

Federal Funding Shifts and their Impacts on Texas Communities

Published October 2025

**POLICY
BRIEF**



Hogg Foundation
for Mental Health

About the Hogg Foundation

Established in 1940, the Hogg Foundation for Mental Health envisions a future in which all people in 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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A special thank you to the Texoma Community Foundation, who graciously funded this written product to educate Texans.



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Introduction



Under the new presidential administration, a slew of agency actions has collectively reshaped key federal programs touching on health, nutrition, education, and research. Among these changes was the decision to end COVID-era relief grants earlier than many institutions anticipated. While these pandemic relief funds were always designed to be temporary, programs were cancelled before all committed funds had been dispersed. This wind-down meant that hospitals, universities, and local service providers across the state who were expecting support had to adjust abruptly to fill funding gaps.

Additionally, the U.S. Congress enacted a 2025 budget reconciliation law which includes a new community engagement requirement for Medicaid and SNAP. This change will reduce federal spending on health, nutrition, and well-being, and leave Texas saddled with billions in additional costs. These are national changes, but their effects will be felt throughout the state, with Texas' rural hospitals and providers being hit the hardest.

In this policy brief, the Hogg Foundation for Mental Health has cataloged the changes to programs downstream of federal funding decisions, including SNAP, Medicaid, the Department of Education, and research institutions, so that Texas leaders, service providers, and communities can quickly see what has changed in recent months. The funding losses and added administrative hurdles could have a great impact across Texas, especially for children, people with low incomes, and rural communities.

Medicaid and SNAP Community Engagement Requirements

On July 4th, 2025, President Donald Trump signed H.R. 1 (The One Big Beautiful Bill Act, OBBBA) into law, which made sweeping changes to the federal budget, including reduced spending on Medicaid and SNAP by more than \$1.3 trillion by the year 2034.¹ While fiscal responsibility is a stated objective, the proposed cuts are primarily achieved by implementing new "Community Engagement" requirements for Medicaid and SNAP benefits. Texas already subjects some SNAP enrollees to Community Engagement requirements, but no Medicaid recipient had these restrictions prior to July 2025.²

Community Engagement requirements will call for childless Medicaid applicants aged 20-64 to prove that they engage in at least 20 hours of work or engage in 20 hours of work-like activities, such as job-searching or community service, per week. For SNAP, these requirements are stricter- adults with school-aged children (children ages 6-18) will also be subject to Community Engagement requirements. This is in addition to existing disability, income, and age requirements for the Medicaid and SNAP programs in Texas. If an applicant cannot prove that this requirement is met, their application will be rejected. Current enrollees who do not prove their compliance with new rules will lose their Medicaid coverage or SNAP benefits.

Individuals are exempted from Community Engagement requirements if they are pregnant, disabled, or formerly incarcerated. States will be able to adopt additional exemptions for other groups such as veterans, but such changes are subject to approval by the Centers for Medicare and Medicaid Services (CMS) for Medicaid or the U.S. Department of Agriculture (USDA) for SNAP. Despite these exceptions, there is reason to believe that the nearly a half million disabled Texans receiving Medicaid and the nearly 800,000 disabled Texans receiving SNAP are at risk of losing coverage under this new law.³

Disabled Texans Make up 13 Percent of the Population, but Disproportionately Receive Public Benefits

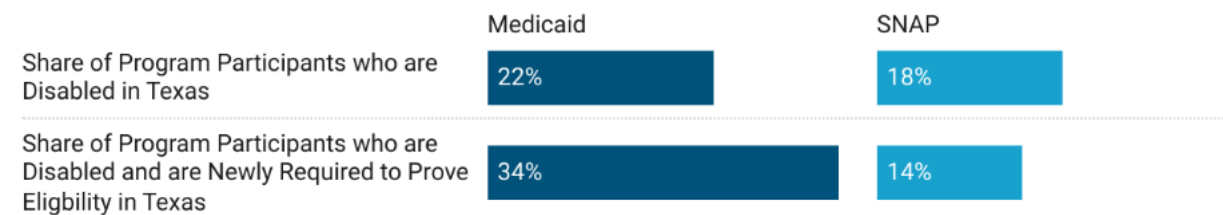


Chart: Hogg Foundation for Mental Health • Source: CPS ACS, 1-Year Estimate, 2023 • Created with Datawrapper

The implementation of additional reporting requirements leads to an administrative burden for applicants. Applicants are penalized for filling out forms incorrectly or when they are unaware that they are required to report more than once per year. Such burdens have real consequences: when Arkansas implemented similar engagement requirements for Medicaid in 2018, nearly 80 percent of the people who were removed from Medicaid roles were removed for procedural reasons, rather than a determination of non-compliance.⁴

When reporting requirements were reinstated at the end of the COVID-19 Public Health Emergency in 2023, 1.4 million of the 2.1 million Texans who were removed from Medicaid roles were removed solely for procedural reasons.⁵ Research on the impact of administrative burden brought by work requirements shows that people with disabilities are disproportionately removed from public benefits, even though they are supposed to be exempt from these new requirements.⁶ The cumulative effect of these changes is expected to be significant. By 2034, approximately 7.8 million people are projected to lose Medicaid coverage, including 200,000 in Texas.⁷

Medicaid plays a critical role in providing access to behavioral health care. As the largest single payer for mental health and substance use services in the United States, Medicaid currently supports over 12 million behavioral health visits each year.⁸ Cuts of this scale threaten to destabilize the already strained mental health system.

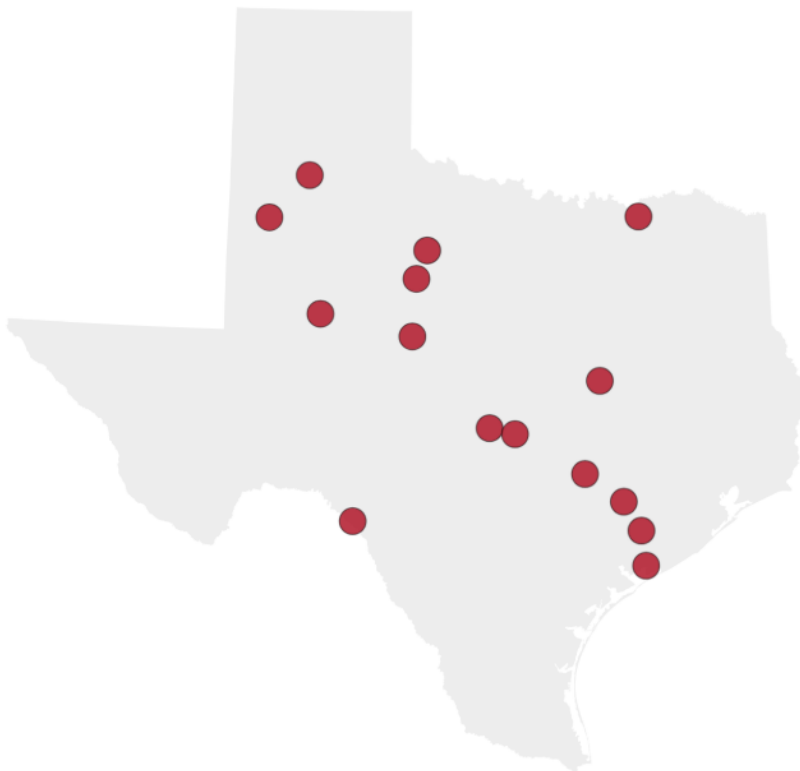
Medicaid in Rural Hospitals

Medicaid plays a critical role in sustaining rural health across the country. In rural communities, Medicaid covers 19 percent of all hospital discharges and 47 percent of all births.⁹ This reflects the essential role Medicaid plays in ensuring access to care in areas that already face significant health care access challenges. Therefore, Medicaid cuts in the OBBBA are expected to harm rural hospitals.

Rural hospitals are already operating under financial stress, with 44 percent reporting negative operating margins, as compared to 35 percent in urban areas. These thin margins leave them vulnerable to changes in Medicaid patient caseloads. Under the OBBBA, rural hospitals across the country are projected to lose \$155 billion by 2034. Texas rural hospitals will lose \$5 billion. Texas has already seen 26 rural hospitals close since 2010, and estimates suggest that at least 15 more rural hospitals in Texas could be forced to close their doors, primarily due to their heavy reliance on Medicaid funding and years of sustained financial losses.^{10, 11}

Rural Hospitals are at Risk of Closure Across the State

■ Hospital at Risk of Closing



Map: Hogg Foundation for Mental Health • Source: Amarillo Globe News • Created with Datawrapper

To mitigate losses to rural hospitals, the OBBBA proposes the creation of a Rural Health Transformation Program, which would allocate \$50 billion nationally to support rural hospitals.¹² However, this funding is not guaranteed to reach all rural hospitals. Individual states will create programs outlining their plans for spending dollars given to them by the fund, and all funding proposals will require approval from the Centers for Medicare and Medicaid Services (CMS). Without a guaranteed safety net, many rural hospitals will be left behind.

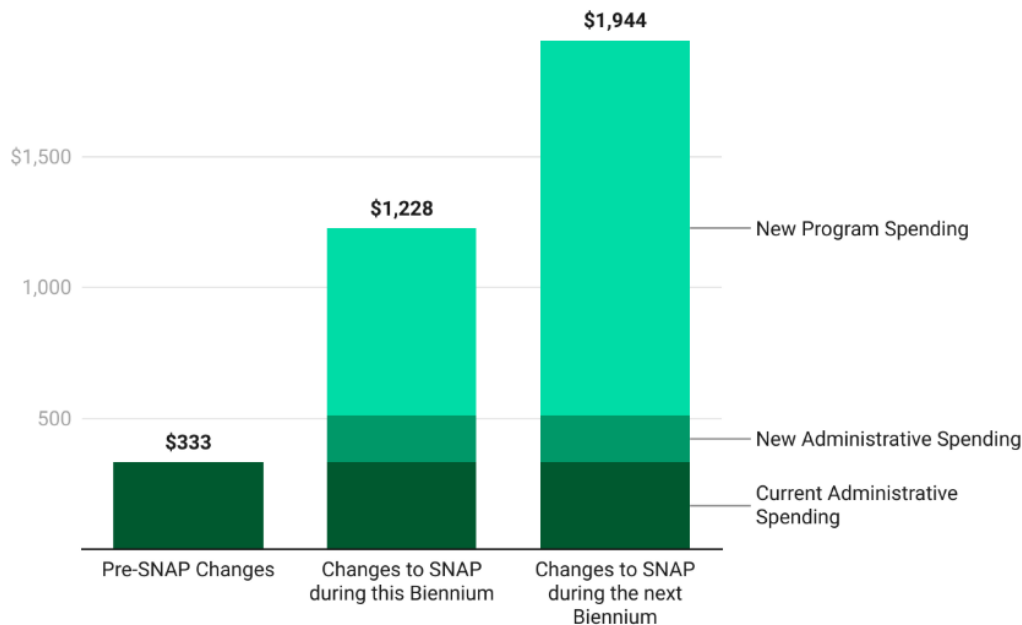
Federal Spending Cuts to SNAP



The new community engagement requirements in the OBBBA are projected to result in 275,000 Texans losing access to SNAP benefits by 2034.¹³ The requirements now apply to seniors up to age 65 and parents with children aged 14-17. If community engagement requirements are not met, food assistance is limited to three months every three years. Additionally, the OBBBA eliminates exemptions for vulnerable populations, including veterans, individuals experiencing homelessness, and former foster youth.

The OBBBA also introduces changes to the federal funding of SNAP, requiring that states pay 50 percent more in administrative costs starting in FY 2026.¹⁴ Additionally, states will now have to pay for a percentage of SNAP benefits through state revenue, based on "error rates" calculated annually by USDA, starting in FY 2027.¹⁵ This means that during the 2026-27 biennium, the state will have to cover more than \$1.2 billion of SNAP spending from general revenue funding in the 89th biennium.^{16,17} This change would quadruple the \$332 million that Texas spent on SNAP during the 88th biennium, and the 90th biennium would see SNAP spending balloon to nearly \$2 billion.¹⁸

Texas Will Spend Billions on SNAP in the Coming Budget Cycles



Numbers shown are in million of dollars.

Chart: Hogg Foundation for Mental Health • Source: General Appropriations Act 2024-2025, Feeding Texas, and Every Texan. • Created with Datawrapper

Proposed Reorganization of SAMHSA

On March 27, 2025, U.S. Health and Human Services (HHS) Secretary Robert Kennedy, Jr. announced that several HHS agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), would be reorganized into the Administration for a Healthy America (AHA).¹⁹ The duties which were formerly conducted by SAMHSA would be divided as such:

	Current SAMHSA Office
Administration for a Healthy America (AHA)- Policy Research & Evaluation	Health Surveillance and Statistics
	Substance Abuse and Mental Health Public Awareness & Support
	Substance Abuse and Mental Health Performance & Quality
	Data Requests and User Fees
	Program Management & Support
AHA- Mental and Behavioral Health	Mental Health
	Substance Abuse Treatment
	Substance Abuse Prevention

In addition to the proposed reorganization, several programs formerly operated by SAMHSA will be discontinued, leading to nearly \$1 billion in spending cuts.²⁰ The following is a list of these programs:

Former SAMHSA Program	2024 Budget
Mental Health Activities	
Minority Fellowship Program	\$ 11,059,000
Minority AIDS	\$ 9,224,000
Seclusion and Restraint	\$ 1,147,000
Interagency Task Force on Trauma-Informed Care	\$ 2,000,000
Tribal Behavioral Health Grants	\$ 22,750,000
Mental Health Awareness Training	\$ 27,963,000
Healthy Transitions	\$ 28,451,000
Infant and Early Childhood Mental Health	\$ 15,000,000
Mental Health Children and Family Programs	\$ 7,229,000
Consumer and Family Network Grants	\$ 4,954,000
Mental Health System Transformation	\$ 3,779,000
Project LAUNCH	\$ 23,605,000
Primary and Behavioral Health Care Integration Programs	\$ 55,877,000
Mental Health Crisis Response Partnership Program	\$ 20,000,000
Subtotal, Mental Health Activities	\$ 212,755,000
Substance Abuse Treatment Activities	
Homelessness Prevention	\$ 33,696,000
Targeted Capacity Expansion	\$ 122,416,000
Mental Health Criminal and Juvenile Justice Programs	\$ 11,269,000
Assertive Community Treatment for Individuals with Serious Mental Health Illness	\$ 9,000,000
First Responder Training	\$ 25,000,000
Screening, Brief Intervention, and Referral to Treatment	\$ 33,840,000
Treatment Systems for Homeless	\$ 37,114,000
Homelessness Technical Assistance	\$ 2,296,000
Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths	\$ 16,000,000
Substance Abuse Treatment Criminal Justice activities	\$ 94,000,000
Subtotal, Substance Abuse Treatment Activities	\$ 384,631,000
Substance Abuse Prevention Activities	
Minority Fellowship Program	\$ 4,072,000
Minority AIDS	\$ 43,205,000
Strategic Prevention Framework	\$ 135,484,000
Sober Truth on Preventing Underage Drinking	\$ 14,500,000

Improving Access to Overdose Treatment	\$	1,500,000
Pregnant and Postpartum Women	\$	38,931,000
Recovery Community Services Program	\$	4,434,000
Substance Abuse Treatment Children and Families	\$	30,197,000
Building Communities of Recovery	\$	17,000,000
Emergency Department Alternatives to Opioids	\$	8,000,000
Treatment, Recovery, and Workforce Support	\$	12,000,000
Peer Support Technical Assistance Center	\$	2,000,000
Comprehensive Opioid Recovery Centers	\$	6,000,000
Youth Prevention and Recovery Initiative	\$	2,000,000
Drug Abuse Warning Network	\$	10,000,000
Subtotal, Substance Abuse Prevention Activities	\$	329,323,000
Total	\$	926,709,000

Data from 2024 SAMHSA budget: <https://www.samhsa.gov/sites/default/files/fy24-operating-plan.pdf>

Among the programs cut are the discontinuation of the 988 National Suicide and Crisis Lifeline’s partnership with the Trevor Project, which focuses on suicide prevention for LGBTQ youth.²¹ The funds for this program are reallocated to other 988 services. In June 2025, the Community Mental Health Services Block Grant, Substance Use Prevention, Treatment, and Recovery Support Services Block Grant, and State Opioid Response Grants were proposed to be consolidated into the new Behavioral Health Innovation Block Grant.²²

COVID Grant Cancellations

On March 24, 2025, HHS informed state-level Departments of Health of Human Services that all grants related to the COVID-19 pandemic would be terminated, saying “Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out.”²³ These funds were set to expire on September 30, 2025, but the loss of funding six months prior to this date has led to the loss of hundreds of millions of dollars in mental health and substance abuse treatment funds across the state of Texas.

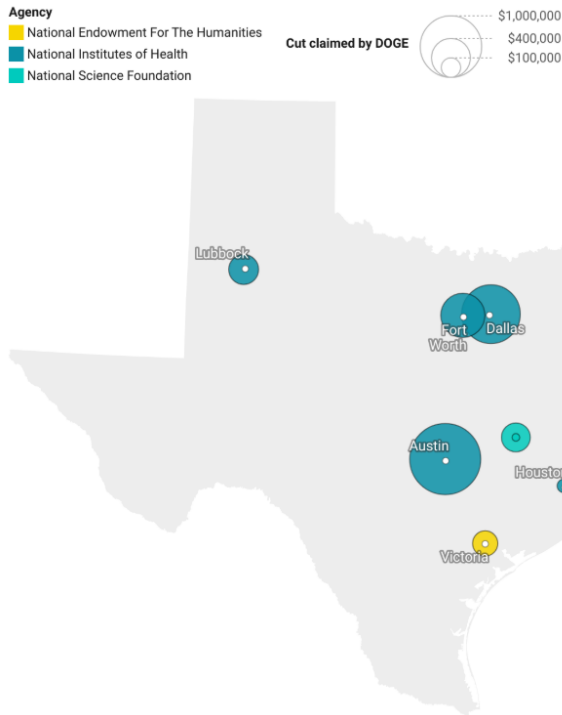
Federal Funding Stream	Approximate Loss	Use of Funding
American Rescue Plan Act-Substance Abuse Block Grant Expansion	\$54 Million	Overdose prevention education and naloxone procurement, which consists of overdose first aid training. ²⁴
American Rescue Plan Act-Community Mental Health Block Grant Expansion	\$61 Million	Expands outpatient mental health services for persons with serious mental illness (SMI) and/or serious emotional disorder (SED) to address

		growing demand due to population growth, and to address funding disparities and other local challenges. ²⁵
Community Mental Health Block Grant - SAMHSA Expansion	\$2.2 Million	Providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance. ²⁶
SAMHSA Community Mental Health Centers Grant- Texas Panhandle MHMR	\$0.7 Million	Enables community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with SED and/or SMI. ²⁷
Substance Abuse Block Grant- SAMHSA Expansion	\$0.4 Million	Supporting the development and implementation of prevention, treatment, and rehabilitation activities directed to the diseases of alcohol and drug abuse. ²⁸
Centers for Disease Control and Prevention, Birth Defects and Developmental Disabilities	\$0.4 Million	The creation of a statewide population-based birth defects registry to advance electronic case reporting to increase timeliness of reporting of birth defects. ²⁹

Mental Health Research Grants

Throughout the spring of 2025, the National Endowment for the Humanities, the National Science Foundation, and the National Institutes of Health cancelled billions of dollars' worth of grants to institutions of higher education.^{30,31,32} Several grants related to mental health in Texas were cancelled, totaling millions of dollars:

Mental Health Research Grants Cancelled by DOGE



Map: Hogg Foundation for Mental Health • Source: Department of Government Efficiency • Created with Datawrapper

Agency	Cut claimed by DOGE	Recipient	Program
National Endowment for the Humanities	\$150,000	University of Houston, Victoria	Creation of a minor in Race, Gender, and Disability Studies
National Institutes of Health	\$36,978	University of Houston	A multi-level study of the link between fear of deportation and mental health in Latinx young adults: The role of systemic inflammation and related risk and protective factors
National Institutes of Health	\$216,855	Texas Tech University	Internal Sources of Minority Stress and Alcohol Consumption
National Institutes of Health	\$1,336,740	University of Texas at Austin	How Spouses Influence Each Other's Health in Same- and Different-Sex Marriages: A Dyadic and Longitudinal Assessment from Mid to Later Life
National Institutes of Health	\$900,819	UT Southwestern Medical Center	Long-term trajectories of psychosocial functioning among transgender youth and their parents
National Institutes of Health	\$495,993	Healthy Tarrant County Collaboration	Macro-level Health Considerations of Community and Criminal Justice System Relationships in North Texas
National Science Foundation	\$8,632	Texas A&M University	Doctoral dissertation research: acculturation and mental health among immigrant communities

National Science Foundation	\$200,642	Texas A&M University	Career: stress, resilience, and persistence factors that impact success of LGBTQ undergraduate students in STEM
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Department of Education Grant Cuts

On April 29, 2025, the Department of Education informed grant recipients under the Bipartisan Safer Communities Act (BSCA) that their grants would not be renewed after 2025, totaling \$1 billion in cuts.³³ Programs funded by these grants included the School-Based Mental Health Services Grant Program and the Mental Health Service Professional Demonstration Grant Program, leading to more than \$10 million in lost funds in Texas.³⁴ The programs no longer receiving funding are listed below:

Recipient	Approximate Loss	Use of Funding
Humble Independent School District	\$173,740	The hiring of three Licensed Professional Counselors (LPCs) to serve students with substance abuse issues from the end of 2024 to 2027. ³⁵
University of Houston-Clear Lake	\$143,773	To address common barriers to underrepresented populations' participation in mental health graduate programs from 2023 to 2028. ³⁶ⁱ
Karnes City Independent School District	\$1,685,068	Creation of the Rural Area Mental Health Professional Enhancement and Development (RAMPED) Program, with five high-need local education agencies (LEAs) operating 12 high-need school campuses.
University of the Incarnate Word	\$1,059,759	A partnership with Southside Independent School District and South San Antonio Independent School District to expand the capacity of the high-need local education agencies to meet the mental health needs of LEA students.
The University of Texas Rio Grande Valley	\$1,089,608	To train 70 School-Based Mental Health Service Professionals from diverse backgrounds through interdisciplinary training in School Psychology, Counseling, and Social Work in 4 high-need LEAs.
University of North Texas	\$440,306	To place 30 highly trained, culturally responsive school counselors and school-based mental health counselors in two LEAs.

Sam Houston State University	\$756,552	The placement of 125 highly trained, well qualified school mental health providers in five high-need LEAs.
Midwestern State University	\$136,863	To create comprehensive internships for 12 school counselor/clinical mental health graduate students in which school/clinical mental health counselors will provide intensive group and individual counseling.
Baylor University	\$450,332	The placement of 125 highly trained, well qualified school mental health providers in five high-need LEAs.
University of Texas Rio Grande Valley	\$1,024,711	Increase capacity of seven high-need LEAs by training 120 School-Based Mental Health Service Professionals from diverse backgrounds, with 75 percent employed in high-need LEAs by the end of the grant period.
University of Texas at Austin	\$612,378	Partner with Del Valle Independent School District to recruit and train up to 12 diverse school psychology masters degree trainees committed to careers in high-need schools.
University of Houston-Victoria	\$224,213	Create targeted undergraduate pathways for 10 future school psychologists through field-based placements and mentorship in Katy Independent School District.
Region One Education Service Center	\$1,167,574	Implement the Mental Health Career Pathways program to recruit and onboard 40+ school-based mental health service providers across seven high-need LEAs serving 53,138 students.
The University of Texas at San Antonio	\$548,284	Implement Project BEAMS (Behavioral, Emotional, and Mental Health Support) to place 25 school psychology graduate students in five high-need Southwest Independent School District schools serving 4,723 students.
University of Texas at Tyler	\$262,537	Graduate 56 counselors for mental health positions in high-need schools across three school districts, serving approximately 21,367 K-12 students.
Texas Woman's University	\$228,111	Place counseling students in Uplift charter school system for clinical experiences with additional training on evidence-based, culturally sustaining programs and trauma-informed practices.

San Antonio Independent School District	\$294,548	Enhance internship-to-employment pipeline for 14 mental health professionals (10 Licensed Master Social Workers and four Counselors) to serve 5,663 students across 14 high-need campuses.
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