facilities by September 2030.
<b>HB 1898 (Jetton/Kolkhorst)</b> Relating to a grant program to fund the provision by children's hospitals of mental and behavioral health services to children in this state.	Would have established a grant program at HHSC to fund mental and behavioral health expansion at certain children's hospitals.
<b>HB 2822 (Garcia)</b> Relating to a study on the housing needs of youth transitioning out of foster care or the juvenile justice system.	Would have required the Texas Interagency Council for the Homeless to conduct a study to examine the housing needs of youth transitioning from foster care or the juvenile justice system to independent living.
<b>HB 4091 (Johnson/Kolkhorst)</b> Relating to the mental health needs of a minor in the managing conservatorship of the Department of Family and Protective Services.	Would have expanded the circumstances under which DFPS would be authorized to request the admission of a minor in DFPS managing conservatorship to an inpatient mental health facility.

## Access

**Every Texan should have equitable access to mental health and substance use supports and services, from prevention to intervention to recovery, that are appropriate, affordable, and available when needed.**

### Workforce

Mental health and substance use stakeholders have highlighted the desperate need for infrastructure, funding, and policy changes to support the behavioral health workforce across the state. It is not news to anyone that many counties are without providers, while those who do have providers still need more to meet their community's needs. Legislators listened and prioritized addressing the workforce shortage with multiple bills and funding initiatives in the budget. Notably, HB 400 (Klick/Kolkhorst) will create a new psychiatry specialty innovation program and establish a behavioral health innovation grant program. HB 2100 (Price/Schwertner) and SB 532 (West/Kuempel) will both extend the existing loan repayment program for mental health professionals to all local mental health authorities (LMHAs), local behavioral health authorities (LBHAs), and state hospitals. SB 532 also reduces the program to three years and increases the amount a recipient may receive each year. However, attempts to address reciprocity issues for out-of-state licensed providers were unsuccessful.

Passed	Summary
<b>HB 400 (Klick/Kolkhorst)</b> Relating to innovation grant programs to support residency training programs in psychiatric specialty fields and recruitment, training, and retention programs in behavioral health fields.	Creates a psychiatric specialty innovation grant program to award incentive payments to increase the number of physicians who specialize in adult or pediatric psychiatric care. Establishes a behavioral health innovation grant program to award incentive payments to institutions of higher education that administer innovative recruitment, training, and retention programs designed to increase the number of mental health professionals or professionals in related fields.
<b>HB 1211 (Guillen/Zaffirini)</b> Relating to repayment of certain mental health professional education loans.	Adds licensed specialists in school psychology to the list of eligible professionals for the Loan Repayment Program for Mental Health Professionals.
<b>HB 2100 (Price/Schwertner)</b> Relating to eligibility requirements for student loan repayment assistance for certain mental health professionals.	Extends eligibility criteria for the Loan Repayment Program for Mental Health Professionals to any eligible professional working within a LMHA/LBHA or State Hospital.

Passed	Summary
<b>SB 532 (West/Kuempel)</b> Relating to providing mental health services information to certain higher education students and to the repayment of certain higher education loans.	Reduces the service requirement for the Loan Repayment Program for Mental Health Professionals from 5 years to 3 years and extends eligibility criteria for the Loan Repayment Program for Mental Health Professionals to any eligible professional working within a LMHA/LBHA or State Hospital.  <b>*Amended to include language from HB 2100 (Price/Schwertner) and HB 3631 (Lalani)</b>

Failed	Summary
<b>HB 1167/SB 47 (Romero/Zaffirini)</b> Relating to the licensing of marriage and family therapists, marriage and family therapist associates, professional counselors, professional counselor associates, and social workers, including certain out-of-state applicants.	Would have aligned reciprocity rules for out-of-state licensed professional counselors (LPCs) licensed social workers, and licensed marriage and family therapists (LMFTs).
<b>SB 1282/HB 4154 (Springer/Frank)</b> Relating to the establishment of the Texas Mental Health Care Enterprise Fund and the granting of license reciprocity to certain mental health professionals.	Would have established the Texas Mental Health Care Enterprise Fund to provide annual bonuses to qualifying healthcare professionals in public mental healthcare facilities; would have established license reciprocity for out-of-state mental health professionals.

## Maternal & Postpartum Care

In recent years, a spotlight has shone on Texas's worsening maternal mortality rate, particularly in women of color. Within the state, the maternal mortality rate sits at around 20 deaths per 1,000 deliveries – higher than the national average of 18 deaths per 1,000 deliveries.<sup>16</sup> Non-Hispanic black women and Hispanic women are also disproportionately more likely to die during and after childbirth.<sup>17</sup> According to the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), mental health concerns (with or without substance use) are tied with cardiovascular or coronary conditions for the leading cause of maternal death in Texas.<sup>18</sup> In reviewing these findings, the MMMRC has made several policy recommendations to address the high maternal mortality rate in the state, including the recommendation to extend Medicaid coverage for pregnant women in Texas from 60 days post birth or end of pregnancy to one-year post birth or end of pregnancy.<sup>19</sup> After years of tireless

work from advocates, stakeholders, legislators, and more, HB 12 passed during the 88<sup>th</sup> Legislative Session to extend Medicaid for Pregnant Women coverage from 60 days to 12 months postpartum.

Passed	Summary
<b>HB 12 (Rose/Kolkhorst)</b> Relating to the duration of services provided under Medicaid to women following a pregnancy.	Extends Medicaid for Pregnant Women coverage from 60 days to 12 months postpartum for eligible people.

Failed	Summary
<b>HB 465 (Thierry)</b> Relating to a pilot program to provide Medicaid coverage for doula services.	Would have required HHSC to create a pilot program in the areas of Texas with the highest maternal mortality and morbidity needs for Medicaid coverage of doula services.
<b>HB 2237/SB 1384 (Thompson, Senfronia/Miles)</b> Relating to the establishment of the child first grant program.	Would have created the child first grant program in Texas, which allows DFPS to disperse grants to organizations that provide home-based, collaborative mental health services to children and families.
<b>HB 2873 (Howard/Blanco)</b> Relating to a strategic plan for improving maternal health, including the consolidation and repeal of certain planning and reporting requirements.	Would have consolidated recurring HHSC maternal health reports required by the legislature into one biennial strategic plan.

## Medicaid Reimbursement Rates

Medicaid reimbursement rates and administrative barriers have been chronic issues of concern and frustration for mental health and substance use stakeholders for decades. Medicaid billing and administrative issues were a focus of the HHSC Behavioral Health Workforce Workgroup, a multi-disciplinary group including state agency staff, non-profits, providers, and other stakeholders. The Workgroup released the comprehensive report *Strong Families, Supportive Communities: Moving our Behavioral Health Workforce Forward* in late 2020 which highlights several potential solutions to address Medicaid billing and administrative challenges.<sup>20</sup> While several bills were filed to address some of the challenges, little movement was made. One successful bill was HB 113 (Ortega/Blanco), which made an administrative change regarding community health workers to help increase access to these services within Medicaid. HB 1879 (Darby/Sparks) would have opened up Medicaid billing for counseling services to masters-level clinicians, a recommendation of the Workforce Report, but was unsuccessful this legislative session.

Passed	Summary
<b>HB 113 (Ortega/Blanco)</b> Relating to the use of community health workers in Medicaid managed care.	Allows Medicaid MCOs providing health care services under the STAR Medicaid managed care program to categorize services provided by a community health worker as a quality improvement cost, instead of as an administrative expense.

Failed	Summary
<b>HB 1879 (Darby/Sparks)</b> Relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services.	Would have allowed Licensed Marriage and Family Therapist (LMFT)-Associates, Licensed Professional Counselor (LPC)-Associates, and Licensed Master Social Workers (LMSW) under supervision for their clinical license to bill for psychotherapy within Medicaid.
<b>HB 2404/SB 2278 (Johnson, Ann/Blanco)</b> Relating to Medicaid coverage and reimbursement for functional family therapy services.	Would have allowed for billing of functional family therapy services within Medicaid.
<b>HB 2638/SB 2279 (Johnson, Ann/Blanco)</b> Relating to Medicaid coverage and reimbursement for multisystemic therapy services.	Would have allowed for billing of multisystemic therapy services within Medicaid.

## Mental Health and Substance Use Parity

Texas has been a leader in state-level policy related to mental health and substance use parity with several pieces of legislation passing each session since its landmark parity legislation passed in 2017. Parity is when mental health and substance use treatment are covered at the same rate as physical health services. Limited federal protections exist, leaving states to navigate parity compliance through state laws and regulations. While a number of bills were filed this session based on findings from the Texas Mental Health Condition and Substance Use Disorder Parity Strategic Plan, no bills successfully passed.<sup>21</sup>

Failed	Summary
<b>HB 3460 (Price)</b> Relating to coverage for mental	Would have required insurance plans for public servants to comply with state-level parity laws for coverage of serious mental illness (SMI).

Failed	Summary
health conditions and substance use disorders under certain governmental health benefit plans.	
<b>HB 5121 (Turner)</b> Relating to health benefit plan coverage of treatment for chemical dependency.	Would have made administrative changes to allow for parity with substance use coverage in private health plans.
<b>HB 5230 (Bucy)</b> Relating to health benefit plan coverage of prescription drugs for serious mental illnesses and opioid and substance use disorders.	Would have made administrative changes to coverage for people with serious mental illness and substance use disorder prohibiting certain exclusionary practices.

## Other Legislation of Interest

Every Texan should have equitable access to mental health and substance use supports and services, from prevention to intervention to recovery, that are appropriate, affordable, and available when needed. The bills below are of interest to communities across the state.

Passed	Summary
<b>SB 26 (Kolkhorst/Jetton)</b> Relating to local mental health authority and local behavioral health authority audits and mental and behavioral health reporting, services, and programs.	Among its provisions, creates a matching grant program for children's mental health, admission and transition of care for certain individuals, and performance and financial audits of LMHAs.

Failed	Summary
<b>HB 15 (Thompson, Senfronia)</b> Relating to the creation of the Mental Health and Brain Research Institute of Texas.	Would have created the Mental Health and Brain Research Institute of Texas.
<b>HB 340 (Thompson, Senfronia)</b> Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child.	Would have required insurance coverage for serious emotional disturbance of a child and providing for a one-time study on the extent to which those benefits are accessed.
<b>HB 1578 (Allison/Johnson)</b> Relating to a health literacy plan developed by the statewide health coordinating council and the inclusion of health literacy in the state health plan.	Would have required a study on health literacy with one focus on strategies to expand the use of plain language instructions for patients.

# Acknowledgements

We wish to show our appreciation to all the wonderful advocates, stakeholders, agencies, individuals, and families that have contributed their expertise and time to impacting mental health and substance use policy efforts during the 88<sup>th</sup> legislative session.

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<sup>5</sup> American Psychiatric Association, Division of Diversity and Health Equity. (2017). *Mental health disparities: African Americans* [PDF]. <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-African-Americans.pdf>

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<sup>12</sup> Texas Comptroller of Public Accounts. (2022). *Texas broadband plan 2022* [PDF]. <https://comptroller.texas.gov/programs/broadband/docs/broadband-plan-22.pdf>

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