



Heading into the 87th Legislative Session, the state was bracing for the worst as economic turmoil and the fallout from the COVID-19 pandemic foretold what most expected would be a lean, painful biennium. However, while subsequent events, starting with a better-than-expected revenue projection, eased the need for full austerity, **the state's continued commitment to mental health was crystal clear.**

By the end of the session, the Texas Legislature had appropriated **\$8.44 billion to behavioral health across 25 state agencies**, an **increase of roughly \$350 million**

over the previous biennium. Further, in a session that saw the total percentage of passed bills drop four percent from 2019 levels to only 15.5 percent, **each of the bills identified as opportunities by the Meadows Institute passed the legislature** and went to Governor Abbott's desk to be signed into law.

Throughout what was a challenging and, at times, divisive legislative session, one area of full agreement was that **mental health continues to be paramount to Texas' present and future.**

## Scaling up the Texas Child Mental Health Care Consortium

Created by the 86th Legislature, the **Texas Child Mental Health Care Consortium (TCMHCC)** spent its first year launching initiatives through 12 medical schools across the state like the **Child Psychiatry Access Network (CPAN)**, which enables pediatricians and primary care providers to work with child psychiatry consultation hubs to reach effective treatment decisions, and the **Texas Child Health Access Through Telemedicine (TCHAT)**, which gives schools access to health providers via telemedicine and telehealth to help meet the mental health needs of at-risk children and youth.

**Senate Bill (SB) 1 (Nelson)** increases TCMHCC's funding by \$19.5 million, which will maintain funding levels for CPAN, TCHAT, and other key initiatives, including research areas crucial to understanding mental illness and improving care.

This expanded commitment to TCMHCC demonstrates Texas will continue to treat mental illness as a childhood disease, which is important because half of all mental illnesses emerge by age 14, and 75 percent by the time they turn 24. Investing in early identification and treatment means less

investment will be needed later, when mental illness is more advanced and difficult to treat.

## Collaborative Care in Medicaid

The **Collaborative Care Model (CoCM)** integrates mental and physical health care under the supervision of a primary care provider (PCP) with an emphasis on early intervention and measuring outcomes. Under CoCM, a patient is treated for mental illness at their PCP's office, the same as any physical illness, with the PCP leading a team of professionals that includes a mental health specialist (either in person or working remotely), who carefully tracks each patient's case. Measurement-based care ensures that the patient is getting better and quickly identifies any need to modify the treatment plan. CoCM means mental illnesses are identified and effectively treated far more rapidly than the current average wait of 8-10 years before a person gets help.

**SB 672 (Buckingham)** authorizes Collaborative Care reimbursement in Texas Medicaid, for both children and adults, to increase access to behavioral health services integrated in primary care. Since early intervention is more effective, it means substantial long-term cost savings, as well.



## State Hospital System Redesign

The state-run hospital system that provides psychiatric care for Texans is in the midst of an extensive, systemic redesign that began with initial funding passed by the 85th Legislature (\$300 million) and carried forward by the 86th (\$445 million).

**SB 1 (Nelson)** funds new beds created through Phase I of the redesign, including 40 new beds at **San Antonio State Hospital** (\$16.7 million), 70 new maximum-security unit beds at **Kerrville State Hospital** (\$29.3 million), and the February 2022 opening of a new inpatient facility in **Houston**, the **John S. Dunn Behavioral Sciences Center** (\$40.3 million).

SB 1 also provides \$30 million in funding over the biennium for increased community inpatient psychiatry bed capacity, evenly split between urban and rural areas.

**House Bill (HB) 2 (Bonnen)** – the supplemental budget– provides \$321.3 million from the Economic Stabilization Fund for Phase III of the system redesign, including \$276.5 million to finish the new **Austin State Hospital** and **San Antonio State Hospital**, and \$44.75 million to begin planning efforts and acquire land for a new state hospital in **Dallas**.

## Building on Accomplishments

Since its founding, the Meadows Institute has worked with leaders across state government to identify systemic mental health issues and develop effective policy solutions. In the state budget finalized during the 87th Legislature, Texas continued investing in proven, successful programs.

### SB 1 (Nelson)

- Fully funds – at \$145 million for the biennium – four mental health grant programs: **Mental Health Grant Program for Justice-involved Individuals** (85(R) SB 292);

## Other Key Legislation:

- **HB 4 (Price)** makes permanent flexibilities put in place during the COVID-19 crisis related to **telemedicine** and **telehealth**, including Medicaid reimbursement for certain behavioral health services delivered by telehealth or telephone (audio only). This means easier access to mental health care for Texans, particularly in rural and other underserved areas.
- **HB 5 (Ashby)** establishes a **Broadband Development Office** within the Comptroller's Office charged with creating a broadband development map, a state broadband plan, and a broadband development

program to incentivize the expansion and adoption of broadband. Broadband expansion is critical to leveraging telemedicine and telehealth access for remote and underserved areas.

- **SB 49 (Zaffirini)** enacts a series of recommendations from the **Judicial Commission on Mental Health** to improve the court system's interactions with defendants who have mental health issues, including rules requiring inmate access to prescription medication that is determined necessary by a health professional for the care, treatment, or stabilization of an inmate with mental illness.

**Community Mental Health Grant Program** (85(R) HB 13); **Texas Veterans + Family Alliance** (84(R) SB 55); and **Healthy Community Collaboratives** (83(R) SB 58).

- Fully funds Phase I and Phase II requests for the ongoing statewide shift to **Community-Based Care** for children in the foster care system, including Stage I in Regions 3E, 9, 4, and 5 and progress to Stage II in Regions 1 and 8B (\$41.8 million).
- Maintains the **School Safety Allotment** for FY 2022-23 at \$9.72 per student in average daily attendance (\$100 million).
- Funds the **Judicial Commission on Mental Health** at \$2.5 million for the biennium.

## MST Capacity for Texas Youth

Multisystemic Therapy (MST) is a proven evidence-based treatment for at-risk youth with intensive needs and their families. MST is particularly effective for youth who have committed violent offenses or have serious mental health or substance use concerns. While this team-based approach has proven adept in helping youth and adolescents, current programs meet just a fraction of the state's need.

**SB 1 (Nelson)** provides \$2 million to establish new front-end MST teams in **Harris County (Harris Center)** and **El Paso County (Emergence Health Network)** with a goal of preventing youth and adolescents from entering the juvenile justice and child welfare systems.

## Law Enforcement Peer Network

In 2019, the number of law enforcement officers (LEOs) who died by suicide (228) was nearly double the number killed in the line of duty (132). This troubling rate casts a light on the mental health of the men and women who work these dangerous, challenging jobs. **SB 64 (Nelson)** establishes the **Texas Law Enforcement Peer Network**, helping connect LEOs with peers to address mental health conditions they can commonly develop during a career in law enforcement. **SB 1 (Nelson)** provides \$1.05 million in funding for the network.

- **HB 133 (Rose)** extends **Medicaid coverage to new mothers** from two months to six months post-delivery, which will expand access to treatment for postpartum depression and other mental health concerns.
- **HB 2595 (Price)** requires the Texas Department of Insurance to develop and maintain a **parity complaint portal** that allows for Texans to report suspected parity violations.

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