BILLS FROM THE 88TH LEGISLATIVE SESSION

INSTITUTIONAL RIGHTS AND CIVIL LIBERTIES TEAM (IRCL)

This session there were 8,046 bills that were filed of which 1,242 passed. That was an increase of 1,000 bills from last session.

This was a difficult session for disability related issues and particularly individuals seeking or receiving mental health services. There were at least 12 emergency detention (ED) filed and most would have compromised the rights of individuals in a mental health crisis. Collectively, the bills would have:

- (HB 2506) deleted the reference to emergency rooms (ERs) from the definition of a mental health facility an identified portion of a general hospital in which diagnosis, treatment and care for individuals with mental illness is provided. This would have prevented individuals including peace officers from taking individuals in a mental health crisis to an ER.
- extended the timeframe for an Emergency Detention (ED) from 48 to 72 hours (longer over weekends and holidays). The purpose of the ED is for an evaluation which should occur within 12 hours.
- allowed the physician, the facility or both (depending on the bill), to detain a person located at the facility for evaluation of an ED. The goal was to reduce the need to contact law enforcement to detain individuals who were requesting a release from a voluntary commitment or investigating and refusing a voluntary admission. The language allowing the facility to detain a person passed as an amendment in SB 1624.
- allowed use of consecutive ED orders. (Consecutive EDs would deprive a person of due process protections because there is no court hearing).

The local mental health authorities and LIDDAs were under attack by the legislature this session. Bills were filed which:

- allowed the court to ignore the recommendation of the local mental health authority (LMHA) during commitment proceedings on commitment and the least restrictive placement for treatment. (This would negatively impact the LMHAs control over bed day usage).
- allowed the court to ignore recommendations from the LIDDAs related to the least restrictive environment appropriate for the person and ensure placement in the least restrictive environment (LRE).
- overburdened the LMHA and the court by requiring both to document in detail how the person (for whom an application was filed) did not meet commitment criteria when the commitment is denied by the court.
- required the court to be available 24/7 to accept applications for EDs.

SB 26 mandates rule development/revision addressing continuity of care by the state hospitals and LMHAs. TAC 406 B (which addresses continuity of care) has been in place since 2003. Attempts to educate legislators of lack of compliance with the current rule were unsuccessful. The bill also increased reporting and accountability on continuity of care by the LMHAs.

- A bill increasing the penalty for assault (from a misdemeanor to a felony) of any hospital personnel passed. This is concerning due to the potential impact on individuals who are involuntarily committed to the facility (because they are a threat of harm to self or others). The proposed amendment-exempting individuals involuntarily committed was rejected.

MH/IDD BILLS THAT PASSED

SB 26 Kolkhorst MH discharge planning	Amends the Government and the Health and Safety Code, creating a matching grant program for mental health early intervention and treatment. Section 5 requires performance audits and financial audits of each LMHA at least every 5 years. It changes the frequency of DSHS posting of the performance and outcome measures on the DSHS website to monthly or more frequently as possible. Sec. 6 addresses Joint Discharge Planning and requires the creation/amendment of rules governing continuity of care between HHSC facilities and LMHAs including **the admission and transition of care for certain individuals requiring participation by a DSHS facility in joint discharge planning with a local LMHA before discharge or placing the patient on a furlough. It requires the facility to designate one employee to provide transition support services for discharge, requires the LMHA to provide transition support services and post-discharge monitoring for up to one year and each facility concentrate the provision of transition support services for patients admitted multiple times during a 30 day period or for patients having resided in a facility for longer than a year. This will require a revision of TAC 306D MH Services, Admission, Continuity and Discharge.**
SB 1624 Zaffirini ED	This bill focuses on guardianship proceedings and ensures that the attorney ad litem represent the proposed ward's expressed wishes, including in proceedings involving restoration of capacity. Affidavits must include statements about the supports & services received including those discontinued and why. It requires court investigators to submit a report at minimum every three years and requires inclusion of the ward's statement of guardianship. An amendment specific to emergency detention was added. **It allows a facility to detain a person physically located (but not admitted or involuntarily committed) in the facility (up to 4 hours) to perform an evaluation for an emergency detention.** It allows the applicant to electronically present the application & the judge to electronically transmit a warrant. **There is a window of opportunity for the person to leave prior to the facility receiving the warrant. Unfortunately, most often individuals are held behind locked doors and are unable to exercise this opportunity.**
HB 4085 Spiller Court Costs	Allows the state/county to pay a filing fee or other court or proceeding costs for a patient committed to a private psychiatric hospital & would revise provisions for inpatient mental health facility payments made by the court for costs related to certain mental health hearings or proceedings.
SB 840 West Assault of Hospital Personnel	Amends the Penal Code to change the penalty against assault of hospital personnel (including state hospitals) from a Class A misdemeanor to a 3rd degree felony offense, regardless of the personnel assaulted. **If an individual, involuntarily committed "assaults" any hospital personnel, the person may be charged with a felony. The request by DRTx for an exemption for individuals involuntarily committed was denied. The Dallas hospital district the Penal Code language:** ***the offense would be committed intentionally, knowingly or recklessly*** **provides adequate protections & the staff and court would use discretion in charging a felony.**
SB 1677 Perry MH community collaborative grants	Amends the Gov. Code to require HHSC to spend funds as appropriated to implement grant programs utilizing community collaboratives (including non-profit organizations) that include a rural county in cooperation with LMHAs to provide additional forensic hospital beds & competency restoration services, inpatient & outpatient mh services to adults & children. It encourages consideration of community collaboration not selected in previous grant opportunities. The programs should reduce recidivism, arrest & incarceration for individuals with a MI & reduce wait time for forensic commitments.
HB 1337 Hull Step therapy	The bill limits the number of times a person has to fail on a MH medication before getting access to their 1st choice. The bill mandates a health benefit plan that covers prescription drugs for treatment of a serious mental illness may not requirement the enrollee to fail or prove a history of failure on more than one different drug for each drug prescribed. It limits a trial of a generic/pharmaceutical equivalent as a condition of continued coverage only once in a plan year & only if it is added to the plan's formulary.

HB 54 Thompson Personal needs allowance	The bill increases the personal needs allowance from $60 to $75 a month for residents of long-term care facilities (nursing facilities, assisted living facilities & SSLCs).
HB 4085 Spiller Court payments	Allows the state and county to pay a filing fee or other court hearing or proceeding costs for a patient committed to a private psychiatric hospital & revises provisions for inpatient MH facility payments made by the court for costs related to MH hearings or proceedings. **This amends current language limiting the state or county to payments to circumstances where no public facility was available or the commissioner's court authorized payment.**
SB 944 Kolkhorst IDD commitment	Allows a parent or guardian to petition the court to issue a commitment order to an SSLC with the party that filed the application proving "beyond a reasonable doubt" that the admission is appropriate. **This changes the current process which requires the court consider a recommendation from the LIDDA about residential care and the least restrictive environment**.
SB 2479 Zaffirini	The bill carried recommendations from JCMH to expand provisions related to early identification of defendants suspected of having a MI or ID to include defendants charged with a Class C misdemeanor and gives discretion to the magistrate to order an interview and report. It clarifies the release on personal bond of defendants with MI or ID to the prohibition against release on personal bond. **It establishes that a peace officer who transports an apprehended person to a facility for ED is not required to remain at the facility while being medically screened, treated or while insurance is verified. It allows a physician to make an electronic application for an ED to a licensed mh professional by a LMHA. Context: a physician can submit an application electronically for an emergency detention. When the judge/magistrate submits a warrant, then the facility can detain a person to perform a preliminary examination. The electronic submission should expedite the warrant, likely 15-20 minutes. If the person chooses to leave before the warrant is submitted, the person is allowed to leave the facility. The goal was to address situations where an individual inquires about a voluntary admission but decides to leave and the physician believes the person meets the criteria for an emergency detention and to expedite the timeframe for obtaining the warrant.** **The bill allows for the taking of a blood sample for an individual on court ordered medication, in order to conduct evaluations and lab tests to safety administer psychoactive medication.**
SB 133 West School restraints	Prohibits a peace officer or school security personnel from restraining or using a chemical irritant spray or Taser on a student in 5th grade of below **unless the student poses a serious risk of harm to themselves or others.**

MH/IDD BILLS THAT DID NOT PASS

HB 1464 Campos Commitment	Amends the H&SC to extend an ED from 48 hours to 72 hours. Extends the temporary inpatient and outpatient commitment from 45 to 90 days. Revises circumstances to allow for temporary or extended commitment.
HB 1927 Hull ED+	This bill promoting parental rights did not pass. The bill would have authorized a parent/guardian (of a child younger than 18) to take custody of a child being placed under a MH ED and voluntarily seek treatment from a provider of their choice. It prohibited a peace officer from placing a child under an ED without first attempting to contact the parent/guardian to inform them about their rights. It prohibited a peace officer from using handcuffs, electrical devices, chemical agents or other devices to control/manage detainees 10 years old or younger on an ED and mandated use of age appropriate trauma informed practices in responding to the situation.
SB 1433 Hinojosa ED	Relating to procedures for ED. It allowed a person to be taken into custody regardless of age or location & allowed the facility to detain after receiving warrant.
SB 1815 Johnson ED	Focused on allowing an application for an ED to be submitted electronically. It also required the judge/magistrate to be available to receive applications, 24/7.
SB 2287 West HB 3986 Leach HB 5210 Sherman Commitment	Allowed peace officer to take a person into custody regardless of the age or location of the person. Allowed non-physician mental health professionals to file an application for an ED without a peace officer. Allowed the facility to detain, up to four hours, a person seeking but not yet admitted for a voluntary admission or who is requesting their release from a voluntary commitment, allowing the facility time to pursue an ED or Order of Protective Custody. Neither the facility or physician would be liable if they act in good faith.
HB 2417 Cain Rights during an ED	Would have ensured reading of Miranda rights during an ED.
HB 2506 Jetton Commitment	Changed the definition of mh facility to exclude emergency rooms. Required a person taken into custody to be transported to an inpatient mh facility within 100 miles of where the person was apprehended. Deletes language of transport of a person to a facility deemed appropriate by the LMHA allowing "the physician" to make the determination. Requires the court to hear emergency mh matters 24/7.
HB 2507 Jetton Commitment	Allows a peace officer to detain a person seeking a voluntary admission to perform a preliminary examination for emergency detention.
HB 3504 Leach **ED/Commitment**	Allowed (e) an ED warrant to be issued on a person who is not physically located in a mental health facility. The intent was to clarify confusion of some law enforcement and EMS staff that an emergency detention can be issues for a person who is in an emergency room or otherwise not physically located in a mental health facility. The language along with h-2 should make it clear that an emergency detention order can be issued for a person physically located in the facility or not physically located in a mental health facility. (h) allowed for the application to be submitted by a physician electronically. (h-2) Allows for a facility to detain a person who is physically located in the facility <u>if a warrant has been transmitted by a judge or magistrate</u> and the person is not already under an emergency detention (Ch. 573) or Order of Protective Custody. (Ch. 574)

HB 4091 Johnson/Kolkhorst Commitment	Allowed CPS to request admission to a minor in CPS managing conservatorship between ages of 13 – 17 to a “specialty inpatient stabilization treatment program if a physician determines their mental health has deteriorated to the point where they could benefit from admission to such a facility to receive further treatment before the transition to a residential treatment center or foster care setting”. Determination must consider if the admission is the least restrictive alternative, can provide the most effective & effective level of care. It **would have added a grave and disabled clause to the commitment statute and allow for continued hospitalization for minors in CPS conservatorship who are no longer acute but cannot be placed.**
HB 1816 Johnson Commitment	Required the LMHAs to justify their decision when they do not recommend commitment of a proposed patient. The LMHA would have to identify the criteria for commitment the proposed patient does not satisfy. It required the magistrate/judge to include findings of fact when it is determined no probable cause exists for an order of protective custody. It allowed the court to ignore the recommendation from a LMHA if it failed to comply with the above. It allows “a physician”, who completed the certificate of medical examination, to determine what mh facility is suitable for the person’s admission. **This is currently determined by the LMHA. If passed the bill would have negatively impacted the LMHA’s control over hospital bed days, would have created a burden for the LMHA & court and created a potential conflict of interest for the physician determining what facility is suitable**.
SB 2628 Campbell Medical Clearance	Would have prohibited the admittance of a patient unless the patient undergoes a medical exam which determines the patient does not have a medical condition that would prevent the provision of care to the patient. This would have created a backlog in the ERs.
HB 3904 Ortega ED	Would have allowed a physician to detain a person for preliminary examination for emergency detention at a mh facility.
HB 4762 Lalani Hosp staff liability	Would have exempted hospital personnel from liability to a patient for an injury resulting from use of force while on duty.

WORKFORCE BILLS THAT PASSED

SB 763 Middleton Chaplain as counselors	The bill permits a school district to hire a school chaplain to perform the duties of a school counselor. The only prohibition is employing or accepting as a volunteer, a chaplain convicted or on deferred adjudication for an offense requiring registration as a sex offender. **There is no language specific to training or education of the chaplain.**
HB 400 Klick Residency training	Requires the Tx Higher Education Coordinating Board, to establish a grant program to award incentive payments to medical schools that administer innovative residency training programs to increase the number of physicians and other mental health professionals who specialize in pediatric or adult psychiatric care, subject to available funds.
HB 1211 Guillen loan repayment	Amends the Ed Code mandating that each institution of higher education must enter into an agreement with the Council to provide repayment assistance to a mh professional who completes 1-5 years of practice in Tx employed by a school district in a federally designated mh care health professional shortage area or a public school that receives federal funding under Title 1, Elementary & Secondary Ed Act of 1965. The award cannot exceed the amount of tuition & fees charged to the student.
SB 532 West loan repayment	Extends the loan program to professionals working in LMHAs and state hospitals and decreases the years of services necessary for repayment assistance from 5 to 3 years.

REGULATORY BILLS

SB 24 Kolkhorst	Consolidates support programs within HHSC under a new family support services program & establishes the Thriving Tx. Families Program as the continuation of current HHSC alternatives to abortion program. HHSC will operate child abuse and neglect prevention programs, services for at-risk youth, community youth development grants, the Nurse-Family Partnership program, a veterans families preventive services program, and Texas Home Visiting program.
SB 52 Zaffirini MH visitation	Amends the Health and Safety Code to establish a patient/LAR has the right to designate an essential caregiver with whom a state hospital may not prohibit in-person visitation and, if the patient is a minor, the LAR may designate both of the patient's parents as essential caregivers.
HB 63 Sparks anonymous reports	Allow DFPS statewide intake to refuse to accept an anonymous report of abuse and neglect. It allows anonymous reports to law enforcement. If law enforcement refers an anonymous report to DFPS, DFPS must conduct a preliminary investigation. The bill keeps the identity of the reporter confidential and requires DFPS to adopt rules related to the confidentiality of the reporter. Ensures all patients are proactively equipped with their rights in an investigation.
HB 729 Rose IDD coordinating council	Establishes the statewide intellectual and developmental disability coordinating council to ensure the development of a strategic approach for the provision of IDD services. HHSC would determine the make-up of the council, requiring at least quarterly meetings to develop & monitor the implementation of a 5-year strategic plan. **The Governor vetoed the bill.**
SB 186 Miles Facility Discharge to grp homes	Amends the Health and Safety Code to authorize a hospital or other health facility to discharge or otherwise release a patient to the care of a group home, boarding home facility, or similar facility if the person who operates the group-centered facility holds a license/permit in accordance with state law except: no group-centered facility is operated in the county of discharge by a person who holds the applicable license or permit; or **the patient voluntarily elects to reside in the group-centered facility of the unlicensed or unpermitted person**.
SB 188 Miles criminal history checks	Requires group homeowners & operators to obtain criminal history background checks on employees & not hire anyone with certain crimes on their record. The bill creates a Class A misdemeanor offense for group homeowners or operators who employ individuals with such criminal histories. (State licensed facilities are exempted as they already conduct background checks).
SB 850 Blanco Tx Children MH Care	Amends the composition of the Consortium to include each regional education service center, includes a representative selected from appointed rural regional education service centers. Removes UT M.D. Anderson Cancer Center from the consortium.
HB 1009 Turner Criminal history checks	Amends the Gov. Code to mandate a Medicaid provider that provides community-based residential care services to Medicaid recipients obtain from HHSC, criminal history information for an applicant. It was amended (with language from HB 1008) to also suspend the employment/contract of an individual found to have engaged in reportable conduct after exhausting any appeals process.
SB 1930 Kolkhorst CPS Guardianships	Requires a guardian ad litem for a child for purposes of special appointments, child custody evaluations and adoption evaluations to elicit the child's opinion & concerns related to the current or proposed patient. Requires the court to determine if the child's needs can be met in, a family-like setting can provide the most effective and appropriate level of care and is consistent with the short & long-term goals specified in the permanency plan.
HB 4696 Noble	Transfers to HHSC investigations of reports of a/n/e involving a child receiving services from certain providers (including mh facilities, ICFs, providers of MH behavioral health and IDD services, managed care organizations and consumer-directed services, and residential child-care facilities). The bill seems to address programs already under HHSC and residential child care facilities that serve the elderly and adults with disabilities, which is not typical for this setting.

Juvenile Justice Bills That Passed

SB 1727 Schwertner	This Sunset bill continues TJJD until 2029. It addresses the composition of the Board & training, expands the membership of the advisory council, requires development of a comprehensive set of risk factors for use in assessing the risk level of certain facilities, prioritizes inspections based on the risk assessment, addresses the regionalization plan due 8/31/24 for keeping children closer to home, requires TJJD to partner with private institution(s) to map resources for children in the system. The bill does not reflect the recommendations of stakeholders. It does address dissemination of JJ information which has been under dispute with stakeholders regarding what is aggregate vs identifiable data. Unfortunately, the bill makes the determination by the agency permissible, not mandatory. It addresses the Independent Ombudsman & expands purposes of the TJJD Office of the Inspector General. **Sec. 44 of the bill mandates that a child ages 16 – 19 be referred to juvenile court for approval of the child's transfer to TDCJ if the child has an incomplete previous sentence and is convicted for a 1st or 2nd degree felony**.
HB 1819 Cook	Prohibits political sub-divisions from adopting or enforcing an order, ordinance or other measure that imposes a curfew to regulate the movements or actions for persons younger than 18.
HB 3186 Leach	Requires diversion of a child alleged to have engaged in misdemeanor conduct punishable by fine only (other than a traffic offense). Strategies include programs, services & court ordered actions including a teen court program, a rehabilitation program, academic monitoring, community-based services, counseling among other programs and services. It authorizes a court to designate a youth diversion to coordinator to assist the court.
SB 1585 Sparks	Amends the Family Code authorizing a forensic mental examination if the court has cause to believe a child alleged or found to have engaged in delinquent conduct if the child is unfit to proceed in juvenile court. It allows a child to receive extended inpatient mh services if the child's condition is expected to continue more than 90 days and the child has received court ordered inpatient services for at least 60 consecutive days during the preceding 12 months It authorizes the court to order a child to receive temporary or extended outpatient mh services if available to the child and evidence indicates the child will experience deterioration of the ability to function independently in the community without court-ordered mh services.
SB 1612 Zaffirini	The bill does a lot but related to JJ repeals the Family Code provision to abolish the remaining juvenile court fees levied against youth and their families.

LETS TALK ABOUT $$$$$ The state budget (working with a 32.7 billion dollar surplus) is reflected in HB 1 (Appropriations bill). Supplemental appropriations are reflected in SB 30.

DRTx was instrumental in the continuation of a Rider (TDCJ Rider 35) to fund continuation of psychiatric medication for individuals determined to be incompetent to stand trial and returning to jails from state hospitals. The language was broadened to include lab work and blood draws and moves administration of the $500,000 from HHSC to TCOOMMI (which will better ensure information about the funds is shared with sheriffs).

HHSC- State Salaries & LMHA workforce capacity

- allocated funds to increase the base wage of personal attendant services from $8.11 to $10.60 per hour for FY 24 & 25.
- Added 1,800 additional HCS waiver slots. The wait list currently is over 108,000 people.
- salary increases were allocated in the amount of $101,729,614 in FY 24 and $101,729,070 in FY 25 for staff at SSLCs
- salary increases were allocated in the amount of $67,340,974 each FY to maintain increases for frontline staff at HHSC facilities. $17,530,335 each FY to maintain salary increases.
- Local Authority workforce capacity – $7,111,505 each FY for adult community MH services; $1,810,117 each FY for children community MH services; $1,344,234 each FY for community MH crisis services; $782,153 each FY for Long-term Care Intake & Access.

NEW/ADDITIONAL INPATIENT BEDS – (General Revenue)

- Uvalde Behavioral Health Campus - $33,600,000 for the construction of a behavioral health campus.
- Dallas State Hospital – $ 101,890,000 for additional construction for the 200 bed adult unit in Dallas with at least 75 beds designated as forensics.
- Lubbock Campus – $121 million to construct a 50 bed state hospital maximum-security facility on the grounds of the SSLC. There will be fencing separating MH from IDD.
- San Antonio State Hospital – $15 million to rehabilitate the Alamo Unit at SASH into a 40-bed maximum-security facility.
- Amarillo State Hospital – $159 million for a 75 bed state hospital in with at least 50 forensic beds.
- Rio Grande Valley Facility – $120 million to construct a 50-bed maximum-security facility. $85 million for construction of up to 100 beds in the Rio Grande Valley.
- Terrell State Hospital - $573 million to construct a 250-bed replacement campus including 50 MSU beds, 140 forensic beds, 35 adolescent beds & 25 civil beds.
- North Tx State Hospital – $452 million to construct a 200-bed replacement including 24 MSU bed, 136 forensic beds, 24 adolescent beds & 16 civil beds.
- El Paso State Hospital – $50 million to construct a new 50-bed facility with 50% of the beds designated as forensic.
- Sunrise Canyon, Lubbock – $45 million to construct 30 additional beds with 50% of the beds designated as forensic.
- Montgomery Co – $50 million for construction of up to 100 inpatient beds to expand the Montgomery Co MH Facility.
- Victoria Co - $40 million for construction of up to 60 inpatient beds. 45 million to
- Beaumont Baptist Hospital - $64 million to construct 72 beds (36 forensic and 36 civil)
- Permian Basin - $86,700,000 to construct a 100-bed behavioral health center (with 40 designated as forensic).

Expansion of Community Inpatient Beds.

- **State Hospital Contracted Beds.** $4,197,500 each FY to contract for 20 competency restoration beds; and $4,068,000 each FY to expand contracted bed capacity by 16 beds;
- **John S. Dunn Behavioral Sciences Center.** $4,730,400 in each FY to increase funding for 144 beds at the Dunn Center; & $6,132,000 each FY to expand state hospital capacity at the Dunn Center by 24 beds to address the state hospital forensic wait list.
- **Purchased Psychiatric Beds.** $99,098,599 each FY to maintain existing capacity and 193 additional state purchased inpatient psychiatric beds, including 70 beds in rural communities and 123 beds in urban communities. HHSC shall utilize up to $13,700,000 of this funding during the biennium to provide inpatient psychiatric beds serving the Uvalde community. **HHSC shall prioritize an additional 20-contracted bed for children in DFPS conservatorship.**
- **UT Tyler** - $889,800 FY 24 & $887,683 FY 25 to increase the bed-day rate for contracted beds.
- **Inpatient Capacity Expansion.** $45,834,616 each FY to contract for an additional 150 competency restoration beds.
- **Sunrise Canyon Operational Funding.** $2,900,000 each FY to increase funding for Sunrise Canyon Hospital inpatient beds & $45 million to construct 30 additional beds, 50% forensic.

Step-down Housing and State Hospital Transitions.

- **State Hospital Transition Teams.** $2,500,000 each FY to establish transition teams to support individuals statewide who are at risk of state hospital readmission by providing coordination and support to address mental health needs in the community.
- **Step-Down Housing Expansion.** $8,500,000 each FY to expand step-down housing programs statewide to identify, assess, and transition patients with acute mental health and/or medical needs from hospitals to community settings with appropriate supports.

Crisis Services.

- **Non-Medicaid IDD Crisis Funding** - $14 million each FY for crisis intervention & respite services.
- **Crisis Stabilization Facilities.** $14 million each FY to fund up to five additional crisis stabilization facilities; $2,500,000 in fiscal year 2024 for the crisis stabilization facility at the local mental health authority that services Montgomery, Walker, and Liberty Counties; $4 million in each fiscal year for crisis services at the local mental health authority that services Galveston County; and $4 million in each fiscal year for crisis services at the local mental health authority that services the Heart of Texas region; to provide a short-term alternative to hospital admission to reduce acute symptoms of mental illness. Facilities may include crisis stabilization units, crisis residential facilities, crisis respite facilities, diversion centers, extended observation units, or a mix of these.
- **Crisis Respite Units for Youth.** $5,750,000 each FY to fund four additional crisis respite units that serve youth and to pilot three peer-run units.
- **Youth Mobile Crisis Outreach Teams.** $7,000,000 each FY to establish youth mobile crisis outreach teams to reduce the risk of hospitalization from acute mental health illness and transition youth into care, including three mobile crisis outreach teams for children served by the DFPS.
- **Expansion of Programs for High-Risk Children. Multisystem Therapy.** $15,225,000 each FY to expand multi-systemic therapy, which provides community-based treatment for at-risk youth with intensive needs and their families.
- **Coordinated Specialty Care.** $2,100,000 each FY to expand coordinated specialty care, which provides outpatient behavioral health services to persons experiencing an early onset of psychosis.
- **Mental Health Services for the Uvalde Community.** $5 million each FY to partner with the Hill Country LMHA to provide ongoing mental health services support for the Uvalde community. $5 million in FY 25 for start-up and operational funding for the new Uvalde Behavioral Health Campus

- **Community Mental Health Grant Programs**.
  - $10,000,000 in General Revenue each FY for a grant program for mental health services for veterans and their families
  - (2) $40,000,000 in General Revenue each FY for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment
  - (3) $5,000,000 in General Revenue each fiscal year for a grant program to reduce recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in Harris Co.
  - (4) $27,500,000 in General Revenue each FY for a community mental health grant program
  - (5) $16,500,000 in General Revenue each FY to provide grants for Healthy Community Collaboratives. $10,000,000 GR for the biennium (contingent on local matching funds) to fund the Healthy Community Collaboratives in rural areas.
  - (6) $7,500,000 in General Revenue each FY for an innovation grant program to support a variety of community-based initiatives that improve access to care for children and families, such as programs that reduce juvenile justice involvement, relinquishment, and preventable emergency room visits.

- **Mental Health Peer Support Re-entry Program**. $1 million (GR) for the biennium to maintain a MH peer support re-entry program. HHSC, in partnership with Local Mental Health Authorities and county sheriffs, shall operate a program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.
- **Psychiatric Residential Youth Treatment Facility Voluntary Quality standards implementation** – $4.7 million.
- 3,956,000 for administration of a **mental health program for veterans**.
- 10,000,000 (GR) for the biennium (contingent on local matching funds) to fund the Healthy Communities Collaboratives in rural areas.
- **MH Outcomes/Liability 10% (GR) funds at risk** subject to recoupment for failure to achieve outcomes assigned to community MH services, adult, children and crisis services.
- **Reporting of Waiting Lists for Mental Health Services.** HHSC shall submit to the LBB and Gov., the current waiting list and related expenditure data for the following:
- community mental health services for adults; (b) community mental health services for children; (c) forensic state hospital beds; & (d) maximum security forensic state hospital beds. The data shall be submitted in a format specified by the Legislative Budget Board and shall, at a minimum, include the number of clients waiting for all services, the number of underserved clients waiting for additional services, the number of individuals removed from the waiting list, and funds expended to remove individuals on the waiting list in each fiscal quarter included in the reporting period, and the average number of days spent on the waiting list. The information above shall be provided for each LMHA/LBHA, facility, or other contracted entity. HHSC shall distinguish between waiting lists at LMHAs and LBHAs, state facilities, or other contracted entities that are due to operational or other short-term factors and long-term waiting lists due to insufficient capacity. Data shall be submitted November 1 and May 1 of each fiscal year.

TDCJ/TOOMMI The Tx Coalition of Healthy Minds (DRTx is a member) focused on an exceptional item request listed under TDCJ/TCOOMMI (Article V Rider 35 Continuity of Care). The rider continues $500,000 each FY to be administered by TCOOMMI to provide up to a 90 day post-release supply of medication to defendants returning from court to jail on a 46B (incompetent to stand trial). The funding continues the medication prescribed by the state mental health facility. TCOOMMI shall enter into a MOU with county and municipal jails or through contracted community centers to reimburse each entity for providing medication to defendants

The Rider, which has been in place for several sessions, has been under-utilized. Most jails were not aware of the availability of funds or felt the reimbursement process was too cumbersome. This Session the Rider returned the administration of the funds to TCOOMMI which simplifies the reimbursement process. The language extended the funds to cover lab work and prescriber costs (blood draws necessary to enable a healthcare professional to determine whether the medication level is in therapeutic range and if the person is experiencing any serious side effects).

TDCJ was afforded a 15% increase in salary for correctional staff & parole officers and 10% increase for other agency employees (15%).

TJJD: was allocated $200 million for construction of new facilities not to exceed 200 beds. (The Rider proposed by stakeholders limiting the facilities to 48 beds was removed) and $14,178,353 for FY 24 and FY 25 to fund mental health services provided by TJJD.

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