

## DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Dallas County Administration – 500 Elm Street, Customer Excellence Training Room 7.Y17, 7th Floor, Dallas Texas  
August 23, 2023, 10:00-11:30am

COVID-19 is hard on all of us but especially hard on our low-income and homeless populations.

Even though we are all doing business differently than before there is value in being able to communicate during these unpredictable times.

Thank you for all you are doing and please stay safe.

The Dallas County BH Housing Work Group, with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The Dallas County BH Housing Work Group is committed to a data driven decision-making process with a focus on data supported outcomes.

### 1. Welcome and Introductions

### 2. Reports

#### a. Governance – Commissioner Theresa Daniel

- Approval of June 28, 2023, minutes
- Dallas Area Partnership to End and Prevent Homelessness
- Dallas County Citizen Committee
- Federal & State legislative environment

#### b. Resources – services, programs, people, funds

- Shelter Discussions-
- NTBHA
- Housing Navigator / Homeless Jail Dashboard/St Jude Center
- Housing Authority Report- DHA/DCHA
- ARPA Update
- 

#### c. Projects and Industry Updates

- Housing Forward updates
- Pretrial Diversion and MH screening
- Dallas Connector
- Homeward Bound, Crisis Residential & Respite Services
- Youth Housing
- Family Housing
- Mattingly Report

### 3. Next Meeting September 27, 2023

**Mission Statement:** The Dallas County Behavioral Health Housing Work Group (DCBHWG), with diverse representation, will formulate recommendations on the creation of housing and housing related support services designed to safely divert members of special populations in crisis away from frequent utilization of expensive and sometimes unnecessary inpatient stays, emergency department visits and incarceration.

Success will be measured in placement of consumers in housing and the decreased utilization of higher levels of care (hospitals and emergency care visits) and reduced incarceration in the Dallas County Jail. The DCBHWG is committed to a data driven decision-making process with a focus on data supported outcomes.

**ATTENDEES:** Dr. Theresa Daniel, Dallas County Commissioner; Erin Moore, Dallas County; Jim Mattingly, Lumacorp; Janie Metzinger, NTBHA; Eric McCarty, NTBHA; Laura Edmonds, DCCJ; Latoya Jenkins, Dallas County; Lisa Marshall, Fighting Homelessness; Thomas Lewis, Dallas County HHS; Traswell Livingston III, AIDS Services; Ikenna Mogbo, Metrocare; Charles Reed, Dallas County; Daniel Roby, Austin Street; Renee Arnold, Dallas County

***Dr. Daniel opened the meeting and attendees introduced themselves.***

**CALL TO ORDER:** The minutes were approved with no change.

## **GOVERNANCE**

### Dallas Area Partnership to End and Prevent Homelessness:

Commissioner Daniel reported the Dallas Area Partnership has a new co-chair, the City of Dallas Councilmember Cara Mendelsohn. The June 1<sup>st</sup> meeting was a recap of the committee's status and transition as three new board members were introduced. A retreat will be held on June 29<sup>th</sup> to determine the partnership's role in the homelessness arena within Dallas. The partnership is a Local Government Corporation (LGC) which allows them to raise and manage funds and hire staff. Within the last five years, there has been a shift in how homelessness is handled, and more entities are coming on to determine how best to do that.

### Dallas County Homeless Advisory Committee:

Erin Moore reported this committee's projects were in process. There was an update on eviction data with Dallas County having a \$5.9 million balance available for assistance. The program is available through September 2023 and anyone looking for assistance is encouraged to apply. Board member Ryan Garcia is investigating the First Community Village in Waco to determine what their plan and best practices are with this project. A follow up was to be done with Dr. Huang on the cost of homelessness analysis.

### Federal and State Legislative Update: Janie Metzinger, NTBHA

Janie Metzinger reported that the legislature was in special session, but the topic of discussion was property taxes. Only two bills survived that dealt with homelessness and housing. Some of the highlighted bills within the report had attachments to LBHA (Local Behavioral Health Authority), LMHA (Local Mental Health Authority), or the LIDDA (Local Intellectual and Developmental Disability Authority) within the state. The following allocations were appropriated within the budget: adult MH services will be \$451.2 million, substance use disorder services will be \$276 million with \$26 million allocated to opioid settlement funds. Funds were allocated for housing, but they were attached as a rider to another bill. SB 26 is also another bill to watch.

## **RESOURCES**

### Shelter Discussions: Daniel Roby, Austin Street Shelter

Daniel Roby reported an inclement weather meeting across agencies was scheduled later that week to address the issue of the un-sheltered being housed on Sundays and overnight. After the meeting with partners, it is hopeful that a plan of implementation will be devised and a collaboration with community partners including the City of Dallas will be done to address the issue of the inclement weather. Austin Street has already started opening its location on Sundays when there is a heat index of 105 degrees, and Our Calling has agreed to expand their hours of operations if the heat index remained above 105 degrees as well. Austin Street has experienced decreased turnover during this extreme heat. They are seeing 215 case management sessions a week and are providing long term housing to about 8 clients per week. The shelter

occupancy is at maximum capacity, with some availability at different times in the respite and sisterhood programs. A third-party study was conducted, and they found that when they tracked nine people who matriculated through the Austin Street medical respite program, they were able to save over \$1 million dollars in medical expenses to local area hospitals.

NTBHA: Eric McCarty, NTBHA

Eric McCarty reported that the TBRA program has not changed because no new funding is available in Dallas County and no applications have been received since November 2022. Currently, they are funding households with rental and utility subsidies with around \$800,000. Of the 30 households that are assisted, 23 reside in Dallas County and are currently receiving subsidies. There is \$2.8 million dollars available for persons with disabilities, and \$19 million dollars are available for the general population, but they must reside in Addison, Richardson, DeSoto, and Rowlett. Once funding become available, this group will be notified of the availability. The COVID-19 supplemental grant is also available and has been extended through 2025.

Housing Navigator: Laura Edmonds, Dallas County

Laura Edmonds reported that NTBHA has agreed to continue to fund FUSE staff positions at Austin Street and The Bridge through the summer months with the possibility to extend it for two years. There will be discussion about any potential changes to the program based on its performance and data over the past three years to current. The meeting is scheduled for July 5<sup>th</sup> with the goal of having a proposed restructured model plan to present to NTBHA by the end of July. The 13 Dallas County St. Jude beds continue to be occupied. As a part of the new grant, they are working with the purchasing department to get a procurement released searching for additional transitional housing providers.

Homeless Jail Dashboard: Laura Edmonds, Dallas County

Laura Edmonds reported the jail data report is available in the packet. Changes to the data will be more visible in the June report as the jail population continues to increase. The case management system and court case management system changes has impacted the data for the jail.

Housing Authority Report: Thomas Lewis, Dallas County HHS

Thomas Lewis reported that of the 124 emergency housing vouchers allocated, 116 have been leased and 8 are currently searching with some of them returning this week with a request for funding. There are no open vouchers available. The housing department was charged to research a grant funded foster care youth program. They are currently applying for foster youth independence for youth ages 18-24 that have left or will be leaving the foster care program and are at risk of becoming homeless. There is a goal to work with cities to establish MOUs regarding case management and referrals for this process.

CARES Act/ARPA Funds: Charles Reed, Dallas County

Dallas County has obligated all its ARPA funding. \$50 million dollars was allocated to non-profits who work with housing related services. Staff was tasked to come up with a plan for Dallas County's housing assistance program which has provided over \$70 million dollars of assistance in the past three years. The county can not continue to fund that amount without federal funding which is being exhausted as well. A plan is being constructed to determine the future of the county's housing assistance plan in the next 30 to 60 days and it will come up with a strategy for the future of the department. The housing assistance program is still taking applications and although the funding is obligated, it is not spent and as ineligible people cycle out, those that are eligible, can be assisted. The county has also invested \$50 million dollars in affordable housing projects. There are 15 or 16 projects in que and the goal is to have 2,000 affordable housing units by the end of 2026. As of right now there are 1,200 to 1,300 units. The goal of the county is to increase the affordable housing stock and to create generational wealth. The partnerships created to build these units has been made with three to four entities working collaboratively together to make these projects happen.

**PROJECTS AND INDUSTRY UPDATES**

Housing Forward updates: Sara Craig, Housing Forward

Sara Craig was not available for the meeting. The report is provided in the meeting packet.

Pretrial Diversion and Mental Health Screening: Laura Edmonds, Dallas County

Laura Edmonds reported that the jail releases and the partnership with NTBHA is continuing to go well. The pre-trial diversion assessment program is continuing to grow and be successful. In May there were 204 referrals with 102 completed assessments. Collaboration with Parkland Jail Health in care coordination and exit planning with the 64 people receiving MAT treatment are continuing to process well. Dallas County is working on the expansion of the 1622 Code of Criminal

Procedure Mental Health Assessment Process. A date is not scheduled as to when it will begin utilizing this process, but it will help to identify those who are diagnosed with a mental health issue to be assessed and potentially be released on bond back into the community to connect with community-based partners.

Dallas Connector: Daniel Roby, Austin Street

Daniel Roby reported that over 22,000 rides through the Connector from October to May served about 2,000 rides for clients to access homeless service providers. Over 1,000 people accessed shelter beds utilizing this service. Over 590 people were put into the Coordinated Access System (CAS), and 568 people were placed in housing on the road of the Connector. There were some funding issues with Austin Street funding the program alone, but DART, who verbally committed, has now started in the process of assisting with the funding.

Homeward Bound: Doug Denton, Homeward Bound

Doug Denton was unavailable for the meeting but provided a report located in the packet.

Youth Housing: Josh Cogan, A Way Home America

Josh Cogan was unavailable for the meeting, but his report along with an attached letter, is available in the packet.

Family Housing: Ellen Magnis, Family Gateway

Ellen Magnis was unavailable for the meeting but, Commissioner Daniel reported that there still a need for the family housing and the use of hotels to support families are still at capacity. A report will be given at the next meeting.

Mattingly Report: Jim Mattingly, Lumacorp

Jim Mattingly reported that communities located outside of Dallas County have returned to pre-pandemic levels. Move-outs have increased since moving to the post-pandemic phase. Rent collections within Dallas County have been moving towards normal, but delinquencies are significantly higher than pre-pandemic times. Post pandemic numbers have been between 6% and 8% and are currently at 4%. This shows that communities are still financially stressed, but some relief may come with the large number of communities coming online that are in the pipeline. Availability of apartment units have increased since a year ago and that is projected to continue with the number of new units in process. There has been little to no decline in rental rates, but that could change based on how the market trends go. The belief is that the rates will not be what they were pre-pandemic, but the rent increases will mobilize to 2% or 3% per year instead of the 10% to 15%. Per the trend, financial stress will continue for communities purchased with floating rate debt or capped debt due to the new interest rates. This is a nationwide effect, not just local and may influence new development. There is still a strong demand for units in the DFW market due to increased relocations. There has been an increased availability for one-bedroom units due to people doing double occupancy to reduce cost in response to the higher rental rate increases. Evictions are not happening as quickly as they had been. The diversion in the Justice of the Peace courts and judges are allowing abatements if assistance is discovered and available for people. This is potentially causing a delay in the evictions and may be some of the reason delinquencies are higher in Dallas County.

***The meeting was adjourned with words of motivation by staying engaged and informed by Dr. Daniel.***

***Next Meeting: August 23, 2023***



**Report**  
**on**  
**88<sup>th</sup> Texas Legislature**  
**Regular Session**

**Related to Publicly-Funded Behavioral Health**

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation.  
If you have questions, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*

## NOTES

- ❖ This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation.
- ❖ If you have questions regarding this summary, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org).
- ❖ House Bills are abbreviated HB. Senate Bills are abbreviated SB.
- ❖ The bolded, underlined bill number (eg. **HB 00** or **SB 00**) at the beginning of each bill summary is an electronic link to the final enrolled bill language on the Texas Legislature Online website at <https://capitol.texas.gov/>
- ❖ The House sponsor of a House Bill is listed first, followed by the primary Senate sponsor.
- ❖ The Senate sponsor of a Senate bill is listed first, followed by the primary House sponsor.
- ❖ Funding highlighted in **green** is specifically directed for a purpose in the six NTBHA Counties: Dallas, Ellis, Hunt, Kaufman, Navarro and Rockwall.
- ❖ Some bills, as written, are not necessarily laid out in an easily understandable order. Generally, a bill that amends multiple state codes usually will amend them in the alphabetical order of the title of the code. So, for example, the Agriculture Code is amended before the Water Code. Amendments within a code are usually done in numerical order. When a bill proposes major or complicated changes, this summary will note the changes section-by-section in an effort to make it easier for the reader to follow.
- ❖ The bills in this report have passed the Texas House and Senate and have been signed by the Governor.

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# APPROPRIATIONS BILLS

## 2024-2025 BIENNIAL STATE BUDGET



# GENERAL APPROPRIATIONS ACT

HB 1-Bonnen (Huffman)-The General Appropriations Act sets the state budget for the upcoming two years.

<b>BIENNIAL BEHAVIORAL HEALTH APPROPRIATIONS IN ALL ARTICLES FY 2024-2025</b>		
Articles	FY 2024	FY 2025
<b>Article I—General Government</b>		
Office of the Governor-Trusteed Programs	\$47,076,218	\$47,076,218
Texas Veterans Commission (TVC)	\$7,869,000	\$7,869,000
<b>Article II—Health and Human Services</b>		
Department of Family and Protective Services (DFPS)	\$47,364,415	\$48,664,765
Department of State Health Services (DSHS)	\$3,318,872	\$2,900,338
Health and Human Services Commission (HHSC)	\$ 2,260,469,072	\$ 2,184,353,862
Texas Civil Commitment Office (TCCO)	\$154,611	\$154,611
<b>Article III—Education</b>		
Texas Education Agency	\$5,111,722	\$2,500,000
Texas School for the Deaf	\$80,000	\$80,000
University of Texas Health Science Center-Houston	\$8,000,000	\$8,000,000
University of Texas Health Science Center-SAT	\$9,567,982	\$9,167,982
University of Texas Health Science Center-Tyler	\$6,730,000	\$6,730,000
Texas Tech University Health Sciences Center	\$2,500,000	\$2,500,000
Texas Higher Education Coordinating Board	\$140,277,958	\$140,277,954
<b>Article IV—Judiciary</b>		
Supreme Court of Texas	\$1,350,000	\$1,350,000
Court of Criminal Appeals	\$568,500	\$568,500
Office of Court Administration	\$2,500,000	\$2,500,000
<b>Article V—Public Safety and Criminal Justice</b>		
Commission on Jail Standards	\$66,100	\$66,100
Department of Criminal Justice	\$281,317,074	\$284,719,320
Juvenile Justice Department	\$97,819,685	\$97,815,285
Texas Military Department	\$3,941,581	\$3,776,283
Commission on Law Enforcement	\$1,200,000	\$1,200,000
<b>Article VI-Department of Agriculture</b>		
Department of Agriculture	\$500,000	\$500,000
<b>Article VIII--Regulatory</b>		
State Board of Dental Examiners	\$160,834	\$160,834
Board of Pharmacy	\$7,097,273	\$6,109,330
Board of Veterinary Medical Examiners	\$85,500	\$85,500
Optometry Board	\$47,000	\$47,000
Board of Nursing	\$1,005,458	\$1,005,458
Medical Board	\$766,990	\$717,800
<b>Fiscal Year Subtotals for Articles 1—VIII</b>	<b>\$2,936,945,845</b>	<b>\$2,860,896,140</b>
Estimated Medicaid Behavioral Health Expenditures	\$ 1,774,905,170	\$1,706,467,628
Estimated CHIP Behavioral Health Expenditures	\$38,998,398	\$47,308,008
<b>Fiscal Year Totals for Behavioral Health</b>	<b>\$4,750,849,413</b>	<b>\$4,614,671,775</b>
<b>TOTAL FOR 2024-2025 BIENNIUM IN HB 1</b>	<b>\$9,365,521,188</b>	

Source: 88<sup>th</sup> Texas Legislature-HB 1-Article IX, Section 10.04-Statewide Behavioral Health Strategic Plan and Coordinated Expenditures

**HB 1—LINE ITEM DETAIL—ARTICLE II**

**HB 1—Article II—Health and Human Services**

<b>Line Item</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>Biennium Total FY 2024+2025</b>	<b>Higher Funding Over Previous Biennium</b>
<b>Article II-Goal D</b>				
<i>Additional Health-Related Services</i>				
<b>D.2.1</b> <i>Community MH Services- Adults</i>	\$451,244,249	\$451,244,249	\$902,488,498	\$116,783,498
<b>D.2.2</b> <i>Community MH Services- Children</i>	\$110,629,159	\$110,629,159	\$221,258,318	\$33,378,806
<b>D.2.3</b> <i>Community MH Crisis Services</i>	\$168,063,047	\$165,563,047	\$333,626,094	\$102,227,794
<b>D.2.4</b> <i>Substance Abuse Services</i>	\$276,979,144	\$277,091,747	\$554,070,891	\$57,710,807
<b>D.2.5</b> <i>Behavioral Health Waiver and Amendments</i>	\$33,264,695	\$32,812,995	\$66,077,690	\$7,202,790
<b>D.2.6</b> <i>Community MH Grant Programs</i>	\$106,500,000	\$106,500,000	\$321,000,000	\$176,000,000
<b>D.2.7</b> <u>New Line Item</u> <i>Administration</i>	\$54,524,689	\$54,878,168	\$109,402,857	190,402,857
<b>Article II-Goal G</b>				
<i>Facilities</i>				
<b>G.2.1</b> <i>MH State Hospitals</i>	\$583,996,279	\$583,996,279	\$1,167,992,558	\$202,508,502
<b>G.2.2</b> <i>MH Community Hospitals</i>	\$321,209,485	\$311,207,368	\$632,416,853	\$325,406,651
<b>G.4.1</b> <i>Facility Program Support</i>	\$14,023,745	\$14,023,745	\$28,047,490	\$2,135,334
<b>G.4.2</b> <i>Facility Capital Repairs and Renovation</i>	\$91,588,373	\$20,739,918	\$112,328,291	\$94,786,419
<b>HB 1, Article II Totals for 2024-2025</b>			<b>\$3,390,119,839</b>	<b>\$1,308,543,458</b>

## HB 1—BEHAVIORAL HEALTH RIDERS

*Riders are instructions from the Legislature to a particular state agency regarding allocations of specified portions of funds appropriated in a specific line item for a specified purpose. The amounts in the riders generally do not represent the entire appropriation for a particular line item.*

Page	#	Purpose	FY 2024	FY 2025
		<b>Article I-General Government</b> <b>Comptroller of Public Accounts</b>		
I-31	22	<b>A.1.14-Opioid Abatement Account (OAA) # 5189.</b> Of the \$42,009,036 in OAA, all Opioid Abatement funds not appropriated elsewhere are to be appropriated by the Legislature and distributed by the Comptroller.		
		<ul style="list-style-type: none"> <li>Designated for administrative expenses.</li> </ul>	\$5,000,000	
		<ul style="list-style-type: none"> <li>To Texas Department of Emergency Management for opioid antagonist public education campaign.</li> </ul>	\$500,000	\$500,000
		<ul style="list-style-type: none"> <li>FY 24 unexpended balances are extended to FY 25.</li> </ul>		
		<b>Office of the Governor—Trusted Programs</b>		
I-62	12	<b>B.1.1-Criminal Justice Activities</b> Dedicated Specialty Court Account # 5184. <ul style="list-style-type: none"> <li>Grants to counties for specialty courts.</li> </ul>	\$12,000,000	\$12,000,000
I-63	24	<b>Contingency for Behavioral Health Funds.</b> Requires specialty court expenditures to comport with the Texas Statewide Behavioral Health Strategic Plan.		
I-64	37	<b>Peace Officer Mental Health Program.</b> <ul style="list-style-type: none"> <li>Please see HB 3858-(Frazier).</li> </ul>	\$200,000	Unexpended Balances
		<b>Department of Information Resources</b>		
I-81	13	<b>Veterans Crisis Line and National Suicide Prevention Lifeline Information on Texas.gov Website.</b> Expresses intent of the Legislature that funds in B.3.1 be used to prominently post the phone numbers for the above crisis and suicide prevention lifelines.		
		<b>Texas Veterans Commission</b>		
I-99	5	<b>Veterans Assistance Fund #0368-</b> Estimates revenues available in FY 24 and FY 25 for assistance to veterans including housing and treatment courts.	Estimated \$30,930,894	Estimated \$30,992,927
I-100	11	<b>Contingency for Behavioral Health Funds</b> B.1.1-General Assistance (housing mental health). Requires expenditures to comport with the Texas Statewide Behavioral Health Strategic Plan.		
I-101	14	<b>Service Dogs for Veterans with PTSD, TBI, MST</b> B.1.1-General Assistance	\$1,000,000	\$1,000,000
I-101	15	<b>Veteran Suicide Prevention Website.</b> A.1.4-Veterans Outreach Directs TVC to establish a veterans suicide prevention website.		

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services Texas Department of Family and Protective Services</b>		
II-14	26	<b>Contingency for Behavioral Health Funds</b> Requires specialty court expenditures to comport with the Texas Statewide Behavioral Health Strategic Plan.		
II-15	27a	<b>Limitations—Community-Based Care Payments</b> Designates funds for Child and Adolescent Needs and Strengths (CANS) assessments in B.1.1-CPS Direct Delivery Staff.		
II-18	44	<b>Mental Health Team Report</b> required by Oct. 1, 2024.		
		<b>Texas Department of State Health Services</b>		
II-25	6	<b>Collection of Emergency Room Data</b> Directs DSHS to collect ER data including preventable mental health and substance abuse ER visits.		
II-29	20	<b>Contingency for Behavioral Health Funds</b> Requires specialty court expenditures to comport with the Texas Statewide Behavioral Health Strategic Plan.		
II-29	21	<b>Maternal Mortality and Morbidity</b> B.1.1 Directs DSHS to “annually collect information relating to postpartum depression screening and treatment under state health programs administered by HHSC, including Medicaid and Texas Healthy Women”.	\$3,500,000	\$3,500,000
		<b>Texas Health and Human Services Commission</b>		
		<b>Capital Budget</b>		
		<b>Constructions of Buildings and Facilities</b>		
II-45	2a	<b>Dallas State Hospital</b>	\$75,000,000	Unexpended Balance
II-46	2b	Facilities Repair and Renovations SSLCs and State Hospitals	\$352,186	\$352,186
II-46	2c	Information Technology-Mental Health	\$869,249	\$869,249
II-46	2d	Facility Equipment Purchases-SSLCs and State Hospitals	\$5,107,000	\$5,107,000
		<b>Medicaid</b>		
II-50	12	<b>Medically Dependent Children Program and Youth Empowerment Services (YES) Waivers</b> Appropriations may not be construed as creating an entitlement to waiver services		
II-51	15	<b>Supplemental Payment Programs Reporting and Appropriation Authority for Intergovernmental Transfers</b> In B.1.1-Medicaid and CHIP Contracts & Administration, requires HHSC to report on supplemental payment programs: <ul style="list-style-type: none"> <li>• Disproportionate Share Hospital program.</li> <li>• Uncompensated Care (UC) Pool.</li> <li>• Public Health Providers Charity Care Pool (PHP-CCP).</li> <li>• Other state Directed Payment Programs where the non-federal share is intergovernmental transfers (IGTs) or certified public expenditures (CPEs) or successor programs.</li> </ul>		
II-57	27	<b>Unwinding Continuous Medicaid Coverage (I.1.1)</b>	\$92,352,406	\$20,973,684

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services--continued</b> Behavioral Health		
II-60	41	<b>Contingency for Behavioral Health Funds</b> All expenditures for Behavioral Health line items must satisfy requirements Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.		
II-61	42	<b>Mental Health Outcomes and Accountability.</b> 10% of quarterly allocations to LBHA/LMHAs is at risk if performance targets set by HHSC are not met.		
II-61	43	<b>MH Appropriations and Federal Matching Opportunities.</b> Directs HHSC to pursue 1115 Transformation Waivers or other federal opportunities. Yearly report to LBB by Dec. 1.		
II-61	44	<b>MH Peer Support Re-entry Program.</b> Requires partnership between LBHA/LMHAs and county sheriffs, use of certified peer support specialists for successful transition from jail to appropriate community-based care.	\$500,000	\$500,000
II-61	45	<b>Annual Waiting List Reports</b> by HHSC. For each LBHA/LMHA, facility, or other contracted entity: <ul style="list-style-type: none"> <li>Community-based mental health services for adults.</li> <li>Community-based mental health services for children.</li> <li>Forensic state hospital beds. <ul style="list-style-type: none"> <li>Maximum security forensic state hospital beds.</li> </ul> </li> </ul> Report must include the number of clients: <ul style="list-style-type: none"> <li>Waiting for all services.</li> <li>Underserved waiting for additional services.</li> <li>Removed from waiting list.</li> <li>Funds expended to remove individuals on waiting list</li> <li>Average number of days spent on the waiting list.</li> </ul> HHSC shall distinguish between waiting lists due to: <ul style="list-style-type: none"> <li>Short-term operational factors and</li> <li>Long-term waiting lists due to insufficient capacity.</li> </ul> Report is due May 1 and November 1 each year.		
II-62	46	<b>MH Program for Veterans</b> in D.2.1-MH Services-Adults	\$3,956,000	\$3,956,000
II-62	47	<b>Consolidated Report for Opioid-Related Expenditures.</b> Actual expenditures from previous fiscal year for opioid-related programs at DFPS, DSHS and HHSC regarding: <ul style="list-style-type: none"> <li>Opioid abuse and misuse.</li> <li>Prevention, treatment, recovery, intervention and detoxification</li> <li>All programs available to individuals with OUD.</li> <li>Expenditure data by program, method of finance, amount distributed to institutions of higher learning.</li> </ul> By HHSC to LBB, Governor, Texas Senate Finance and Texas House Appropriations Committees, due June 1 yearly.		

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services--continued</b> Behavioral Health		
II-62	48	<b>Community MH Grant Programs in D.2.6</b>		
II-62	48a	(1) Veterans and Families (Government Code 531.0992) SB 55-84 <sup>th</sup> Legislature <i>Note: Funding same as FY 22 and FY 23.</i>	\$10,000,000	\$10,000,000
II-62	48a	(2) Reduce Recidivism, Arrest, Incarceration, Forensic Wait (Government Code 531.0993) SB 292-85 <sup>th</sup> Legislature, HB 3088-87 <sup>th</sup> Legislature <i>Note: Funding last biennium was \$25 million per fiscal year. FY 24-25 appropriation is a \$30 million increase.</i>	\$40,000,000	\$40,000,000
II-62	48a	(3) Reduce Recidivism, Arrest, Incarceration, Forensic Wait for most populous city (Houston). (Government Code 531.09935) SB 292-85 <sup>th</sup> Legislature <i>Note: Funding same as FY 22 and FY 23.</i>	\$5,000,000	\$5,000,000
II-62	48a	(4) Community MH Grant Program (Government Code 531.0991)-HB 13-85 <sup>th</sup> , HB 3088-87 <sup>th</sup> <i>Note: Funding for the last biennium was \$20 million per fiscal year. FY 2024-25 appropriation is a \$14 million increase for the upcoming biennium.</i>	\$27,500,000	\$27,500,000
II-62	48a	(5) Healthy Community Collaboratives (Government Code 539.002)-SB 58-83 <sup>rd</sup> Legislature. <i>Note: Funding last biennium was \$12.5 million per fiscal year. FY 2024-25 appropriation is a \$8 million increase.</i>	\$16,500,000	\$16,500,000
II-62	48a	(6) Innovation Grant <i>Note: New grant program. Please see SB 26-Kolkhorst</i>	\$7,500,000	\$7,500,000
II-62	48b	<b>Unexpended Balance Authority within Biennium.</b>		
II-63	48c	<b>Reporting Requirement</b> -Requires HHSC to report on: <ul style="list-style-type: none"> <li>• Number of grants awarded.</li> <li>• Amount awarded per entity.</li> <li>• Effectiveness of the grants.</li> <li>• Number of individuals served per grant.</li> <li>• Any other information requested by LBB.</li> <li>• HHSC must submit report by November 1, 2024, to: LBB, Governor, Texas House Appropriations Committee, and Texas Senate Finance Committee.</li> </ul>		
II-63	48d	<b>Other Requirements</b> <ol style="list-style-type: none"> <li>(1) Contingent upon local matching funds, \$10 million of the \$33 million appropriated for the biennium in Healthy Community Collaboratives (48a (5) above) may be allocated to collaboratives in rural areas. <ul style="list-style-type: none"> <li>○ HHSC shall consider funds that a collaborative receives from the Texas Department of Housing and Community Affairs prior to releasing funds.</li> </ul> </li> <li>(2) For new funding for SB 292 grants in 48a (2) above, HHSC shall prioritize proposals to establish alternatives to competency restoration in a state hospital, including outpatient competency restoration, inpatient competency restoration in a setting other than a state hospital, or jail-based competency restoration.</li> </ol>	\$10,000,000	Unexpended Balance

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services—continued</b> <b>Behavioral Health-continued</b>		
II-63	49	<b>Block Grants for Community Mental Health</b> Requires HHSC to report on uses of federal Block Grants for Community Mental Health for the previous fiscal year: <ul style="list-style-type: none"> <li>• List of each activity funded. <ul style="list-style-type: none"> <li>○ Expenditures by funding stream.</li> <li>○ Total amount of MHBG funds expended.</li> <li>○ Unexpended balance.</li> <li>○ Unobligated balance.</li> </ul> </li> <li>• Was activity funded with: <ul style="list-style-type: none"> <li>○ One-time COVID funds or</li> <li>○ Regular federal block grant (MHBG) funds.</li> </ul> </li> <li>• HHSC must submit report by June 1 each year to: LBB, Governor, Texas House Appropriations Committee, and Texas Senate Finance Committee and House and Senate Committees with jurisdiction over health and human services legislation.</li> </ul>		
II-63	50	<b>Substance Abuse Prevention and Treatment Block Grant</b> Requires HHSC to report on uses of federal Substance Abuse Prevention and Treatment Block Grants (SABG) for the previous fiscal year: <ul style="list-style-type: none"> <li>• List of each activity funded. <ul style="list-style-type: none"> <li>○ Expenditures by funding stream.</li> <li>○ Total amount of MHBG funds expended.</li> <li>○ Unexpended balance.</li> <li>○ Unobligated balance.</li> </ul> </li> <li>• Was activity funded with: <ul style="list-style-type: none"> <li>○ One-time COVID funds or</li> <li>○ Regular federal block grant (MHBG) funds.</li> </ul> </li> <li>• HHSC must submit report by June 1 each year to: LBB, Governor, Texas House Appropriations Committee, and Texas Senate Finance Committee and House and Senate Committees with jurisdiction over health and human services legislation.</li> </ul>		
II-64	51	<b>Outpatient Integrated Care Clinic Project</b> Out of G.2.2-Mental Health Community Hospitals, in FY 2024, HHSC shall “...partner with an acute care hospital with inpatient psychiatric child and adolescent beds in Jefferson County, Texas to establish an integrated care clinic using the Collaborative Care Model for behavioral health integration...”	\$6,000,000	Unexpended Balance
II-64	52	<b>Additional Mental Health Funding</b>		
	52a	(1) HHSC Frontline Staff Salary Increases		
II-64	52a	○ SSLC Frontline Staff Salary Increases	\$101,729,614	\$101,729,070
		○ State Hospital Frontline Staff Salary Increases	\$67,340,974	\$67,340,974



Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services—continued</b> <b>Behavioral Health-continued</b>		
		<b>Additional Mental Health Funding-continued</b>		
II-64	52b	<b>Expansion of Community Inpatient Beds</b>		
II-64	52b	(1) State Hospital Contracted Beds ○ G.2.1-MH State Hospitals-20 competency restoration beds.	\$4,197,500	\$4,197,500
II-64	52b	○ G.2.2-MH Community Hospitals-16 contracted beds	\$4,068,000	\$4,068,000
II-64	52b	(2) John S. Dunn Behavioral Sciences Center ○ G.2.1-MH State Hospitals-Increase funding for 144 beds.	\$4,730,400	\$4,730,400
II-64	52b	○ G.2.1-MH State Hospitals- Expand capacity by 24 beds dedicated to state hospital forensic waitlist.	\$6,132,000	\$6,132,000
II-64	52b	(3) Purchased Psychiatric Beds G.2.2-Purchased Psychiatric Beds Maintain existing capacity and 193 additional beds. • 70 beds in rural communities • 123 beds in urban communities • \$13,700,000 for the biennium for inpatient psychiatric beds serving Uvalde. • Priority for 20 additional contracted beds for children in DFPS conservatorship.	\$99,098,599	\$99,098,599
II-64	52b	(4) Inpatient Capacity Expansion G.2.2-MH Community Hospitals 150 additional competency restoration beds	\$45,834,616	\$45,834,616
II-64	52b	(5) Sunrise Canyon Hospital G.2.2-MH Community Hospitals Increased operational funding for existing inpatient beds.	\$2,900,000	\$2,900,000
II-64	52c	<b>Step-down Housing and State Hospital Transitions</b>		
II-64	52c	(1) State Hospital Transition Teams G.2.1-MH State Hospitals	\$2,500,000	\$2,500,000
II-65	52c	(2) Step-Down Housing Expansion D.2.1-Community MH Services for Adults 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.	\$8,500,000	\$8,500,000
II-65	52d	<b>Crisis Services</b>		
II-65	52d	(1) Crisis Stabilization Facilities D.2.3- Community MH Crisis Services ○ Up to five additional Crisis Stabilization Facilities	\$14,000,000	\$14,000,000
II-65	52d	Crisis Stabilization Facility ○ Montgomery, Walker and Liberty Counties-LMHA	\$2,500,000	
II-65	52d	Crisis Services ○ Galveston County LMHA	\$4,000,000	\$4,000,000
II-65	52d	Short-term Alternatives to Hospital Admissions ○ Heart of Texas LMHA	\$4,000,000	\$4,000,000
II-65	52d	(2) Crisis Respite Units for Youth D.2.3-Community MH Crisis Services ○ Four additional crisis respite units that serve youth. ○ Pilot three peer-run units.	\$5,750,000	\$5,750,000

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services—continued</b> Behavioral Health-continued		
II-65	52d	<b>Crisis Services-continued</b>		
II-65	52d	(3) Youth Mobile Crisis Outreach Teams D.2.3-Community MH Crisis Services <ul style="list-style-type: none"> <li>○ To establish youth mobile crisis outreach teams.</li> <li>○ Three teams for children served by DFPS.</li> </ul>	\$7,000,000	\$7,000,000
II-65	52e	<b>Expansion of Programs for High-Risk Children</b>		
II-65	52e	(1) Multisystemic Therapy- From D.2.2-Community MH Services-Children	\$15,225,000	\$15,225,000
II-65	52e	(2) Coordinated Specialty Care D.2.1-Community MH Services-Adults <ul style="list-style-type: none"> <li>○ For early onset of psychosis</li> </ul>	\$2,100,000	\$2,100,000
II-65	52e	(3) Ongoing support for Uvalde community D.2.1-Community MH Services-Adults <ul style="list-style-type: none"> <li>○ Partnership with Hill Country LMHA</li> </ul>	\$5,000,000	\$5,000,000
II-65	52e	(4) Uvalde Behavioral Health Campus G.2.2-MH Community Hospitals <ul style="list-style-type: none"> <li>○ Start-up and operational funding for new Uvalde Behavioral Health Campus</li> </ul>		\$5,000,000
II-65	52f	<b>Behavioral Health Administration</b>		
II-65	52f	(1) Contracted Inpatient Bed Administration Administration and oversight of new contracted inpatient beds.	\$585,121	\$546,259
II-65	52f	(2) Community MH Grant Programs Administration Administration and oversight of new funding for grants.	\$1,071,316	\$970,050
II-65	52f	(3) Budget Execution Order Sustainability Administration and oversight of new funding for multisystemic therapy, coordinated specialty care, and mental health services in the Uvalde area.	\$411,332	\$368,585
II-65	52f	(4) Crisis Services Administration Administration and oversight of new funding for community mental health crisis services.	\$345,191	\$321,875
II-65	52f	(5) Innovation Grants Administration Administration and oversight of new funding for innovation grants.	\$88,079	\$80,306
II-66	53	<b>Rates for Federal Substance Abuse Block Grant Prevention and Treatment Services</b> Directs HHSC to: <ul style="list-style-type: none"> <li>• Evaluate the rate setting methodology and propose reimbursement rates for services by October 1, 2023.</li> <li>• Receive and consider public comments.</li> <li>• Consider the following before adopting new rates: <ul style="list-style-type: none"> <li>○ Population characteristics,</li> <li>○ Commercial reimbursement rates for similar services.</li> <li>○ Medicaid reimbursement rates for similar services.</li> <li>○ Financial sustainability of proposed reimbursement rates.</li> </ul> </li> </ul>		

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services-continued</b> <b>Behavioral Health-continued</b>		
II-66	54	<b>Maintenance of Critical Services</b> <b>LBHA/LMHA/LIDDA Workforce Capacity</b>		
II-66	54a	• In D.2.1-Community MH Services-Adults	\$7,111,505	\$7,111,505
II-66	54b	• In D.2.2-Community MH Services-Children	\$1,810,117	\$1,810,117
II-66	54c	• In D.2.3-Community MH Crisis Services	\$1,344,234	\$1,344,234
II-66	54d	• In F.1.3-Non-Medicaid IDD Community Services	\$887,615	\$887,615
II-66	54e	• In I.2.1-Long-Term Care Intake & Access	\$782,153	\$782,153
II-66	55	<b>UT Health Science Center-Tyler</b> In G.2.2-MH Community Hospitals • to increase bed-day rate for contracted inpatient beds.	\$889,800	\$887,683
II-66	56	<b>Rural Hospital Telepsychiatry Consultations</b> In D.2.2-Community MH Services-Adults • For telepsychiatry consultations in rural hospitals. Directs HHSC to contract with a tax-exempt statewide organization to collaborate with one or more telepsychiatry networks, provide grant and fund development, education and training, quality improvement tools to rural hospitals. • Rural Hospitals defined as: ○ Population of county under 68,750 <u>or</u> ○ A Medicare Critical Access Hospital (CAH) or ○ A Medicare Sole Community Hospital (SCH) or ○ A Medicare Rural Referral Center (RRC) <u>not</u> located in a Metropolitan Statistical Area (MSA) or ○ A hospital with 100 or fewer beds that is a Medicare CAH, SCH, or RRC and <u>is</u> located in a MSA.	\$3,700,000	\$3,700,000
II-74	84	<b>Crisis Intervention and Respite Services</b> F.1.3-Non-Medicaid IDD Community Services. • Allows HHSC to identify and use SSLC space for crisis respite services for people with an IDD. • Services may be provided by HHSC, the LIDDA or another entity that operates a crisis respite program under contract with HHSC.		
II-74	88	<b>Rural Hospital Grant Program</b>		
	88a	• Rural hospital grants	\$25,000,000	\$25,000,000
II-74	88a	• Grant program administration	\$500,000	\$500,000
II-74	88c	• Report due by November 1, 2024.		
II-76	93	<b>Maximum Security Salaries</b> • Authorizes a 6.8 percent salary increase for state employees working in designated Maximum Security Units or Behavioral Management Units at state hospitals or SSLCs.		
II-76	94	<b>Fire Prevention and Safety</b> • Authorizes monthly salary increases for Fire Chiefs (\$75) Assistant Fire Chiefs (\$65), and Fire Brigade Members (\$50).		
II-76	95	<b>State Hospital and SSLC Workforce</b> Directs HHSC to evaluate compensation levels, turnover, vacancy rates. Recommendations and initiatives to address workforce Issues due by August 31, 2024.		
II-76	96	<b>Detailed State Hospital Monthly Expenditure Reports</b> • Due by April 1 and October 1 each year.		

Page	#	Purpose	2024	2025
		<b>Article II-Health and Human Services</b>		
II-76	97	<b>Language Interpreter Services</b> Salary increases of 3.25 percent for employees at state hospitals or SSLCs providing interpreter services to individuals whose primary language is not English		
II-77	103	<b>On-Call Pay</b> Authorizes additional compensation for employees of state hospitals and SSLCs working on-call at a rate of: <ul style="list-style-type: none"> <li>• One hour of base pay for a normal work day.</li> <li>• Two hours of base pay for weekend and holidays.</li> </ul>		
II-77	104	<b>State Hospital Salary Funding</b> <ul style="list-style-type: none"> <li>• Re: Competency restoration and staffing challenges.</li> </ul> G.2.1-Mental Health State Hospitals “If by December 1, 2023, the Health and Human Services Commission 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”.	\$17,530,335	\$17,530,335
II-77	105	<b>Cost Containment for State Hospital Construction</b> <b>Re: New State Hospital in Dallas</b> “It is the intent of the Legislature that all costs above appropriations for completing construction of the new 200-bed adult unit, of which at least 75 beds shall be forensic, at the state hospital in Dallas be paid from appropriations or other available funding at the University of Texas Southwestern Medical Center or the University of Texas”.		
II-78	106	<b>Paving Facility Campuses.</b> Directs HHSC to Coordinate with Texas Department of Transportation to identify and use up to \$25,000,000 of federal funding to maintain and construct roads, parking lots, sidewalks, trails and other paving at SSLCs, State Hospitals, and other HHSC facilities.		
II-78	107	<b>State Hospital Cost Study</b> Directs UT Health Science Center at Houston to submit annual operating data for all state-contracted inpatient mental health hospital beds funded in Goal D and Goal G of the Health and Human Services budget. Report due by September 1, 2024.		
II-78	108	<b>One-time funding for Facility Inflationary Costs</b>		
	108a	• G.1.1-State Supported Living Centers (SSLCs)	\$4,518,050	\$4,518,050
	108b	• G.2.1-Mental Health State Hospitals	\$ 2,764,946	\$ 2,764,946
	108c	• G.2.2-Mental Health Community Hospitals	\$202,177	\$202,177
II-78	109	<b>State Hospital Forensic Wait List</b> “It is the intent of the Legislature that the Health and Human Services Commission (HHSC) prioritize admissions to mental health state hospitals for forensic patients in order to address the state hospital forensic waitlist”. <ul style="list-style-type: none"> <li>• Directs HHSC to prepare a census of each state hospital with the breakdown of civil, forensic and maximum-security patients.</li> <li>• Annual Report of previous fiscal year due each October 1<sup>st</sup>.</li> </ul>		
II-79	111	<b>Lock-in for Controlled Substances</b> Directs Office of Inspector General to collaborate with Medicaid Managed Care Organizations (MCOs) to maintain a lock-in program for controlled substances		

# SUPPLEMENTAL APPROPRIATIONS ACT

SB 30-Huffman (Bonnen) Supplemental appropriations and directions for expenditures.

Section	Purpose	Amount
<b>2.03</b>	<b>Opioid Settlement Funds</b> From State of Texas v. McKinsey & Company, Inc.	\$26,846,996.60
3.01 (b)	From Medicaid Client Services-Goal A To D.2.5-Behavioral Health Waiver and Plan Amendment for Home and Community-based Services-Adult Mental Health Program.	\$5,000,000
<b>3.02</b>	<b>HHSC-New Capacity for Mental Health Services and Inpatient Facilities</b>	
3.02 (a)	<b>Total</b> amount appropriated in Section 3.02	\$2,154,376,606
3.02 (a) (1)	<b>Uvalde Behavioral Health Campus</b> G.4.2-Facility Capital Repairs & Renovation for construction of behavioral health campus.	\$33,600,000
3.02 (a) (2)	<b>Grants Management System</b> to improve mental health outcomes. L.1.2-Information Technology Capital Projects Oversight and Program Support.	\$21,400,000
3.02 (a) (3)	<b>Dallas State Hospital</b> G.4.2-Facility Capital Repairs and Renovation. "...for additional construction funding for the 200-bed adult unit at the new state hospital in Dallas, Texas, with at least 75 percent of the beds to be used for forensic purposes".	\$101,890,000
3.02 (a) (4) (A)	<b>State Hospital Electronic Health Records System Upgrade.</b> L.1.2-Information Technology Capital Projects Oversight & Program Support	\$38,772,184
3.02 (a) (4) (B)	<b>State Hospital Electronic Health Records System Upgrade.</b> G.4.2-Facility Capital Repairs and Renovation	\$100,870 GR \$48,206 FF
3.02 (a) (5)	<b>Deferred Maintenance</b> G.4.2-Facility Capital Repairs and Renovation	\$50,000,000
3.02 (a) (6)	<b>Emergency Facility Repairs</b> G.4.2-Facility Capital Repairs and Renovation	\$14,000,000
3.02 (a) (7)	<b>Lubbock State Hospital Campus</b> 50-bed maximum security state hospital on existing SSLC campus. G.4.2-Facility Capital Repairs and Renovation	\$121,000,000
3.02 (a) (8)	<b>San Antonio State Hospital</b> 40-bed maximum security facility. G.4.2-Facility Capital Repairs and Renovation.	\$15,000,000
3.02 (a) (9)	<b>Amarillo State Hospital</b> 75-bed hospital with 50 forensic beds. G.4.2-Facility Capital Repairs and Renovation	\$159,000,000
3.02 (a) (10)	<b>Rio Grande Valley State Hospital</b> 50-bed maximum security facility. G.4.2-Facility Capital Repairs and Renovation	\$120,000,000

Section	Purpose	Amount
3.02 (a) (11)	<b>Terrell State Hospital</b> Construction of a 250-bed replacement campus: <ul style="list-style-type: none"> <li>• 50 maximum security beds</li> <li>• 140 forensic beds</li> <li>• 35 adolescent beds</li> <li>• 25 civil beds</li> </ul> G.4.2-Facility Capital Repairs and Renovation	\$573,000,000
3.02 (a) (12)	<b>North Texas State Hospital-Wichita Falls</b> Construction of a 200-bed replacement facility <ul style="list-style-type: none"> <li>• 24 maximum security beds</li> <li>• 136 forensic beds</li> <li>• 24 adolescent beds</li> <li>• 16 civil beds</li> </ul> G.4.2-Facility Capital Repairs and Renovation	\$452,000,000
3.02 (a) (13)	<b>El Paso State Hospital</b> Planning, land acquisition and initial construction of a new 50-bed El Paso State Hospital, with 50 percent of the beds to be forensic. G.4.2-Facility Capital Repairs and Renovation	\$50,000,000
3.02 (a) (14)	<b>Sunrise Canyon Facility in Lubbock</b> 30 additional beds, with at least 50% of the beds forensic capacity. G.4.2-Facility Capital Repairs and Renovation.	\$45,000,000
3.02 (a) (15)  3.02 (a) (15) (A)  3.02 (a) (15) (B)	<b>Community Mental Health Grant Program</b> D.2.6-Community MH Grant Programs One-time County-based Collaboratives to construct: <ul style="list-style-type: none"> <li>• Jail diversion facilities.</li> <li>• Step-down facilities.</li> <li>• Permanent Supportive Housing.</li> <li>• Crisis Stabilization Units.</li> <li>• Crisis Respite Units.</li> </ul> Local match based on county population: <ul style="list-style-type: none"> <li>• Population less than 100,000: 25%.</li> <li>• Population 100,000-250,000: 50%</li> <li>• Population over 250,000: 100%</li> </ul>	\$100,000,000
3.02 (a) (16)	<b>Mental Health Inpatient Facility Grant Program</b> <ul style="list-style-type: none"> <li>• One-time grant.</li> <li>• 50% forensic beds.</li> <li>• Only donated land.</li> </ul>	\$175,000,000
3.02 (a) (16) (A)	<b>Construction of up to 100 beds in the Rio Grande Valley</b> <ul style="list-style-type: none"> <li>• Licensed as a general hospital.</li> <li>• Level 1 trauma designation.</li> <li>• Population over 300,000.</li> <li>• Has fewer than 100 licensed psychiatric beds.</li> </ul>	\$85,000,000
3.02 (a) (16) (B)	<b>Montgomery Co. County Facility Expansion</b> Up to 100 additional inpatient beds	\$50,000,000
3.02 (a) (16) (C)	<b>Victoria County</b> Construction of up to 60 inpatient psychiatric beds.	\$40,000,000
3.02 (a) (17)	<b>Psychiatric Residential Youth Treatment Facility Voluntary Quality Standards Implementation</b> H.2.1-Child Care Regulation	\$4,712,356

Section	Purpose	Amount
3.02 (a) (18)	<b>Beaumont Baptist Hospital-72 beds</b> <ul style="list-style-type: none"> <li>• 36 forensic beds</li> <li>• 36 civil beds</li> </ul> G.4.2-Facility Capital Repairs and Renovation.	\$64,000,000
3.02 (a) (19)	<b>Children’s Hospitals Construction Grant Program</b> One-time construction grants with the following conditions:	\$15,852,990
3.02 (a) (19) (A)	<ul style="list-style-type: none"> <li>• Grants may only be used to construct mental health beds for children.</li> </ul>	
3.02 (a) (19) (B)	<ul style="list-style-type: none"> <li>• Local match based on county population:               <ul style="list-style-type: none"> <li>○ Population less than 100,000: 25%.</li> <li>○ Population 100,000-250,000: 50%</li> <li>○ Population over 250,000: 100%</li> </ul> </li> </ul>	
3.02 (b)	<b>Capital Budget Authority</b> To HHSC for appropriations in SB 30-Section 3.02 (a).	\$2,154,376,606
<b>3.03</b>	<b>Facilities Commission</b>	
3.03 (a)	<b>Permian Basin Behavioral Health Center</b> To construct a 100-bed comprehensive behavioral health center.	\$86,700,000
3.03 (b)	<ul style="list-style-type: none"> <li>• 40 forensic beds to serve the Permian Basin region.</li> <li>• Upon completion of construction, ownership of the facility transfers to the Permian Basin Behavioral Health Center controlled by the Ector County Hospital District and the Midland County Hospital District (Midland-Odessa area).</li> </ul>	
3.03 (c)	<ul style="list-style-type: none"> <li>• Appropriation is contingent upon completion of a signed agreement between Texas Facilities Commission and the Ector County and Midland County Hospital Districts</li> </ul>	
3.03 (d)	<ul style="list-style-type: none"> <li>• Capital Budget Authority to HHSC for appropriations in SB 30-Section 3.03 (a).</li> </ul>	
<b>4.37</b>	<b>UT Tyler-Inpatient psychiatric facility</b>	\$7,000,000
4.37 (a)	<ul style="list-style-type: none"> <li>• 44 additional forensic and civil complex medical needs beds.</li> </ul>	
4.37 (b)	<ul style="list-style-type: none"> <li>• Appropriation is contingent on a two-thirds vote.</li> </ul>	
<b>4.38</b> (a)	<b>UT Health Science Center at Houston</b> Harris County Psychiatric Hospital	\$7,971,600
	<ul style="list-style-type: none"> <li>• Indigent inpatient care</li> <li>• Renovation of patient areas.</li> <li>• Deferred Maintenance</li> <li>• Building renovation</li> </ul>	
4.38 (b)	<ul style="list-style-type: none"> <li>• Appropriation is contingent on a two-thirds vote.</li> </ul>	
8.06	Facilities Commission-Permian Basin Behavioral Health	\$40,000,000
8.24 (a) (b)	<b>HHSC Building-Deferred Maintenance</b> Continues capital budget authority for unexpended and unobligated balances remaining from previous appropriations to address deferred maintenance at SSLCs and State Hospitals and Capitol budget authority.	Estimated \$ 23,675,095

<b>Section</b>	<b>Purpose</b>	<b>Amount</b>
8.25	<b>HHSC Building-State Hospital Construction</b> Continues authority for unexpended and unobligated balances	Unexpended and Unobligated Balances
8.37	<b>HHSC-Cross-Biennia Transfers for State Hospital Construction</b> Continues budget authority for unexpended and unobligated balances.	Unexpended and Unobligated Balances
8.40	<b>Austin State Hospital Construction</b> Continues capital budget authority for unexpended and unobligated balances. From Economic Stabilization Fund ('Rainy Day Fund')	Estimated \$9,599,400
8.41	<b>San Antonio State Hospital Construction</b> Continues capital budget authority for unexpended and unobligated balances. From Economic Stabilization Fund ('Rainy Day Fund')	Estimated \$152,400,000
8.42	<b>Dallas-Fort Worth Hospital</b> For planning, including land acquisition for new state hospital. Continues capital budget authority for unexpended and unobligated balances. From Economic Stabilization Fund ('Rainy Day Fund')	Unexpended and Unobligated Balances <b>Estimated</b> <b>\$4,475,000</b>
8.43	<b>Dallas-Fort Worth Hospital</b> For planning, including land acquisition for new state hospital. Continues capital budget authority for unexpended and unobligated balances. From American Rescue Plan Act (ARPA) funds.	Unexpended and Unobligated Balances <b>Estimated</b> <b>\$22,800,000</b>
8.44	<b>HHSC-Oversight of Construction Projects</b>	Unexpended and Unobligated Balances
8.49	<b>Sunrise Canyon Hospital</b> -Continues capital budget authority for unexpended and unobligated balances.	Estimated \$14,843,738
8.52	<b>Texas Higher Education Coordinating Board Texas Child Mental Health Consortium</b> <ul style="list-style-type: none"> <li>• Expand mental health initiatives for <ul style="list-style-type: none"> <li>○ Children</li> <li>○ Pregnant women</li> <li>○ Women who are up to one year postpartum.</li> </ul> </li> <li>• Enhancements and Expansion of Child Psychiatry Access Network.</li> <li>• Enhancements and Expansion of Texas Child Access Through Telemedicine</li> <li>• Expansion of child and adolescent mental health workforce.</li> <li>• Enhance Child Psychiatry Access Network to improve perinatal mental health services.</li> </ul>	Estimated \$56,541,442
<b>Total</b>	<b>Supplemental Behavioral Health Appropriations in SB 30</b>	<b>\$2,972.229,877</b>



# BUDGET TOTALS

## COMBINED BEHAVIORAL HEALTH APPROPRIATIONS BY THE 88<sup>TH</sup> LEGISLATURE

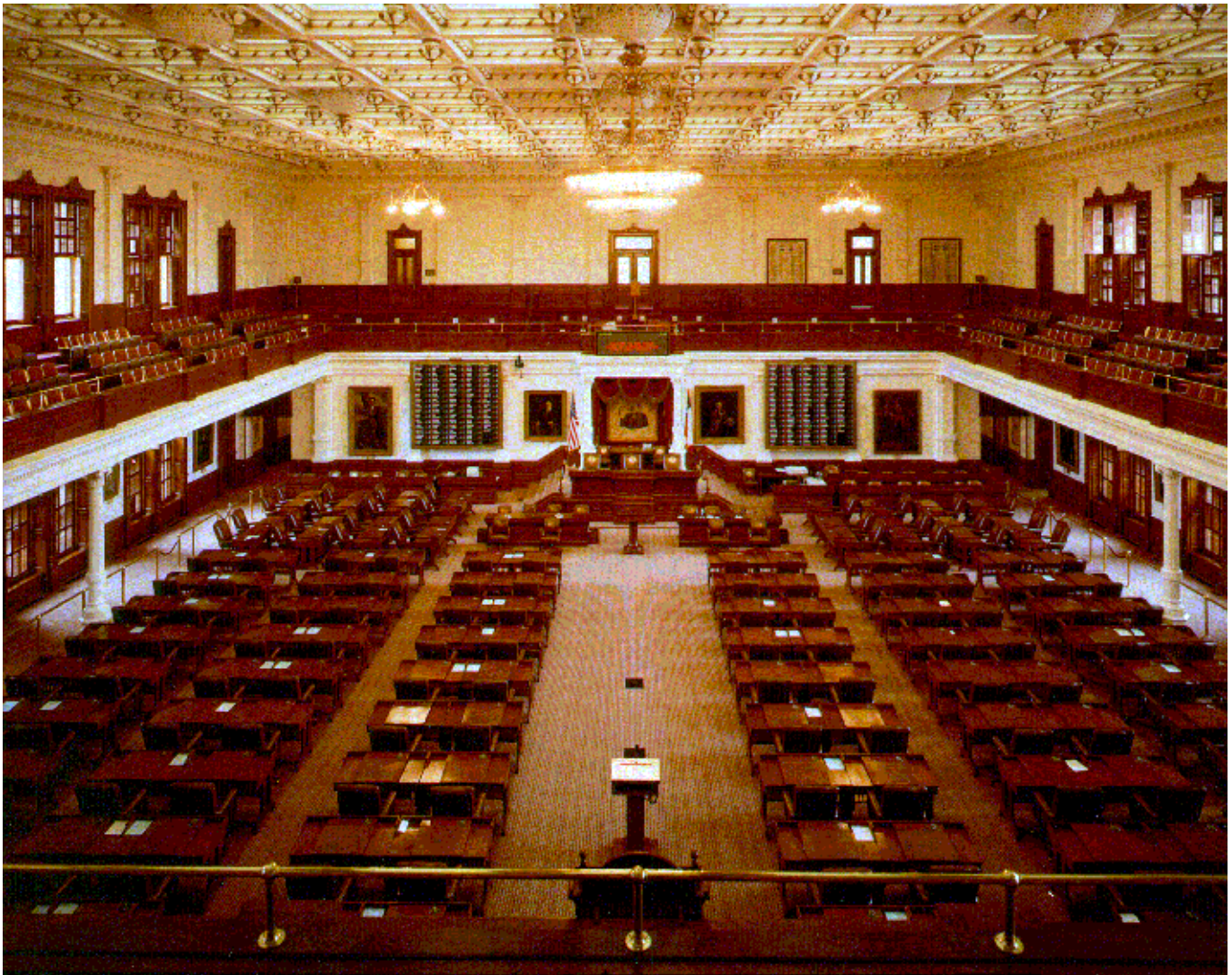
HB 1: General Appropriations Act for 2024-2025	<b>\$9,365,521,188</b>
SB 30: Supplemental Appropriations Act-Behavioral Health Items	<b><u>\$2,972,229,877</u></b>
Combined Behavioral Health Appropriations for FY 2024-2025	<b>12,337,751,065</b>
Total Increase in Behavioral Health Appropriations Over Last Biennium:	3,901,700,420

Notes

*HB 1: These figures may be adjusted after final review by the Texas Legislative Budget Board and the Texas Comptroller of Accounts. For example, HB 1, Article IX, Section 10.04 (a)-Informational Listing-Behavioral Health and Substance Abuse Services Appropriations, did not include the \$42,009,036 appropriated from the Opioid Abatement Account, which would significantly increase the total funds appropriated for behavioral health this biennium. The final review is expected in August or September.*

*SB 30: Some of the unexpended balances from FY 2023 that are carried over to the 2024-2025 biennium are listed in the bill language as estimated.*

*Increase over last biennium: The Combined Behavioral Health Appropriations for FY 2022-2023 by the 87<sup>th</sup> Legislature was \$8,436,050,645.*



# TEXAS HOUSE BILLS

[HB 3](#)-Burrows-Amends Texas Education Code regarding school safety and mental health training.

- [Section 2](#)-Directs TEA to consult with Texas School Safety Center (TSSC) to identify and adopt changes in new and existing facilities.
- [Section 3](#)-Directs Regional Education Service Centers shall act as school safety resources using TSSC and TEA materials.
- [Section 4](#)-Applies school safety requirements to open-enrollment charter schools.
- [Section 5](#)-Mental Health Training-Amends Texas Education Code 22, Subchapter Z to add 22.904.
  - Requires ISDs to require that each ISD employee who regularly interacts with students to complete an evidence-based mental health training program regarding recognition and support of children who experience mental health or substance use issues that may pose a threat to school safety.
  - Employees who have completed mental health training offered by the LBHA/LMHA are exempt.
  - Directs TEA to provide an allotment to school districts not to exceed the cost incurred by the ISD for employee travel, training fees, and compensation for time.
  - Directs State Board for Educator Certification to propose rules regarding allowing educators to receive continuing education credits for participating in mental health training.
  - Directs TEA to adopt rules regarding training fees and travel expenses.
- [Section 6](#)-Admissions, Transfer and Attendance-Amends Texas Education Code 25.002(a) to include a copy of the child's disciplinary record and any threat assessment involving the child's behavior in the documents that must be provided upon enrollment or transfer to a school.
- [Section 7](#)-Requires the child's previous school district to provide disciplinary and threat assessment records, when transferring, to the receiving school district.
- [Section 8](#)-Specifies requirements for ISD Peace Officers, School Resource Officers, Security Personnel.
- [Section 9](#)-Requires school district peace officers and school resource officers to complete Texas Commission on Law Enforcement active shooter training at least once every four years.
- [Section 10](#)-Requires at least one armed security officer to be present during regular school hours at each campus. Provides for alternatives for good-cause exceptions. Defines school district responsibilities related to hiring armed security officers at schools.
- [Section 11](#)-Defines role of persons carrying a firearm on school grounds.
- [Section 12](#)-Requires school districts and public junior colleges to adopt and implement a multi-hazard emergency operations plan.
  - Must address prevention, mitigation, preparedness, response and recovery as defined by the Texas School Safety Center and in consultation with TEA and local law enforcement agencies.
  - Requires safety and security audits of all facilities at least once every three years.
  - Must include training for district's school safety and security committee, school counselors, school mental health professionals, educators and other personnel determined by the district on
    - Integrating psychological safety and suicide prevention strategies into district's plan, such as psychological first aid for schools training, from an approved list of recommended training established by the Texas Education Commissioner and the Texas School Safety Center.
    - Must include trauma informed policies.
  - Certification of Emergency Response Map and walk-through by DPS and local law enforcement of each campus.

### HB 3-Burrows-continued

- Section 13-Public hearing required to notify the public of deficiencies, failures or noncompliance.
- Section 14-Requires TEA to monitor implementation and operation of school district safety and security.
  - Requires Regional School Safety Review Teams in each region served by Regional Education Service Centers.
  - TEA may assign a conservator for non-compliance with safety and security requirements.
  - Directs TEA to establish guidelines for the safety of individuals with disabilities or impairments in multi-hazard emergency situations.
  - Directs TEA to develop model standards for providing notice to parents, guardians, and other persons standing in parental relation to students regarding violent activity that has occurred or is being investigated.
- Section 15-Directs each ISD campus to establish clear procedures for students to report concerning behavior to the threat assessment team.
- Section 16-Each ISD and open-enrollment charter school must provide an accurate emergency response map and walk-through to the Texas Department of Public Safety, local law enforcement and emergency first responders.
- Section 17-Requires ISDs and public junior colleges districts to submit its multi-hazard emergency operations plan to the TSSC for review.
  - Requires TSSC to review plans and provide district with notice of deficiencies and corrective recommendations.
  - TSSC must provide written notice to the district and to TEA if the district has failed to comply within one month.
  - If school district has not corrected plan deficiencies within three months, TSSC must provide written notice to the school district that it must hold a hearing informing the public of failures and deficiencies. Notice must state that TEA is authorized to appoint a conservator.
- Section 18-Requires school districts to confirm that a person providing school safety or security services is on the TSSC's registry of school safety or security consulting services.
- Section 19-Requires TSSC to review facilities standards once every five years and make recommendations for changes to TEA.
  - May consult with stakeholders with relevant expertise.
  - TSSC, in collaboration with Texas Department of Public Safety must provide school district and open enrollment charter schools with information and resources regarding safe storage of firearms including Texas laws regarding the offense of making firearms accessible to a child and ways parents or guardians can prevent children from accessing firearms.
- Section 20-Requires school districts to ensure that each district facility complies with standards, including purchasing standards. Allows for good-cause exceptions and alternatives.
- Section 21-Allows school districts to require identification and may eject a person who fails to comply with safety and security procedures and identification requirements, and the person reasonably appears to have no legitimate reason to be on district property.
- Section 22-Allows the proceeds of bonds issued by a school district for the construction and equipment of school buildings to comply with safety and security requirements.
- Section 23-Amends annual allotment for schools to use to improve school security infrastructure:
  - improvements to infrastructure, equipment, technology, training, prevention programs to address adverse childhood experiences (ACEs), provision of licensed counselors and social workers, mental

### HB 3-Burrows-continued

- and behavioral health services, restorative discipline and restorative justice, suicide prevention and postvention.
- Allows employment of a school safety director and other staff to manage and monitor school safety initiatives.
- Allows TEA and TSSC to coordinate on entering a contract with a statewide provision of technology if it would result in savings to school districts.
- Section 24-IWatchTexas community reporting system operated by Texas Department of Public Safety is confidential.
- Section 25-Requires Sheriffs in counties with populations under 350,000 to conduct semiannual meetings of specified law enforcement, medical and school personnel to discuss issues related to school safety. This requirement would apply to Ellis, Hunt, Kaufman, Navarro and Rockwall Counties. Report on the meeting must be submitted to TSSC.
- Section 26-Requires TEA to establish the Office of School Safety and Security.
  - Requires the governor to appoint the director.
  - Requires the Office of School Safety and Security to establish regional school safety review teams in each Regional Educational Service Center region.
- Section 27-Applies only to bonds authorized and issued by elections held on or after September 1, 2023.
- Section 29-Requires school district employees to complete mental health training:
  - 25% of applicable employees before the beginning of the 2025-2026 school year.
  - 50% of applicable employees before the beginning of the 2026-2027 school year.
  - 75% of applicable employees before the beginning of the 2027-2028 school year.
  - 100% of applicable employees before the beginning of the 2028-2029 school year.

Signed by Governor on June 14. Effective September 1, 2023. Please note that mental health training requirements become effective with the beginning of the 2025-2026 school year.

HB 6-Goldman-Amends Texas Death Records statutes, Texas Controlled Substance Act, and Texas Penal Code-Criminal Homicide, and Organized Crime to designate poisoning with a controlled substance on the death certificate of a deceased person. Addresses criminal penalties for offenses.

- Section 1-Amends Texas Health and Safety Codes 193-Death Records  
193.005-Death Records-Personal Information-Requires person conducting an inquest to include the term “Fentanyl Poisoning” or “Fentanyl Toxicity” if a lethal concentration is found in the body of the deceased person and the results of the autopsy are consistent with opioid overdose as a cause of death.
- Section 2-Amends Texas Health and Safety Code 481-Texas Controlled Substances Act.
  - 481.102-Deletes fentanyl-related drugs from Penalty Group 1.
- Section 3-Amends Texas Health and Safety Code 481.1022.
  - 481.1022-Adds fentanyl-related drugs to Penalty Group 1-B.
  - 481.1123-Makes manufacture or delivery of Penalty Group 1-B:
    - » (b) Less than one gram-third degree felony.
- Section 4-Amends Texas Health and Safety Code 481.112 (e) and (f).
  - Regarding manufacture or delivery Penalty Group 1.
  - Makes the offenses first degree felonies:
- Section 5-Amends Texas Health and Safety Code 481.1121(b)
  - Manufacture or delivery of Penalty Group 1-A.

## HB 6-Goldman-continued

- Section 6-Amends Texas Health and Safety Code 481.1123
  - Manufacture or delivery of Penalty Group 1-B:
    - » (d) 4 to 200 grams-first degree felony.
    - » (e) 200 to 400 grams-first degree felony.
    - » (f) 400 grams or more-first degree felony.
  - Makes the offenses first degree felonies:
- Section 7-Amends Texas Health and Safety Code 481.113 (e)
  - Manufacture or delivery of 400 grams or more of Penalty Group 2 or 2-A substance.
- Section 8-Amends Texas Health and Safety Code 481.114 (e)
  - Sale or provision of 400 grams or more of a synthetic cannabinoid.
- Section 9-Amends Texas Health and Safety Code 481.115 (f)
  - Possession of 400 grams or more of a Penalty Group 1 or 1-B substance.
- Section 10-Amends Texas Health and Safety Code 481.1151(b) (5)
  - Possession of 8000 or more abuse units of a Penalty Group 1-A substance.
- Section 11- Amends Texas Health and Safety Code 481.116 (e)
  - Possession of 400 grams or more of a Penalty Group 2 substance.
- Section 12-Amends Texas Health and Safety Code 481.1161 (b)
  - Possession of 50 to 2000 pounds of a Penalty Group 2-A substance.
- Section 13-Amends Texas Health and Safety Code 481.117 (e)
  - Possession of 400 grams or more of a Penalty Group 3 substance.
- Section 14-Amends Texas Health and Safety Code 481.118 (e)
  - Possession of 400 grams or more of a Penalty Group 4 substance.
- Section 15-Amends Texas Health and Safety Code 481.120 (b) (6)
  - Delivery of more than 2000 pounds of marihuana.
- Section 16-Amends Texas Health and Safety Code 481.121(b) (6)
  - Possession of more than 2000 pounds of marihuana.
- Section 17-Amends Texas Health and Safety Code 481.126(a)
  - Knowing illegal barter, expenditure or investment of funds derived from commission of a first-degree felony.
- Section 18-Amends Texas Health and Safety Code 481.134 (c)
  - Drug Free Zones-Adds five years imprisonment and doubles the maximum fine if the above crimes were committed in, on, or within 1000 feet of a school, a public or private youth center, or a playground, on a school bus, or by anyone 18 years of age or older in, on, or within 1000 feet of a residential treatment center.
- Section 19-Amends Texas Health and Safety Code 481.141(d)
  - Punishment may not be increased if the defendant is also prosecuted for murder under Penal Code 19.02 (b) (4) for conduct occurring during the same criminal episode.
- Section 20-Amends Texas Penal Code 19.02-Murder.
  - Adds 19.02 (b) (4)-“Knowingly manufactures or delivers a controlled substance included in Penalty Group 1-B under Section 481.1022, Health and Safety Code, and an individual dies as a result of injecting, ingesting, inhaling, or introducing into the individual’s body any amount of the controlled substance manufactured or delivered by the actor, regardless of whether the controlled substance was used by itself or with another substance, including a drug, adulterant, or dilutant.”

## HB 6-Goldman-continued

- Section 21-Amends Texas Penal Code 71.02 (a)-Engaging in Organized Criminal Activity.
  - Adds (5-b) “Unlawful possession with intent to deliver a controlled substance listed in Penalty Group 1-B under Section 481.1022, Health and Safety Code”.
- Section 22 and 23-Changes in Texas laws regarding death records, Controlled Substances Act, murder, or organized crime apply only to a death that occurs or is discovered on or after the effective date of HB 6.

Signed by Governor June 17, 2023. Effective September 1, 2023.

## HB 12-Rose-Amends Texas Human Resources Code 32.024(1-1).

- Extends Medicaid to twelve months for mothers whose pregnancies end in the delivery of the child or end in the natural loss of the child.
- Requires HHSC to continue Medicaid for:
  - Six months following the date of delivery or involuntary miscarriage and
  - Twelve months that begin on the last day of the woman’s pregnancy and ends on the last day of the month in which the twelve-month period ends in accordance with the federal Social Security Act, 42 USC Section 1396a (e) (16)-Extending Certain Coverage for Pregnant and Postpartum Women.
- Directs HHSC to seek an amendment to the Texas Medicaid State Plan with federal agencies.
- Allows HHSC to delay implementation until the state plan amendment is approved.
- This act will allow continued Medicaid coverage for postpartum women experiencing serious and persistent mental illness, substance use disorders, and/or postpartum depression.

Current Status: Signed by Governor June 18, 2023. Effective immediately.

## HB 18-Slawson-Amends Texas Business and Commerce Code, Title 11, Subtitle A.

Securing Children Online through Parental Empowerment (SCOPE) Act. Adds Chapter 509.

- Section 509.053-Digital Service Provider Duty to Prevent Harm to Known Minors.
- Section 509.054-Parental Controls
  - Requires digital service providers to develop and implement a strategy to prevent exposure to harmful material that promotes, glorifies or facilitates:
    - Suicide
    - Self-harm
    - Eating disorders
    - Substance abuse
    - Stalking
    - Bullying or harassment
    - Grooming
    - Trafficking
    - Child pornography
    - Other sexual exploitation or abuse.
  - Strategy must include:
    - Comprehensive list of harmful material or content to block from display to a known minor.
    - Filtering technology , other protocols to enforce blocking
    - Hash-sharing technology and other protocols to identify recurring material or content.
    - A database of keywords used for filter evasion such as misspellings, hashtags or homographs.
    - Standard human-performed monitoring reviews to ensure efficacy.
    - Descriptions of the categories of harmful material or content to be filtered.
    - Digital service providers algorithm code to independent security researchers.

## HB 18-Slawson-continued

- Strategy may include:
  - Third-party review.
  - Industry-specific partnerships to share best practices.
  - Periodic independent audits.
- Section 509.054-Digital Service Provider Duty to Create Parental Controls.
  - Requires digital service provider to create and provide, to a verified parent, the tools to allow supervision of the known minor's use of the digital service.
  - Must allow:
    - Allow parent to control of the minor's privacy settings and account settings.
    - Allow parent to alter the digital service provider's duties regarding duties regarding agreements with the minor.
    - Restrict the ability of the known minor to make purchases or engage in financial transactions.
    - Monitor and limit the amount of time known minor spends using the digital service.
- Article 3-Use and Transfer of Electronic Devices by Students  
Section 3.03-Amends Texas Education Code Chapter 32, Subchapter C. Adds 32.1021-Standards
  - Requires TEA to adopt standards for permissible electronic devices and software applications used by ISDs or charter schools that:
    - Minimize data collection on students.
    - Ensure direct and informed parental consent for software applications.
    - Ensure software applications do not conduct mental health assessments or other assessments unrelated to educational curricula that are intended to collect information about students.
    - Ensure parents have resources necessary to understand cybersecurity risks and online safety before the child uses an electronic device at school.
    - Specify periods of time that devices must be deactivated.
    - Consider adjustments by age level, development of abilities, use of school time, completion of assignments without electronic devices.
    - Appropriate restrictions on social media websites and applications.
    - Require schools to determine more secure alternative applications to provide educational functionality.
    - Consider required use of internet filters related to self-harm, suicide, violence to others, or illicit drugs.
    - Assign and appropriate officer to receive complaints or concerns regarding student use of electronic devices.
- Article 4-Study of Effects of Media on Minors.
  - Authorizes a Legislative Joint Committee Study.

Signed by the Governor. Because HB 18 passed by more than a two-thirds vote in the Texas House, and unanimously in the Texas Senate, the SCOPE Act takes effect immediately.



[HB 49](#)-Klick-Amends Texas Health and Safety Codes 241.051 and 577.013 regarding public access to hospital investigation information and materials, including licensed mental hospitals.

[Section 1](#)-Amends Texas Health and Safety Code 241.051-Hospitals-Enforcement-Inspections.

[Section 2](#)-Amends Texas Health and Safety Code 577.013-Private Mental Hospital and Other Mental Health Facilities-Investigations.

Each section amends the two codes with the following, respectively.

- Updates references from Texas Department of State Health Services to Texas Health and Human Services Commission regarding hospital inspection and mental hospital inspections.
- Updates references from Texas Department of State Health Services to Texas Health and Human Services Commission regarding hospital inspections.
- Protects personally identifiable information of a patient or healthcare provider.
- Information is subject to disclosure in accordance with Texas Open Government-Public Information statutes (with the exception of personally identifiable information) includes:
  - Notice of hospital's alleged violations, specifying the law violated and the nature of the violation.
  - Number of investigations of the hospital that HHSC has conducted.
  - Pleadings to impose a penalty against the hospital.
  - Outcome of each investigation, reprimand, license denial or revocation, corrective action plans, administrative penalties, amount of administrative penalty.
  - Final decisions, copies of investigative report and HHSC's orders to address the complaint.
  - Requires HHSC to post the notice of violation on it's website within 90 days, including:
    - » Name and geographic location of the hospital.
    - » Date of the final decision, report or order.
    - » Outcome of the investigation.
    - » Information must remain posted for two years.
  - Allows a hospital to release medical records upon request by the patient.
  - Allows a hospital to release medical records to a patient, parent or guardian of a minor or incapacitated patient or to the personal representative of a deceased person.

[Section 3](#)-Changes apply to investigations finalized on or after the effective date of this Act.

Current Status: Signed by Governor. Effective September 1, 2023.

[HB 55](#)-Julie Johnson-Amends Texas Penal Code 22.012 to increase the penalty for the crime of indecent assault from a Class A misdemeanor to a state jail felony if:

- The defendant has been previously been convicted of indecent assault or
- The defendant is a health care services provider or a mental health care services provider and
  - The act was committed in the course of providing treatment or service to the victim and
  - Was beyond the scope of generally accepted practices for the treatment or services.

Signed by the Governor. Effective September 1, 2023.

[HB 103](#)-Murr-Amends Texas Government Code 26-Constitutional County Courts. Allows appointment of a retired or former judge to serve as a visiting judge in probate, guardianship or mental health matter.

- Texas Constitutional County Courts “...have original jurisdiction over all criminal cases involving Class A and Class B misdemeanors, which are the more serious minor offenses. These courts usually have appellate jurisdiction in cases appealed from justice of the peace and municipal courts, except in counties where county courts at law have been established.”
- Texas Statutory Probate Courts “In the more populated counties, the Legislature has created specialized probate courts to hear probate matters exclusively. Statutory probate courts are located in 10 of the state’s 15 largest metropolitan areas and have original and exclusive jurisdiction over their counties’ probate matters, guardianship cases, and mental health commitments.” Texas Judicial Branch-  
[www.txcourts.gov](http://www.txcourts.gov) <https://www.txcourts.gov/about-texas-courts/trial-courts.aspx>
- HB 103 allows a visiting judge to be appointed in circumstances that a county judge is absent, incapacitated, recused or disqualified from acting in a probate guardianship or mental health matter.
  - Requires that a visiting judge must have served at least 48 months in a statutory probate court.
- Adds definition of “former constitutional county judge”.
  - Served as a judge for at least 96 months in a constitutional county court or
  - Served as a judge for at least 48 months in a constitutional county court and who is a licensed attorney in Texas.
- Adds former constitutional county judges to retired judges or constitutional county judges from another county as judges eligible for appointment in absence of the county judge.
- Adds former constitutional county judges to retired judges or constitutional county judges from another county for appointment to a share bench if the county judge finds that the dockets of the county court reflect a case load that the county judge considers to be in excess of that which can be disposed of properly in a manner consistent with the efficient administration of justice.

Signed by the Governor. Effective September 1, 2023.

[HB 299](#)-Murr-Amends Health & Safety Code Title 6-Subtitle B. Recovery Houses.

- Creates voluntary accreditation for recovery houses, to be overseen by HHSC.
- Adds statutory definition for “Accrediting Organization” for recovery housing programs.
- Adds statutory definition for “Recovery House”.
  - Shared living environment that promotes sustained recovery from SUD.
  - Integrates residents into the surrounding community.
  - Connects residents to supports and services.
  - Is centered on peer support.
  - Is free from alcohol and drug use.
- Directs HHSC to adopt minimum standards for recovery house accreditation that are consistent with those of the National Alliance for Recovery Residences (NARR) and Oxford House Incorporated, and to only use NARR or Oxford House Incorporated to serve as an accrediting organization.
  - Recovery houses are prohibited from providing personal care services.
- Accrediting Organization approved by HHSC must:
  - Adopt HHSC minimum standards.
  - Establish application, accreditation, re-accreditation, disciplinary and fee assessment procedures.
  - Provide training to responsible parties and staff.
  - Develop a code of ethics.
  - Provide information for HHSC annual report.

## HB 299-Murr-continued

- Facilities not eligible for accreditation:
  - Home and Community Support Services agency. (Texas Health and Safety Code 142).
  - Convalescent and Nursing Facilities (Texas Health and Safety Code 242).
  - Continuing Care Facilities (Texas Health and Safety Code 246).
  - Assisted Living Facilities (Texas Health and Safety Code 247).
  - Intermediate care Facilities for Individuals with IDD. (Texas Health and Safety Code 252).
  - Boarding Home Facilities (Texas Health and Safety Code 260).
  - Licensed Chemical Dependency Treatment Facilities. (Texas Health and Safety Code 464).
  - Child Care Facilities (Texas Human Resources Code 42).
  - Family Violence Shelters (Texas Human Resources Code 51).
  - Community Homes for Persons with Disabilities (Texas Human Resources Code 123).
  - Hotels (Texas Tax Code 156.001).
- Directs HHSC to adopt standards requiring at least one individual to be designated to serve as the responsible party at an accredited recovery house, who must satisfactorily complete training on HHSC and accreditation standards and administer the recovery house according to standards.
  - This requirement does not apply to Oxford Houses.
- HHSC shall prepare an annual report on:
  - Total number of accredited recovery houses.
  - Number accredited and chartered in the last year.
  - Concerns regarding accreditation or reaccreditation process.
  - Number of revoked accreditations last year.
  - Reasons for revocations.
- Patient solicitation or patronage is prohibited.
- False or misleading claims or false or misleading advertising of accreditation is prohibited.
- Unaccredited recovery houses are ineligible for state money.

Signed by Governor June 18, 2023. Most provisions of the act take effect on September 1, 2023. The provision in Section 469.009 that prohibits unaccredited recovery houses from receiving state money takes effect on September 1, 2025.

[HB 400-Klick-Amends Texas Education Code 58A to establish grant programs for training in psychiatric specialty fields and behavioral health.](#)

Section 1-Amends Texas Education Code 58A-Programs Supporting Graduate Medical Education.

- Directs the Texas Higher Education Coordinating Board (THECB) to establish a Psychiatric Specialty Residency Grant Program to increase the number of psychiatric physicians.
- Directs the Texas Higher Education Coordinating Board (THECB) to apply for federal funds, gifts, grants and donations from other sources for the program.
- Directs the Texas Higher Education Coordinating Board (THECB) to adopt rules, eligibility criteria, grant application procedures, guidelines, evaluation, monitoring and effectiveness tracking of grants.
- Directs the Texas Higher Education Coordinating Board (THECB) to award grants:
  - 60% awarded in pediatric psychiatry, 40% in adult psychiatry.
  - Priority to medical schools with innovative residency programs in rural or underserved areas.
- Directs the Texas Higher Education Coordinating Board (THECB) to give priority to proposals that:
  - Enhance or leverage existing degree programs.
  - Establish or maintain programs serving rural or underserved areas.
  - Partner with another institution of higher education.

#### HB 400-Klick-continued

- Partner with a public school to implement early recruitment.
- Establish incentives for professionals to serve at least three consecutive years.
- Establish or maintain programs in specialties with significant workforce shortages.
- Establish or maintain psychiatric fellowships that serve correctional facilities or inpatient psychiatric facilities.
- Grant amounts may not exceed \$1 million.
- Requires receiving institution to submit an annual report to the THECB.
- Administrative costs may not exceed five percent.

#### Section 2-Amends Texas Education Code 61-Texas Higher Education Coordinating Board.

- Establishes the above grant program in the statute governing the THECB.
- Authorizes THECB to seek grants to increase the behavioral health workforce in Texas.
- Directs THECB to track effectiveness of the grants using reasonably available data related to the career paths of grant recipients in the four years after their graduation, and how long they practice in Texas.

Signed by Governor . Effective September 1, 2023.

#### HB 446-Craddick. Amends numerous Texas Codes.

- Updates statutory language related to individuals with Intellectual and Developmental Disabilities in:
  - Texas Civil Practice and Remedies Code 74-Medical Liability.
  - Texas Code of Criminal Procedure 46C-Insanity Defense.
  - Texas Family Code-Title 3-Juvenile Justice Code-Chapters 51,54, and 58.
  - Texas Finance Code 393-Credit Services Organizations.
  - Texas Government Codes-54A, 76, 125, 403,411, 495, 499, 501, 508, 659, 1401, 2155, 2171.
  - Texas Health and Safety Code-Chapters 33, 281, 431, 531, 613.
  - Texas Human Resources Code-Chapters 221, and 244.
  - Texas Insurance Code-843, 1201, 1305, 1355, 1359, 1601.
  - Texas Labor Code-62, 406, 504.
  - Texas Local Government Code-244.
  - Texas Occupations Code-1701.
  - Texas Transportation Code-201.
  - Texas Tax Code-1011
- Repeals Texas Health and Safety Code 531.0021(c) referring to “local mental retardation authority”.
- Repeals definitions of “Mental retardation” and “Person with mental retardation in Texas Health and Safety Code 591.003.

Current Status: Signed by Governor 5/15. Effective September 1, 2023.

HB 492-Craddick-Amends Texas Health and Safety Code, Title 7, Subtitle C. Adds Chapter 579 allow the Ector County Hospital District and the Midland County Hospital District to create a mental health services district to provide mental health services for the residents of the district.

Current Status: Signed by Governor 5/23. Effective September 1, 2023.

[HB 671](#)-González-Amends Texas Government Code 434.

- Directs the Texas Veterans Commission (TVC) to conduct a suicide prevention campaign to provide information to veterans.
- Directs TVC to establish an internet website dedicated to suicide prevention for veterans.
- Directs TVC to collaborate with community-based, nonprofit, or private organizations.
- Allows TVC to solicit and accept gifts and grants for the suicide prevention campaign.

Current Status: Signed by Governor June 10, 2023. Effective September 1, 2023.

[HB 730](#)-Frank-Amends Texas Family Code 261-Investigation of Report of Child Abuse or Neglect.

- Texas Department of Family and Protective Services (DFPS) may not reopen an investigation or change its findings after the 60<sup>th</sup> day after an investigation is closed.
- A Family Law Court shall order medical, psychological or psychiatric records of a child to be released to DFPS over the parent's objections if the court has probable cause to believe that releasing the records or conducting an examination of the child is necessary to protect the child from abuse or neglect.
- Prohibits *ex parte* hearings unless the court has probable cause to believe there is no time, due to health or safety of the child, for a full hearing.
- Court's order must include its finding regarding the sufficiency of the evidence to support the order.
- Requires DFPS to provide a written notice of:
  - the allegations to the parent or alleged perpetrator upon the first contact with the person.
  - An explanation that any statement or admission may be used in a criminal case, as a basis to remove the child from custody or to terminate the person's relationship with the child.
- Requires verbal notification of the right to:
  - Not to speak to DFPS agents without legal counsel present.
  - Have an attorney.
  - Have a court-appointed attorney in certain cases.
  - Record any interaction or interview.
  - Refuse to allow an investigator to enter the home or interview the child without a court order.
  - Have legal counsel present before entering the home or an interview with the child.
  - Withhold consent to release medical or mental health records.
  - Withhold consent to medical or psychological examination of the child.
  - Refuse to submit to a drug test.
  - Consult with legal counsel before agreeing to proposed voluntary safety plan.
- Requires DFPS investigator to document verbal notification.
- Requires DFPS to adopt a form to verify that verbal notification was received.
  - Requires a copy of the form signed by the subject of the investigation or the person's attorney.
  - Evidence obtained without verbal notification is not admissible in a civil proceeding.
- Requires notification of changes made by DFPS to an investigative report be given to the child's parent, the parent's attorney the attorney *ad litem* for the child, the guardian *ad litem* for the child, a volunteer advocate and any other person the court determines has an interest in the child's welfare.
- Requires that audio or video recording or a court reporter's transcription be made of authorized *Ex parte* hearings, and that the record shall be provided to the party upon request. The attorney for the parent who is a party to the investigation must be given notice of the *ex parte* hearing.
- Requires DFPS to report the number of cases in which a court orders a child's parent, managing conservator, guardian, or member of a child's household to participate in court-ordered services.
- Adds parental and caregiver rights regarding voluntary child safety placement agreements.

Signed by the Governor. Effective September 1, 2023.

[HB 1106](#)-Goodwin-Amends Texas Occupations Code 205.303-Acudetox Specialist.

- Adds licensed professional counselors operating under a temporary license, licensed marriage and family therapists (LMFT) and LMFT-Associates, licensed physician assistants or other licensed or certified professional approved by the Texas Medical Board and
    - Must have successfully completed training in auricular acudetox that meets or exceeds train approved by the Texas Medical Board.
    - Pay required certification fee.
  - May practice five-point auricular acupuncture only for treatment approved by the Texas Medical Board for addiction, trauma, physical, emotional or psychological stress.
  - Requires acudetox specialist to:
    - Obtain informed consent from each client.
    - Keep records of patients' name, date of service, signature, and printed name.
  - Certification expires on the third anniversary of the date of issuance and may be renewed before expiration.
  - Requires three hours of continuing education to renew certification.
- Signed by the Governor. Effective September 1, 2023.

[HB 1161](#)-Meyer-Amends Texas Code of Criminal Procedure 58-Confidentiality of Identifying Information and Medical Records to Certain Crime Victims.

- Adds victims of child abduction to the list of individuals eligible for the address confidentiality program. Other eligible persons are victims of family violence, sexual assault, sexual abuse, stalking or trafficking of persons.
  - Independent documentary evidence of eligibility for the program may include:
    - A statement from a physician or other health care provider.
    - A statement of a mental health professional.
    - A statement from a member of the clergy, an attorney or other legal advocate, a trained staff member of a family violence center or other professional who has assisted the applicant, the applicant's child, a member of the applicant's household.
    - Any other independent documentary evidence.
- Signed by Governor on May 24, 2023. Effective immediately.

[HB 1181](#)-Shaheen-Amends Texas Civil Practices and Remedies Code. Requires HHSC to publish the SAMHSA helpline information at the bottom of every page of its internet website in 14-point font or larger. "U.S. Substance Abuse and Mental Health Services Administration Helpline: 1-800-662-HELP (4357) This helpline is a free, confidential information service (in English or Spanish) open 24 hours per day, for individuals and family members facing mental health or substance use disorders. The service provides referral to local treatment facilities, support groups, and community-based organizations".

[HB 1211](#)-Guillen-Amends Texas Education Code 51.831 and 1101 regarding financial assistance.

- Amends Texas Education Code 51.831. Current law requires private and independent institutions of higher education to enter into an agreement with the Texas Joint Admission Medical Program Council to provide academic counseling, sufficient preparation for enrollment in participating medical schools, and a faculty director or academic/health professions advisor to assist in implementing or expanding degree programs.
  - HB 1211 adds a provision that in addition to any other scholarship awarded to the student, a scholarship in the amount required for a student attending a general academic teaching institution not to exceed the amount of tuition and fees that the student is charged.

#### HB 1211-Guillen-continued

- Amends Texas Education Code 61.601-Subchapter K-Repayment of Certain Mental Health Professional Educational Loans.
  - Adds a definition for a licensed specialist in school psychology.
- Amends Texas Education Code 61.603, .604, .607 to add licensed specialist in school psychology to the list of mental health professionals eligible for educational loan repayment assistance.
- Adds procedures for mental health professionals to follow to apply to the Texas Higher Education Coordinating Board for loan repayment assistance.
- Repeals sections made obsolete by HB 1211.

Signed by Governor. Effective September 1, 2023.

#### [HB 1337](#)-Hull-Amends Insurance Code 1369 Subchapter B to prohibit health benefit plans from imposing step therapy protocols for prescription drugs to treat serious mental illnesses.

- Adds Section 1369.0547-Step Therapy Protocols for Prescription Drugs to Treat Serious Mental Illness.
- Applies to drugs prescribed for a person who is 18 years of age or older to treat serious mental illness.
- Prohibits a health benefit plans from requiring an enrollee to:
  - Fail to successfully respond to more than one different drug for each drug prescribed, excluding generics or pharmaceutical equivalents.
  - Prove a history of failure of more than one drug different from the one prescribed, excluding generics or pharmaceutical equivalent of the prescribed drug.
- Subject to Step Therapy Protocol Exception Requests in Insurance Code 1369.0546, a health benefit plan may require a trial of a generic or pharmaceutical equivalent only once in a plan year and if the generic or pharmaceutical equivalent drug is added to the plan's drug formulary.

Signed by Governor. Effective September 1, 2023.

#### [HB 1357](#)-Holland-Amends Texas Human Resources Code 32 regarding Medication-Assisted Treatment for opioid or substance use disorders.

- Repeals Texas Human Resources Code 32.03115(e).
- Fully implements HHSC's opioid treatment pilot program by removing the sunset date from the statute.
- Directs state agencies to apply for necessary federal waivers or authorizations for implementation of provisions related to medication-assisted treatments (MAT) for opioid use disorder (OUD) or substance use disorder (SUD).

Signed by Governor June 13. Effective immediately.

#### [HB 1457](#)-Rosenthal-Makes corresponding amendments to Texas Government Code 434.352-Veterans Assistance Agencies and Health and Safety Code 1001-Subchapter I-Mental Health Program for Veterans.

- Requires that grant recipients for the provision of mental health services to Texas veterans or veterans' families must have successfully executed a previous grant from the state agency or provide training on military informed care or military cultural competency to agency employees who provide services to veterans or their families. TVC and DSHS shall jointly verify compliance.
- Military competency training must be provided by: TVC, HHSC, SAMHSA, Military Veteran Peer Network, US Department of Defense, US Department of Veterans Affairs or a nonprofit experienced in providing training or technical assistance related to mental health services for veterans or veterans' families.

Signed by Governor June 9, 2023. Effective September 1, 2023

[HB 1575](#)-Hull-Amends Texas Government Code 531-Subchapter B-HHSC-Powers and Duties.

- Section 1-Legislative Intent Statement: “It is the intent of the legislature to improve health outcomes for pregnant women and their children through the case management for children and pregnant women program. In recognizing that nonmedical factors impact health outcomes, this legislation, in part, authorizes Medicaid to provide case management services for nonmedical needs that will improve health outcomes for pregnant women and their children.”
- Section 2-Directs HHSC to adopt standardized screening questions to identify and aggregate data on non-medical health-related needs of pregnant women who are eligible for HHSC public benefits.
  - Requires MCOs to use screening questions and providers with the informed consent of the patient.
  - Requires MCOs and providers to provide collected data to HHSC.
  - Requires HHSC to submit a report to the Legislature by December 1 of even-numbered years.
- Section 3-Adds Subchapter O.
  - Provides definitions of :
    - “Case Management for Children and Pregnant Women Program”.
    - “Nonmedical health-related needs screening”
    - “Program services”.
  - Provision of program services does not affect MCO’s obligation to provide service coordination.
    - Providers must complete HHSC’s standardized case management training and be a fully licensed
      - » advanced practice nurse.
      - » Registered nurse with a baccalaureate degree.
      - » Registered nurse with an associate degree and at least two years of supervised internship within the last ten years spent assessing psychosocial and health needs and making community referrals for children and pregnant women.
      - » Social worker.
      - » Certified Community Health Worker.
      - » Certified Doula.
  - Directs HHSC to require trauma-informed provider training on:
    - Available state and local social services.
    - Community assistance programs.
      - » Nutrition
      - » Housing
      - » Counseling
      - » Parenting Services
      - » SUD treatment
      - » Domestic violence assistance and shelters
      - » Information about domestic violence and coercive control dynamics
      - » Methods to explain and elicit informed consent to receive screening and services.
      - » Procedures for recipient to decline services or withdraw consent.
      - » Ensuring against retaliatory actions for declining or discontinuing.
  - Requires MCOs to conduct an initial health needs and nonmedical health needs screening.
- Section 4-Directs HHSC to establish a separate provider type for community health workers and doulas providing case management services.
- Sections 5-7-Direct HHSC to submit status report to Legislature, develop screening questions and apply for any necessary federal waivers.

Signed by Governor. Effective September 1, 2023.



HB 2059-Price-Amends Texas Health and Safety Code 1001-Mental Health First Aid (MHFA) Training. Section 1-Amends 1001.201-Definitions. Adds definitions for “Child-care facility”, “First responder”, “Institution of higher education”, “Local Behavioral Health Authority”, “Open-enrollment charter school” and “Private school”. Continues definitions for “Educator”, “Local Mental Health Authority”, “Regional Education Service Center”, “School district employee” and “School resource officer”. Deletes definition of “University employee”.

Section 2-Amends 1001.202-Grants for Training of MHFA Trainers.

- Authorizes HHSC to provide grants to LBHA/LMHAs to cover training costs for MHFA Trainers.
- Two or more LBHA/LMHAs may collaborate and share resources.

Section 3-Amends 1001.203-Grants for Training Certain Individuals in Mental Health First Aid.

- Directs HHSC to make grants to LBHA/LMHAs to provide MHFA training at no cost to:
  - School district employees and school resource officers.
  - Employees of institutions of higher education.
  - Employees of open enrollment charter schools or private schools.
  - Employees and contractors of a child-care facility.
  - Youth.
  - Individuals with direct and recurring contact with students.
  - First responders.
  - Military service members, veterans or their immediate family members.
  - Judges and attorneys.
  - Contractors of institutions of higher education, charter schools, private schools or ISDs.
- Directs HHSC to provide grants to LBHA/LMHAs sufficient to cover the cost of training the trainers.
- An MHFA training program provided by an LBHA/LMHA must:
  - Be conducted by a MHFA trainer.
  - Provide skills to help a person in crisis until appropriate professional care can be obtained.
    - Five-step Strategy: Assessing Risk, Listening respectfully, Supporting the individual, Identifying professional help, and Other supports
    - Risk factors and warning signs for mental illness and substance use problems.
    - Include activities to increase understanding of the effect of mental illness on individuals and families.
    - Present evidence-supported treatment and self-help strategies.
- Allows LBHA/LMHA to contract with Regional Education Service Center to provide MHFA to school resource officers, employees and contractors of school districts, charter schools, private schools and institutions of higher learning.
- Allows two or more LBHA/LMHAs to collaborate and share resources to develop and operate MHFA training programs.

Section 4-Amends 1001.204-Plans for MHFA Training Programs.

- Requires LBHA/LMHA to submit a plan to HHSC by July 1 of even numbered years demonstrating how grant funds will be used. Plan must include:
  - Plans to train enough individuals with MHFA to maximize the number of children who have direct contact with someone who has received MHFA training.
  - Meet the needs of the LBHA/LMHA region.
  - Complements existing resources.
- Requires HHSC to evaluate the plan before making grants for MHFA to the LBHA/LMHA.

HB 2059-Price-continued.

Section 5-Amends Texas Health and Safety Code 1001.205- Reports.

- Requires LBHA/LMHA to submit an annual report by September 30 including:
  - Net number of MHFA trained personnel.
    - LBHA/LMHA employees and contractors who were trained.
    - The number of trainers who left for any reason in the preceding year.
    - The number of active trainers.
  - Number of employees and contractors trained at school districts, charter schools, private schools and institutions of higher learning trained by the LBHA/LMHA, and categorized by:
    - LBHA/LMHA region.
    - The applicable school district, charter school, private school, and institution of higher education.
    - Category of personnel trained.
  - Number of child care facility employees and contractors, youth, individuals with recurring contact with students, first responders, judges, and attorneys trained.
  - Number of members of the military services, veterans or military/veteran families who completed a MHFA standard version or veterans module offered by the LBHA/LMHA, categorized by LBHA/LMHA region.
- Requires HHSC to submit a report to the Legislature by December 1 of each year containing:
  - The compiled information from all LBHA/LMHAs of the above data.
  - Detailed accounting of expenditures of appropriations.
- HHSC shall develop a form to be used for reporting by the LBHA/LMHA.

Section 6-Amends 100.205-Liability. Provides civil liability for a person who having completed an MHFA class offered by an LBHA/LMHA, acts in good faith attempting to assist a person in mental health crisis, unless the action is willfully or wantonly negligent.

Section 7-Repeals obsolete statutes that would have limited these grants.

Current Status: Signed by Governor. Effective September 1, 2023.

HB 2100-Price-Amends Texas Education Code 61.603.-Texas Higher Education Coordinating Board.

- Provides student loan repayment assistance for mental health professionals who provide mental health services individuals in a state hospital or community-based mental health services from a LBHA/LMHA for a period of one to five years.
- If applicant for loan repayment assistance is a physician, must be certified in psychiatry by the American Board of Psychiatry and Neurology or The American Osteopathic Board of Neurology.

Signed by Governor. Effective September 1, 2023

HB 2187-Davis-Amends Texas Penal Code 22.041 and Texas Code of Criminal Procedure.

Makes the crime of abandoning or endangering an elderly person, or disabled person the same as abandoning or endangering a child.

Signed by Governor. Effective September 1, 2023.

[HB 2201](#)-Canales-Amends Texas Government Code 507.006(a) related to housing inmates with substance use disorders in state jail felony facilities.

- Deletes the phrase “...or discrete areas within one or more state jail facilities...” from the description of facilities that the state jail division may designate as state jail felony facilities to treat inmates who are eligible for confinement in a Substance Abuse Felony Punishment (SAFP) facility.
- Prohibits State Jail Division from housing an inmate who:
  - Has shown a pattern of violent or assaultive behavior in a county jail or state correctional facility
  - or
  - Will increase the likelihood of harm to the public if housed in the state jail facility.

Signed by Governor. Effective September 1, 2023.

[HB 2660](#)-Oliverson-Amends Texas Code of Criminal Procedure regarding missing children and missing persons: Chapter 2-General Duties of Officers and Chapter 63-Missing Children and Missing Persons.

- HB 2660 may be cited as “Tim’s Law”.
- Amends statutes regarding duties, procedures, and training for law enforcement regarding missing children and missing persons, to include adults with dementia, other brain disorders, whether caused by illness, defect, or injury.
- Amends general law enforcement requirements regarding missing persons to require a law enforcement agency to electronically submit information, within 48 hours, regarding the missing person to each municipal or county law enforcement agency within 200 miles.
- Amends law enforcement requirements for the report of a missing child to:
  - Immediately start an investigation to determine the present location of the child
  - Enter the name of the child and all available information into the clearinghouse, the national crime information center missing person file, and Texas Law Enforcement Telecommunications System (TLETS) within two hours for all children meeting criteria.
  - Electronically submit information, within 48 hours, regarding the missing person to each municipal or county law enforcement agency within 200 miles.
- Amends law enforcement requirements for certain children at high risk.
  - A child who has been reported missing for four or more times within the last 24 months.
  - A child in foster care who has been reported missing two or more times within the last 24 months.
  - A child at high risk for human trafficking.
    - Disappeared while in a dangerous environment.
    - Has mental or behavioral health needs.
    - Previously exhibited signs of mental illness.
    - Has an intellectual or developmental disability.
    - Last seen or in communication with an adult unknown to the child’s family or legal guardian.
  - Requires law enforcement agency to escalate the response and notify all law enforcement agencies within 100 miles, including other states, and notify them of the high-risk designation.
- Requires officers to complete training on missing children and missing persons within two years of licensure.
- Directs Texas Commission on Law Enforcement (TCOLE) to offer a voluntary advanced education and training program on missing children and missing persons.

[HB 2741](#)-Smith-Specialty Courts Advisory Council-Amends Texas Government Code 772.0061 (a) (2)

- Adds Juvenile Family Drug Court programs to the Specialty Courts Advisory Council.
- Directs the Specialty Courts Advisory Council to make recommendations regarding best practices for specialty courts to the Texas Judicial Council, the Office of Court Administration of the Texas Judicial System and the Criminal Justice Division.
- Amends the membership of Specialty Courts Advisory Council.
  - Previously required representation by one judge from each of the following specialty court types:
    - Specialty court program for commercially sexually exploited persons.
    - A Family Drug Court Program
    - A Drug Court Program
    - A Veterans Treatment Court Program.
  - HB 2741 amends this requirement to four judges, each of whom has experience in at least one specialty court. This change will allow judges who have experience in Mental Health Court programs, Public Safety Employees Treatment Courts or Juvenile Family Drug Court programs to also serve on the Specialty Courts Advisory Council.
  - Five members represent the public.

Signed by the Governor. Effective September 1, 2023.

[HB 2951](#)-Buckley-Amends Texas Government Code 434, Subchapter A-Texas Veterans Commission.

Authorizes the Texas Veterans Commission (TVC) to establish a Service Dog Pilot Program for veterans experiencing service-related post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) or military sexual trauma.

Signed by the Governor. Effective September 1, 2023.

[HB 3009](#)-VanDeaver-Amends Texas Estates Code 1101, General Procedure to Appoint Guardian.

Allows an Advanced Practice Registered Nurse (APRN) to determine whether a person is incapacitated for the purposes of guardianship proceedings if the APRN is acting under a physician's delegation authority and supervision in accordance with Texas law.

Signed by Governor. Effective September 1, 2023.

[HB 3144](#)-Lujan-Amends Texas Government Code 662, Subchapter D.

Designates October as Fentanyl Poisoning Awareness Month.

Signed by Governor. Effective September 1, 2023.

[HB 3186](#)-Leach-Amends Texas Code of Criminal Procedure 45-Justice and Municipal Courts.

Section 1-Title-Youth Diversion and Early Intervention Act.

Section 2-Amends Texas Code of Criminal Procedures to add Subchapter E-Youth Diversion.

- Provides definitions by adding Texas Code of Criminal Procedures 45.301.
- Adds Texas Code of Criminal Procedure 45.302-Establishes youth diversion programs for children in municipal and justice courts charged with offenses punished by a fine only, other than a traffic offense.
- Adds Texas Code of Criminal Procedure 45.303 to establish that nothing in the newly enacted Subchapter E precludes a case involving a child from being referred, adjudicated or dispose of as conduct indicating a need for supervision under Texas Family Code-Title 3-Juvenile Justice Code, or a waiver of criminal jurisdiction and transfer of a child's case under Texas Family Code 51.08-Transfer from Criminal Court.
- Adds Diversion Eligibility in Texas Code of Criminal Procedure 45.304.
  - A child is ineligible for diversion:
    - » More than once a year.
    - » If the child has had a previous unsuccessful diversion attempt.
    - » If the attorney representing the state objects.
    - » If the child's parents do not give written consent.
- Adds Diversion Strategies in Texas Code of Criminal Procedures 45.305 including:
  - Teen court, school-related programs, educational, alcohol awareness, tobacco awareness, drug education, rehabilitation, self-improvement programs.
  - May be referred to services including those for at-risk youth, case management, work and job skills training, academic monitoring and tutoring, community-based services, mental health, mentoring.
  - May require mediation, drug and alcohol testing, substantially comply with treatment recommended by a physician or mental health professional, payment of restitution not over \$100, perform community service or other reasonable actions determined by the court.
  - Allows diversion strategies to be imposed under:
    - » Texas Code of Criminal Procedures 45.309-Intermediate Diversion for up to 180 days.
    - » Texas Code of Criminal Procedures 45.310-Diversion by Justice or Judge for up to 180 days.
    - » Texas Education Code 37.144-Graduated Sanctions for Certain School Offenses.
  - May not require a home-schooled child to attend a school and may not select curriculum.
- Youth Diversion Plan-Adds Texas Code of Criminal Procedure 45.306
  - Each justice and municipal court shall adopt a youth diversion plan.
  - May be for a county, municipality, or for an individual court with a county or municipality.
  - Local governments may enter into agreements to create a regional youth diversion plan.
  - May include an agreement with a provider of services.
  - May include non-mandatory guidelines for disposition of or diversion of cases by law enforcement.
  - Must be maintained and filed for public inspection.
  - A court or local government may adopt rules to coordinate services or implement the youth diversion program.
- Youth Diversion Coordinator-Adds Texas Code of Criminal Procedure 45.307
  - A court may designate a youth diversion coordinator to determine eligibility, employ authorized strategies, presenting and maintain agreements, monitoring diversions, maintain records of successful or unsuccessful completions, coordinate referrals.

## HB 3186-Leach-continued

- Responsibilities of Youth Diversion Coordinator may be performed by a court administrator, court clerk, a person who regularly performs such duties, a person who provides juvenile case management services, a community supervision and corrections officer, a juvenile probation officer, a county or municipal employee, a peace officer, a community volunteer, an institution of higher education or a nonprofit organization that the court determines to be qualified.
- Diversion Agreements-Adds Texas Code of Criminal Procedure 45.308
  - Requires diversion agreements specifying the responsibilities of the child and the child's parents, and the consequences of compliance or non-compliance.
  - Objectives must be measurable, realistic, reasonable, consider the circumstances and best interests of the child and the long-term safety of the community.
  - Agreements must:
    - » Be clear and concise, identify the offense/charge diverted, one or more diversions required to be completed by the child.
    - » Possible outcomes or consequences of either successful or unsuccessful diversion.
    - » Participation does not require an admission of guilt or a guilty plea.
    - » Explanation of review and monitoring process.
    - » The period of the diversion.
    - » Process for reviewing and monitoring compliance.
    - » The period of diversion.
    - » Written consent by the child and the child's parent.
- Intermediate Diversion-Adds Texas Code of Criminal Procedure 45.309
  - Child and child's parent must be advised that the case may be diverted for not more than 180 days if:
    - » The child is eligible.
    - » Diversion is in the best interests of the child and promotes long-term community safety.
    - » Child and parents know diversion is optional and consent to diversion.
    - » If child or parent terminates diversion at any time, the case will be referred to court.
  - Terms of diversion agreement must be in writing.
  - If the child successfully complies with the diversion agreement, the case will be closed and reported as successful to the court.
  - If the child does not comply, the case shall be referred to the court under newly enacted 45.311.
- Diversion by Justice or Judge-Adds Texas Code of Criminal Procedure 45.310 to provide procedures for a child who is eligible for diversion:
  - If child does not contest the charge, a justice or judge shall divert the case.
  - If the child contests the charge, a justice or judge shall divert the case at the conclusion of the trial on a finding of guilt without entering a judgement of conviction under 45.041-Judgement.
  - Diversion may not exceed 180 days.
  - Diversion agreement must be in writing and include diversion strategies.
  - Successful completion shall be reported to court and case closed.
  - Noncompliance with terms will result in case being referred to court.

## HB 3186-Leach-continued

- Referral to Court-Adds Texas Code of Criminal Procedure 45.311
  - Requires a non-adversarial hearing for a child who does not successfully complete diversion.
  - Court confers with child and parents to determine if diversion should be determined unsuccessful.
  - Court may also confer with any person who may be of assistance to the child or court in determining the best interest of the child and long-term community safety.
  - The court may:
    - » Amend the terms of diversion.
    - » Extend the diversion the diversion agreement for up to one year.
    - » Issue a continuance for up to 60 days to allow another opportunity for compliance.
    - » May require child's parent to act or refrain from acting in a way that will increase the child's likelihood of successful completion. This is enforceable by a charge of contempt of court.
    - » May find diversion successful on basis of substantial compliance.
    - » Find the diversion unsuccessful and transfer the child to Juvenile Court or refer the charge to the prosecutor to consider re-filing charges.
    - » A court may not interfere with a parent's fundamental right to raise their child, unless the court finds that interference is necessary to prevent significant impairment of the child's physical, mental or emotional health.
- Local Youth Diversion Administrative Fee-Adds Texas Code of Criminal Procedure 45.312.
  - Allows a \$50 administrative fee, which may be waived in cases of indigency or financial hardship.
  - No other fees may be assessed.
  - Diversion of the child may not be contingent upon payment of the fee, but parent who is able to pay could be held in contempt of court for non-payment.
  - Requires the clerk of the court to keep records of fees collected and forward funds to appropriate municipal or county treasurer.
- Diversion Records-Adds Texas Code of Criminal Procedure 45.313.
  - Requires a justice or municipal court to maintain statistics for each diversion strategy.
  - All records other than statistics are confidential.
  - All records pertaining to a child shall be expunged on the child's 18<sup>th</sup> birthday.

Sections 3, 4, 5, 6, 7, 8,9, 10 and 11 amend the following Texas Codes of Criminal Procedure to include Subchapter E on the youth diversion justice and municipal courts:

- 45.0215(a) Plea by Minor and Appearance of Parent.
- 45.041-Judgement.
- 45.049-Community Service in Satisfaction of Fine or Costs.
- 45.056-Juvenile Case Managers.
- 102.014-Fines for Child Safety Fund in Municipalities
- 102.0171-Fines: Juvenile Delinquency Prevention Funds.

Sections 12, 13,14, 15,16, 17, 18 amend other Texas Codes:

- Texas Family Code 264.302-Early Youth Intervention Services.
- Texas Government Code 22.1105-Judicial Instruction Related to Certain Alleged Child Offenders.
- Local Government Code 133-Consolidated Fees on Conviction.
- Local Government Code 134-Criminal Fees Payable to Local Government.

## HB 3186-Leach-continued

- Amends Texas Local Government Code 134.156-Local Truancy Prevention and Diversion Fund. Allows a county or municipality that does not have a juvenile case manager to direct funds to be used to support the “LMHA/LBHA, juvenile alcohol and substance abuse programs, educational and leadership programs, teen court programs, and any other project designed to prevent or reduce the number of juvenile referrals to the court”.
  - Requires each justice and municipal court to implement a youth diversion plan by January 1, 2025.
  - Offenses committed before January 1, 2025 are governed by the law in effect on the date of the offense.
- Signed by Governor. Effective January 1, 2024.

## HB 3286-Klick-Regarding prescription drug benefits under Medicaid and CHIP.

### Section 1-Amends Texas Government Code 531-Health and Human Services Commission

- Adds 531.0691-Vendor Drug Program Inclusion.
  - Directs HHSC to ensure that the vendor drug includes all drugs and national drug codes on the federal Medicaid Drug Rebate Program if a certificate of information to request the drugs inclusion has been submitted to and approved by HHSC or is pending review.
  - If HHSC determines the drug is appropriate for dispensing through an outpatient pharmacy, HHSC shall make the drug provisionally make the drug available under the vendor drug program for
    - » 90 days after the form was submitted or
    - » The date HHSC approves or denies the drug’s inclusion.

Directs HHSC to note the provisional availability of the drug and remove the drug from the program on the expiration of the 90-day period or on the date HHSC denies its inclusion on the formulary.

### Section 2-Amends Texas Government Code 533-Medicaid Managed Care Program.

- Adds Subchapter C-Prescription Drug Benefits under Certain Outpatient Pharmacy Benefit Plans.
- Adds Preferred Drug List Exceptions-533.071.
- Directs HHSC to adopt rules allowing exceptions to the preferred drug list if the drug:
  - Is contraindicated.
  - Will likely cause an adverse reaction, or physical/mental harm to the person.
  - Is expected to be ineffective.
- Directs HHSC to adopt rules allowing exceptions to the preferred drug list if the recipient:
  - Previously discontinued the drug because it was not effective, had diminished effect or resulted in an adverse event.
  - Was prescribed and is taking a nonpreferred antidepressant or antipsychotic drug and the recipient:
    - » Was prescribed the drug before being discharged from an outpatient facility,
    - » Is stable on the nonpreferred drug and
    - » Is at risk of experiencing complications from switching from the nonpreferred drug to another drug or
    - » The preferred drug is not available for reasons outside the Medicaid Managed Care Organization’s (MCO’s) control, including:
      - The drug is in short supply according to the FDA Drug Shortages Database or
      - The drug’s manufacturer has placed the drug on backorder or allocation.
- Exceptions does not subject the MCO to liquidated damages for failing to comply with the preferred drug list.



HB 3286-Klick-continued.

Section 3-Amends Texas Government 531.072-HHSC-Preferred Drug Lists.

• Notwithstanding the requirement in 531.072 (b) that the preferred drug lists may contain only drugs provided by a manufacturer or labeler that reaches an agreement with HHSC on supplemental rebates, The preferred drug lists must contain all therapeutic equivalents for a generic drug on the preferred list.

- Directs HHSC to:
  - Develop an expedited review process to consider MCO and provider requests to add drugs to the preferred drug list.
  - Directs HHSC to grant temporary non-preferred status to new drugs that are available but have not yet been reviewed by the drug utilization review board.
  - Establish criteria for authorizing drugs with temporary non-preferred status.

Section 4-Amends Texas Government Code 531.073(b) to delete requirement of meeting of the Drug Utilization Review Board.

Section 5-Amends Texas Government Code 531.0736 (c) and (d) to require HHSC to include three representatives of managed care organizations as voting members, all of whom must be physicians or pharmacists. These three members may not attend portions of executive sessions in which confidential drug pricing information is shared.

Section 6-Directs appropriate state agencies to apply for any required waivers or authorizations required to implement HB 3286.

Signed by the Governor. Effective September 1, 2023.

HB 3359-Bonnen-Amends Texas Insurance Code 1301-Preferred Provider Benefit Plans.

- Section 1-Adds definition for “Post-emergency stabilization care.
- Section 3-Requires insurers to ensure that emergency care and post emergency stabilization care are reasonably available to all insureds within the designated service area. Service areas may include noncontiguous geographic areas but may not divide a county.
- Section 4-Adds post-emergency stabilization care to emergency care portions of the Insurance Code.
- Section 5-Adds a section on Network Adequacy Standards. Includes a requirement for necessary hospital services including psychiatric hospitals and urgent care for behavioral health conditions.
- Section 6-Designates maximum travel time, distance, and appointment waiting standards. Please see tables on the next page
- Section 7-Requires review of preferred provider benefit plans before insurer offers plan to insureds.
- Section 8-Requires public hearings on network adequacy standards waivers. If a waiver is granted, insurer must submit an access plan to the Department of Insurance explaining how the insurer will coordinate care to limit the likelihood a balance bill for service subject to those provisions and not to justify a departure from network adequacy standards.
- Section 9-Adds waivers requested and granted, material deviations, corrective actions and sanctions to be added to required reports.
- Section 10-Prohibits adverse material changes to contracts with physicians, health care practitioner or organizations of physicians or practitioners.

Please see [Maximum Travel Time, Travel Distance and Appointment Wait tables on the next page.](#)

**Maximum Travel Time and Travel Distance Standards**

Provider/Specialty	Maximum Time	Maximum Distance
<i>Large Metro Counties</i>		
Psychiatry	20 minutes	10 miles
Inpatient or Residential Behavioral Health	30 minutes	15 miles
Outpatient Clinical Behavioral Health	10 minutes	5 miles
<i>Metro Counties</i>		
Psychiatry	45 minutes	30 miles
Inpatient or Residential Behavioral Health	70 minutes	45 miles
Outpatient Clinical Behavioral Health	15 minutes	10 miles
<i>Micro Counties</i>		
Psychiatry	60 minutes	45 miles
Inpatient or Residential Behavioral Health	100 minutes	75 miles
Outpatient Clinical Behavioral Health	30 minutes	20 miles
<i>Rural Counties</i>		
Psychiatry	75 minutes	60 miles
Inpatient or Residential Behavioral Health	90 minutes	75 miles
Outpatient Clinical Behavioral Health	40 minutes	30 miles
<i>Counties with Extreme Access Considerations</i>		
Psychiatry	110 minutes	100 miles
Inpatient or Residential Behavioral Health	155 minutes	140 miles
Outpatient Clinical Behavioral Health	70 minutes	60 miles

**Maximum Appointment Wait Time Standards for Routine Care from Preferred Providers**

Type of Care	Wait Time for Appointment
Medical conditions	Within 3 weeks
Behavioral health conditions	Within 2 weeks
Preventive health services-Child	Within 2 months or earlier if necessary for compliance with recommendations for a specific service.
Preventive health services-Adult	Within 3 months

Signed by the Governor. Effective September 1, 2023.

[HB 3462](#)-Noble-Amends Texas Government Code 351.991-Consolidates ombudsman programs administered by HHSC.

- Moves ombudsman programs from jurisdiction of Texas Department of Family and Protective Services to HHSC.
- Directs HHSC to establish ombudsman programs for individuals in or needing:
  - Children and youth in foster care.
  - Managed care.
  - Access to behavioral health care.
  - Care for intellectual or developmental disabilities.

[Section 5](#)-Office of Ombudsman-Texas Government code 531.0171.

- Directs HHSC Executive Commissioner establish an Office of Ombudsman responsibilities for dispute resolution, consumer protection and advocacy, collecting inquiry and complaint data.

HB 3462-Noble-continued.

- Directs HHSC to develop standard process for tracking and reporting inquires and complaints to field, regional, or other local health and human services system offices.
    - Duties of Ombudsman are to serve as an impartial party assisting children/youth in conservatorship and persons with a complaint against HHSC.
  - Ombudsman shall develop and implement statewide procedures to
    - Receive and review complaints.
    - Conduct investigations.
    - Refer to HHSC or appropriate department any trends or systemic problems identified.
    - Provide necessary assistance to individuals making complaints.
    - Maintain confidentiality of communication and records.
    - Inform complainant of results of investigation.
    - Develop and implement annual outreach to promote awareness of ombudsman programs.
      - » How to contact ombudsman.
      - » Purpose of ombudsman.
      - » Services provided by ombudsman.
    - File a report with HHSC or department of final determination of complaints and recommended action.
    - Establish a secure form of communication between complainant and ombudsman.
    - Identify consequences for retaliatory actions.
    - Monitor and evaluate corrective actions.
  - Directs HHSC to establish an ombudsman program to provide support and information services to a consumer enrolled in or applying for a behavioral health program.
  - Directs HHSC to establish an ombudsman program to assist a client or a person acting on behalf of an individual with IDD, or a group of individuals with IDD with a complaint or grievance regarding the infringement of the rights of an individual with an IDD or the delivery of IDD service.
  - If the ombudsman discovers unreported complaints in the investigation of the original complaint, the ombudsman shall open a new investigation for each unreported complaint.
  - Provides for access to information and confidentiality.
  - Retaliation against good-faith complainants is prohibited.
  - Ombudsman required to file an annual report including systemic problems identified in the investigation of individual complaints. Report goes to Governor, Lieutenant Governor, each standing committee of the Texas Legislature with jurisdiction over HHSC, each member of the Legislature and the executive commissioner of HHSC.
  - Authorizes state agencies to apply for federal authorizations or waivers required to implement HB 3462.
- Signed by the Governor June 12, 2023. Effective immediately.

[HB 3466](#)-Campos-Regarding Community Collaboratives.

Section 2-Amends Texas Government Code 539.002(a) and (b).

- Directs DSHS to give special consideration to
  - Establishing new collaboratives
  - Collaboratives serving two or more rural counties, each with populations less than 100,000.
  - Providing services to an average of at least 50% of persons experiencing homelessness in a geographic area served by a Continuum-of-Care program funded by the US Department of Housing and Urban Development (HUD) according to the last three HUD Point-in-Time surveys of homelessness.
- Grantees are expected to:
  - Leverage additional funding and in-kind contributions.
  - Provide evidence of significant collaboration with LBHA/LMHAs, municipalities local law enforcement, and other stakeholders
  - Provide evidence of local law enforcement's jail diversion policies, or diversion from mental health facilities to an entity of the collaborative for the purpose of providing services.
- Requires a biennial report of:
  - The method DSHS used to award grants.
  - The amount of each grant awarded.
  - The number of individuals served by each community collaborative.
  - Results of outcome measures
- Report to be sent to Lieutenant Governor, Speaker of the House of Representatives each standing committee of the Texas Legislature with jurisdiction over DSHS and state finance, and the LBB.

Signed by the Governor. Effective September 1, 2023.

[HB 3858](#)-Frazier-Amends Texas Government Code, Title 4, Subtitle B.

- Allows law enforcement agencies to establish and maintain a mental health wellness unit within the agency for peace officers to identify officers that respond to violent incidents that may result in loss of life, homicides, suicides, or fatal motor vehicle accidents.
- Minimum requirements:
  - An initial telephone call or other form of contact to monitor the mental and physical well-being of an officer who may have been affected by a violent incident.
  - Provide information regarding mental health resources, counseling and therapy services.
- Establishes the Peace Officer Wellness Fund and Grant Program Fund composed of:
  - Money appropriated by the Legislature to HHSC for this purpose.
  - Gifts, grants and contributions.
  - Earnings of the fund.
- HHSC may only use the funds for making grants for the Peace Officer Wellness Program.
- Peace Officer Wellness Grant Program.
  - Purpose is to assist law enforcement agencies in establishing and maintaining peace officer wellness programs.
  - HHSC shall establish:
    - » Grant eligibility criteria
    - » Application procedures
    - » Guidelines for amount of grant awards

#### HB 3858-Frazier-continued

- » Application evaluation procedures
  - » Guidelines for use of grants including reimbursement of costs of counseling and therapy services
  - » Monitoring procedures
  - The wellness unit should maintain and provide a list of verified counselors, therapists, and support resources available to the officer.
  - Wellness unit should include any additional requirements as determined by HHSC.
  - Establishes a Peace Officer Mental Health Fund and Grant Program administered by HHSC.
  - HHSC shall prescribe program requirements by January 1, 2024.
- Current Status: Signed by the Governor. Effective September 1, 2023

#### [HB 3908](#)-Wilson-Amends Texas Education Code 28.004-Local School Health Advisory Council and Health Education Instruction.

- Adds appropriate grade levels and curriculum for instruction regarding the dangers of opioids, opioid addiction and abuse of synthetic opioids such as fentanyl.
- Establishes Fentanyl Poisoning Awareness Week in public schools.
- Requires ISDs to provide research-based instruction related to fentanyl abuse prevention and drug poisoning awareness for Grades 6-12, including:
  - Suicide prevention
  - Prevention of fentanyl abuse and addiction
  - Local school and community resources and how to access them.
  - Substance use and abuse including SUD in youth.
- Instruction may be provided by an institution of higher education, a library, a community service organization, a religious organization, a local public health agency or an organization employing mental health professionals.

Fentanyl abuse prevention and drug poisoning awareness education in public schools.

Signed by Governor on June 17, 2023. Effective immediately.

#### [HB 3928](#)-Toth-Amends Texas Education Code related to dyslexia evaluations and services in public schools. Text in Texas Education Code 37.023 (d) (2) (B) mentions LBHA/LMHAs, however the LBHA/LMHA role remains unchanged. Signed by Governor June 10, 2023. Effective immediately.

#### [HB 4085](#)-Spiller (Perry)-Amends Texas Health and Safety Code 571.018 (h) and (j).

Current law prohibits the State of Texas or a county from paying costs of a patient committed to a private mental hospital unless no public facility is available, and the county commissioners authorize the payment.

- In (h), HB 4085 provides an exception to the above prohibition to allow the State of Texas or a county to pay filing fees or other costs associated with mental health hearings.
- Amends (j) to require a probate court judge to order the clerk of the court to refund court costs paid or advanced for a person by a state hospital, a private hospital, an LMHA/LBHA, or a general hospital with a psychiatric unit.
  - Requires an affidavit certifying that the facility received no compensation or reimbursement for the treatment of the person, provided treatment under contract with an LBHA/LMHA or provided treatment and was only reimbursed under Medicaid.

Signed by the Governor. Effective September 1, 2023.

[HB 4123](#)-Guiellen-Aligns Texas statutes with federal FBI criteria for use of criminal background checks. Amends various Texas statutes to related to Texas Government Code 411-Department of Public Safety regarding to the ability of state agencies to obtain criminal history information, and responsibilities for destruction of the information after the information is used for its authorized purposes, including, in Section 26, the Texas Department of State Health Services, Health and Human Services Commission, LBHA/LMHAs, LIDDAs and Community Centers. Signed by the Governor June 13, 2023. Effective immediately.

[HB 4415](#)-Tepper-Transfers the title for Sunrise Canyon Hospital in Lubbock from HHSC to Lubbock Regional MHMR Center, doing business as StarCare Specialty Health System. Signed by the Governor. Effective September 1, 2023.

[HB 4611](#)-Price-Amends various state codes to make non-substantive revisions of laws governing Health and Human Services Commission, Medicaid, LBHA/LMHAs and other social services, primarily by reorganizing and renumbering sections of current law.

- Adds twenty new chapters to the Texas Government Code.
  - 521-General Provisions
  - 522-Provisions Applicable to all Health and Human Services Agencies and Certain State Entities.
  - 523-HHSC
  - 524-Authority Over Health and Human Services System.
  - 525-General Powers and Duties of Commission and Executive Commissioner.
  - 526-Additional Powers and Duties of Commission and Executive Commissioner.
  - 532-Medicaid Administration and Operation in General.
  - 540-Medicaid Managed Care Program.
  - 540A Medicaid Managed Transportation Services.
  - 542-System Redesign for Delivery of Medicaid Acute Care Services and Long-term Services and Supports to Individuals with an Intellectual or Developmental Disability.
  - 543-Clinical Initiatives to Improve Medicaid Quality of Care and Cost-Effectiveness.
  - 543A-Quality-Based Outcomes and Payments Under Medicaid and Child Health Plan Program.
  - 544-Fraud, Waste, Abuse and Overcharges Relating to Health and Human Services.
  - 545-Certain Public Assistance Benefits.
  - 546-Long-Term Care and Support Options for Individuals with Disabilities and Elderly Individuals.
  - 547-Mental Health and Substance Use Services.
  - 547A-Community Collaboratives.
  - 548-Health Care Services Provided Through Tele-Connective Means.
  - 549-Provision of Drugs and Drug Information.
  - 550-Human Services and Other Social Services Provided Through Faith-and Community-Based Organizations.
- An individual who has a financial interest in a corporation, organization, or association under contract with an LBHA/LMHA may not be appointed as HHSC Executive Commissioner.
- HHSC shall provide joint training for children’s caseworkers employed by DSHS, HHSC, LBHA/LMHA/LIDDAs.

#### HB 4611-Price-continued

- Lists Mental Health and Substance Use Services formerly in Texas Government Code 531 in proposed a new portion of the Texas Government Code Chapter 547 and proposed titles of sections. Section 547.0005-LBHA/LMHA Group Regional Strategies; Annual Report.
  - Section 547.0255- LBHA/LMHA Involvement.
  - Section 547.0052-Texas System of Care Framework.
  - Section 574.0354-Community Collaborative Eligibility; Certain Grants Prohibited.
    - Requires that LBHA/LMHA must be part of the collaborative to request a grant.
  - Section 547.0404-Community Collaborative Eligibility.
    - Requires that LBHA/LMHA must be part of the collaborative to receive a grant.
  - Section 547.0001-Grants for Establishing and Expanding Community Collaboratives.
  - Section 574.0005 Plan Required for Certain Community Collaboratives.
- Re-words Texas Family Code 58.0051(a) (2) to refer to Texas Government  
Signed by Governor. Effective April 1, 2025.

#### [HB 4696](#)-Noble-Amends Texas Health and Safety Code 142-Investigations of Abuse, Neglect, Exploitation.

- [Section 4](#)-Amends Texas Health and Safety Code 142.009 (j). Changes onsite surveys of Home and Community Support Services from within 18 months of an initial license to within 36 months.
- [Section 19](#)-Amends Human Resources Code 48.255-Rules for Investigations.  
Directs HHSC to adopt rules with related to investigations:
  - Primary criterion should be if there is a risk that a delay will impede collection of evidence.
  - Provide an appeals process for the alleged victim of abuse, neglect or exploitation.
  - Confirmed investigation finding by HHSC may not be changed by the facility administrator, a community center, a LBHA/LMHA or a LIDDA.

Signed by Governor. Effective September 1, 2023.

#### [HB 4758](#)-Theiry, Anderson, Slawson et al-Protecting Children from Electronic Cigarette Advertising Act. Prohibits e-cigarette manufacturers from marketing vaping products to attract youth. Offense is a Class B misdemeanor.

Signed by Governor. Effective January 1, 2024.

#### [HB 4888](#)-Hefner-Amends Texas Human Resources Code 32, Subchapter B.

Authorizes Medicaid Coverage for non-opioid analgesic treatments.

Signed by Governor. Effective September 1, 2023.

#### [HB 5183](#)-Guillen-Amends Texas Alcoholic Beverage Code, Texas Code of Criminal Procedure, Texas Family Code, and Texas Transportation Code.

- Changes terminology in statutes related to educational programs for driver's license suspension after certain offenses. Deletes the word "drug" or "drug abuse" and adds the words "substance misuse".
- Updates references to DSHS and HHSC.

Signed by the Governor on June 18, 2023. Effective immediately.





## TEXAS SENATE BILLS

**SB 24**-Kolkhorst-Amends Texas Human Resources Code to transfer certain powers and duties from the Texas Department of Family and Protective Services to the Texas Health and Human Services Commission, including family support services that address substance use.

**SB 26**-Kolkhorst—Amends several Texas statutes related to LBHA/LMHA audits and mental and behavioral health reporting, services and programs.

- **Section 1**-Amends Texas Education Code 8.15-Adds definitions of HHSC Executive Commissioner, Local Mental Health Authority, and Non-physician mental health professional to Subchapter E-Mental Health and Substance Use Resources for School District Personnel.
- **Section 2**-Amends Texas Education Code 8.152-Employment of Non-Physician Mental Health Professional As Mental Health and Substance Use Resource.
  - Allows LBHA/LMHA to request a waiver to hire a licensed LMSW or a licensed LPC-Associate as the non-physician mental health professional at the Regional Education Service Center if the LBHA/LMHA is unable to employ a professional who qualifies.
  - The person must carry out the functions and duties stipulated in Texas Education Code 8.155.
- **Section 3**-Amends Texas Government Code 531 to add 531.09915-Innovation Matching Grant Program for Meant Health Early Intervention and Treatment.
  - Defines “Inpatient mental health facility”, “Program”, and “State Hospital”.
  - Establishes a matching grant program for mental health early intervention and treatment aimed at children and families to:
    - » Improve relationship skills.
    - » Improve self-esteem.
    - » Reduce involvement in juvenile justice system.
    - » Avoid relinquishment,
    - » Avoid emergency room use.
    - » Should include training, services, and supports for:
      - Community-based initiatives.
      - Agencies that provide services for children and families.
      - Individuals who work with children showing atypical social or emotional development or challenging behaviors, or their caregivers.
      - Children at risk for placement in foster care.
      - Children at risk for placement in the juvenile justice system.
  - Contract will be between HHSC and the grant recipient.
  - HHSC shall establish application and eligibility rules and requirements.
    - » Eligible entities are hospitals, private mental hospitals, hospital districts, LBHA/LMHAs, School districts, child care facilities, counties, municipalities, non-profit organizations ~~or any other entity~~ HHSC deems appropriate.
  - HHSC shall give priority to entities that work with children and families at high risk of crisis or developing a mental health condition to reduce:
    - » Future need for intensive mental health services
    - » The number of children at risk of placement in foster care or the juvenile justice system
    - » Demand for beds in state hospitals, inpatient mental health facilities and residential behavioral health facilities.

## SB 26-Kolkhorst-continued

- A ten percent match is required.
- Grants may only be used to develop innovative strategies to develop resilience, coping skills, social skills, healthy social and familial relationships and parenting skills and behaviors.
- Grants may not be used for expenses that another source is obligated by law to pay or reimburse or supplant or substitute from another federal source.
- Administrative costs may not exceed five percent.
  
- Section 4-Amends Texas Government Code 531-HHSC  
Adds 531.09991-Plan for the Transition of Care for Certain Individuals
  - Directs HHSC to develop plan to reserve nursing home beds for individuals who require high levels of nursing care and behavioral health supports and services by January 1, 2025.
  - Allows HHSC to implement the plan if HHSC determines that it will increase the amount of available general revenue for the state.
  
- Section 5-Amends Texas Government Code 531.1025-Performance Audits and Coordination of Audit Activities
  - Directs HHSC Office of Inspector to conduct:
    - Performance audits of LBHA/LMHAs at least once every five years.
    - Establish a financial audit schedule at least once every three years.
    - Conduct additional audits as necessary based on adverse findings in previous audits.
  
- Section 6-Amends Texas Health and Safety Code 534.0535-Joint Discharge Planning.
  - Requires HHSC to adopt or amend, and DSHS to enforce rules to require continuity of services between DSHS facilities and LBHA/LMHAs.
  - Rules must specify LBHA/LMHA's responsibility for ensuring the successful transition of patients determined to be medically appropriate for discharge.
  - Require participation by a DSHS facility in joint discharge planning with the LBHA/LMHA.
  - LBHA/LMHA shall arrange for provision of services upon discharge.
  - HHSC shall require at least one employee from each facility to provide transition support services for discharged patients.
  - Transition support services by LBHA/LMHA.
    - Must complement joint discharge planning efforts.
    - May include enhanced services and supports necessary for viable discharge or outpatient management plans, and post-discharge monitoring for up to one year to reduce readmission.
  - HHSC shall concentrate on transition support for patients who had multiple admissions and discharges from a facility multiple times during a 30-day period or in a facility more than 365 consecutive days.
  
- Section 7-Amends Texas Health and Safety Code 572-Voluntary Mental Health Services.
  - Adds 572.0026-Voluntary Admission Restrictions.
  - Allows an inpatient mental health facility administrator or designee to only approve a person for voluntary admission if there is available space at the facility.

SB 26-Kolkhorst-continued

- Section 8-Amends Texas Health and Safety Code 1001.084
  - Updates language regarding the inclusion of LBHA/LMHAs and LIDDAs to the Mental Health and Substance Abuse Public Reporting System.
  - Requires DSHS to post measures monthly or as frequently as possible, deleting statutory language regarding quarterly or semiannual postings.
  - Outcome measures that must be included:
    - Inpatient psychiatric care diversions.
    - Avoidance of emergency room use.
    - Criminal justice diversions.
    - Numbers of people who are homeless served.
    - Access to timely and adequate screening and rapid crisis stabilization services
    - Timely access to and appropriate treatment from community-based crisis residential services and hospitalization.
    - Improved function as a result of medication-related and psychosocial rehabilitation services.
    - Number of people referred to:
      - » A state hospital.
      - » A state-supported living center (SSLC).
      - » Community-based hospital.
    - Length of time between referral and admission.
    - Length of stay.
    - Length of time between when the date the person is determined ready for discharge/transition and the actual date of discharge/transition.
    - Rate of denial of services or requests for assistance from jails or other entities.
      - » Reason for the denials.
    - Quality of care in community-based services.
    - Quality of care in state facilities.
    - Average number of hours of service provided to individuals in a full level of care compared to the recommended number of hours of service.
    - Other relevant information to determine the quality of services provided.
  - LIDDA is only required to report on the above information as related to State Supported Living Centers.
  - HHSC shall establish rules related to non-physician mental health professional by November 1, 2024.
  - Repeals Texas Health and Safety Code 1001.084 (e).
  - Authorizes HHSC to apply for any necessary federal waivers to implement this Act.

Signed by Governor. Effective September 1, 2023.

[SB 63](#)-Zaffirini-Amends Texas Government Code 531, Subchapter B to add Section 531.0932.

Directs HHSC and the Texas Veterans Commission collaborate on the production of an instruction guide for families and caregivers of veterans who have mental health disorders to be available on each agency website to include:

- General information about mental health disorders.
- Techniques for handling crisis situations including mental health first aid.
- Techniques for coping with stress of living with a person with a mental health disorder and
- Services available to families and caregivers of veterans with mental health disorders that are provided by HHSC, the Texas Veterans Commission (TVC), other state agencies, community organizations and mental health services providers.
- The guide shall be published on both HHSC at TVC websites.

Signed by Governor May 23, 2023. Effective immediately.

[SB 188](#)-Miles. Companion-[HB 1219](#)-Reynolds

Amends Health and Safety Code, Title 9, Subtitle A, adds Chapter 769-Regulation of Certain Group Homes.

- Defines a “group home” as an establishment that provides, in one or more buildings:
  - Lodging to three or more residents who are unrelated to the owner by blood or marriage.
  - Community meals, light housework, meal preparation, transportation, grocery shopping, money management, laundry services or assistance with self-administration of medication.
  - Does not provide personal care services defined by Health and Safety Code 247.002(5) (A) and (B): (assistance with feeding, dressing, moving, bathing or other personal needs or maintenance, general supervision or oversight of the physical or mental well-being of the person needing assistance to maintain a private and independent residence in an assisted living facility, or assistance to manage the person’s personal life.
  - *Note:* The above definition of a group home mirrors the definition of a boarding home in HB 216, 81<sup>st</sup> Regular Session-2009, which added Chapter 254-Boarding Home Facilities to the Texas Health and Safety Code, and in the ordinances of some municipalities that have chosen to regulate boarding homes within their city limits.
- SB 188 does not apply to persons licensed as:
  - H&S Code 142-Home and Community Support Services.
  - H&S Code 242-Convalescent and Nursing Facilities.
  - H&S Code 246-Continuing Care Facilities.
  - H&S Code 247-Assisted Living Facilities.
  - H&S Code 252-Intermediate Care Facilities for Individuals with IDD.
- SB 188 does not apply to a person, establishment or facility exempt from licensing under:
  - H&S Code 142.003(a) (19)-Providing home health, hospice, habilitation or personal assistance services only to persons receiving benefits under the Home and Community-based Services (HCS) waiver program.
  - H&S Code 242.003(3)-An establishment conducted by or for the adherents of a well-recognized church or religious denomination for the purpose of providing facilities for the care or treatment of the sick who depend exclusively on prayer or spiritual means for healing, without the use of any drug or material remedy, if the establishment complies with safety, sanitary and quarantine laws and rules.
  - H&S Code 247.004 (4)-A facility that provides personal care services provided only to persons enrolled in a program that is funded and monitored by DSHS or the Local Intellectual and Developmental Disabilities Authority (LIDDA).

## SB 188-Miles-continued

- A hotel, retirement community, monastery, convent, licensed child-care facility, licensed family violence shelter, a sorority or fraternity house, a college or university dormitory.
- Adds Section 769.003-Criminal History Record Information Requirement for Applicants and Employees-Criminal Penalty.
  - Requires group homes must perform criminal background checks on employees, and to prohibit hiring of any person convicted of a Class A misdemeanor or a felony including criminal homicide, kidnapping, unlawful restraint, smuggling of persons, trafficking of persons, sexual offenses, assault, offenses against the family, arson, criminal mischief, property damage, property destruction, robbery, burglary, criminal trespass, theft, fraud, computer crimes, telecommunications crimes, money laundering, insurance fraud, health care fraud, conduct affecting public health, or organized crime.
  - An owner or operator of a group home who violates SB 188 commits a Class A misdemeanor.

Signed by Governor 5/23. Effective September 1, 2023.

## SB 240-Campbell. Amends Texas Health and Safety Code Title 4 to add Subtitle H-Chapter 331.

Related to workplace violence at a home and community support services agency, hospital, nursing facility, ambulatory surgical center, freestanding emergency medical care facility or mental hospital.

- 331.001-Adds definitions for “HHSC”, “workplace violence prevention committee”, and “facility”.
  - 331.002 Requires each facility to establish a workplace violence prevention committee or authorize an existing committee to develop a workplace violence prevention plan. Committee must include:
    - One registered nurse who provides direct care to patients in the facility.
    - One physician licensed in Texas who provides direct care to patients in the facility.
    - One employee of the facility who provides security services if any and if practicable.
- 331.003 Requires a written workplace violence prevention policy that:
  - Provides significant consideration of the plan recommended by the committee.
  - Evaluates existing violence prevention plans.
  - Allows providers and employees to submit confidential information.
  - Protects providers and employees from retaliation.
  - Complies with HHSC rules.
- 331.004 Requires adoption, implementation, and enforcement of a violence prevention plan that:
  - Is based on the practice setting,
  - Defines “workplace violence” as “an act or threat of physical force against a health care provider or employee that results in, or is likely to result in, physical injury or psychological trauma, an incident involving the use of a firearm or other dangerous weapon”.
  - Requires annual workplace violence prevention training or education.
  - Prescribes a system for responding to and investigating violent incidents or potentially violent incidents.
  - Address physical security and safety.
  - Requires solicitation of information from providers and employees in developing and implementing plan.
  - Providers and employees must be allowed to report incidents of workplace violence.
  - Requires facility to adjust patient care assignments to the extent practicable, to prevent a health care provider or employee from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee.

SB 240-Campbell-continued

- Requires annual workplace violence prevention training or education.
- Requires annual review and evaluation of the workplace violence prevention plan.
  - Requires report of review to the facility's governing board.
- Plan must be available upon request to each provider or employee. Plan may be redacted if it contains information that could be a security threat.
- 331.005-Responding to Incident of Workplace Violence.
  - Requires post-incident response including acute medical treatment, report to law enforcement.
  - Prohibits discipline, suspension, termination, discrimination, or retaliation against a person who in good faith reports workplace violence or advises a health care worker to report an incident.
- 331.006-Enforcement-Licensing agencies may take disciplinary actions for violations.

Signed by Governor 5/15. Effective September 1, 2023.

[SB 532](#)-West. Amends Texas Education Code regarding mental health services information to college students and student loan repayment assistance for mental health professionals.

- Amends Texas Education Code 51.9194-Required Information for Entering Students Regarding Mental Health and Suicide Prevention Services.
  - Requires institutions of higher education to provide information regarding mental health to all entering students:
    - » Available mental health and suicide prevention services.
    - » Early warning signs that a person is considering suicide.
    - » Appropriate interventions.
    - » A campus map identifying locations of mental health services.
    - » Information regarding how to access services.
    - » Information must not be on paper only.
      - May also be provided in a live presentation, online program, or video.
      - On-campus orientation tours must identify at least one location for mental health services available to all students.
  - Applies to students entering public institutions of higher learning for the 2023 fall semester.
- Amends Texas Education Code-Subchapter K-Repayment of Certain Mental Health Professional Education Loans-Section 61.603-Eligibility.
  - Reduces the number of consecutive years of practice in a mental health professional shortage that a mental health professional must complete in order to be eligible for educational loan repayment assistance from five years to one, two, or three, thus reducing the time it takes to repay the loan.
  - Eligible applicants for loan repayment assistance must:
    - » Apply to the Texas Higher Education Coordinating Board for educational loan repayment assistance.
    - » Provide mental health services through Medicaid, Children's Health Insurance Program (CHIP), in a Texas Juvenile Justice correctional facility or a Texas Department of Corrections facility.
      - Adds State Hospitals or LBHA/LMHAs to places of employment that qualify a mental health professional for educational loan repayment assistance.
- Amends Texas Education Code 61.604(a) Limitations.

Allows a mental health professional to receive loan repayment assistance for maximum of three years.

- Amends Texas Education Code 61.607(a)-Amount of Repayment Assistance.
  - Increases the maximum amount of assistance a professional may receive per year.
  - Current rate (in effect until September 1, 2023) started at 10% for Year 1 with an increase of 5 % each year, graduating to 30% for Year 5.

### SB 532-West-continued

- SB 532 sets assistance at a maximum of 33.33 % of the loan each year. This shortens the number of years of service required from five to three and provides larger and equal amounts of loan forgiveness each year.
- Education loan repayment assistance for mental health professionals applies to applications submitted on or after September 1, 2023. Applications submitted before September 1, 2023 are governed by the law in effect at that time.
- Amends Texas Education Code 61.608, .9832, .9833, .9838 and .9839 apply to public school math and science teachers.

Signed by Governor. Effective September 1, 2023.

### [SB 629](#)-Menéndez-Amends Texas Education Code 38-Safe Schools.

Adds Subchapter E-1-Maintenance, Administration and Disposal of Opioid Antagonists.

- Adds definitions for “Opioid antagonist”, “Opioid-related drug overdose and “Physician.
- Requires each school district to adopt and implement a policy regarding the maintenance, administration and disposal of opioid antagonists at each campus serving grades 6-12.
- School districts may adopt and implement the same policies at campuses serving below sixth grade.
- Allows open enrollment charter schools and private schools to adopt the same policies.
- School district or school policies must:
  - Allow authorized and trained school personnel and volunteers to administer opioid antagonists.
  - One or more authorized and trained persons on campus during school hours.
  - Set the number of opioid antagonists that must be available on each campus.
  - Opioid antagonists must be stored in a secure location easily accessible to those authorized to administer it.
- Directs HHSC and TEA to develop rules regarding maintenance, administration and disposal, including regular inventory checks, expiration and replacement.
- Requires school to report administration of an opioid antagonist within 10 business days to the school district or charter holder, the physician who prescribed to opioid antagonist and DSHS, to include:
  - Age of the person.
  - Student/School Personnel/School Volunteer/Visitor.
  - Where the opioid antagonist was administered.
  - Number of doses.
  - Title of person who administered the dose(s).
- Schools would be responsible for training school personnel and volunteers, to include:
  - Recognizing signs and symptoms of opioid overdose.
  - How to administer an opioid antagonist.
  - How to implement other emergency procedures.
  - Proper disposal of used or expired opioid antagonists.
  - Training may be in-person or online.
  - Training must be in accordance with Texas Education Agency’s Professional Development Policy.
- A physician or person who has been legally delegated prescriptive authority shall write a standing order for the school to administer opioid antagonists to anyone reasonably believed to be experiencing an opioid overdose.
  - Standing order does not have to be patient-specific.
  - Supervision or delegation is adequate if physician periodically reviews the order and is available through direct telecommunication for consultation, assistance and direction.

SB 629-Menéndez-continued

- Order must contain name and signature of physician, name of school, quantity of opioid antagonists and date of issue.
- Allows a pharmacist to fill the standing order prescription.
- Allows gifts, grants and donations, federal and local funds to implement Subchapter E-1.
- Provides immunity from civil or criminal liability or disciplinary measures for good-faith action or failure to act.
- Amends Texas Government Code 403.505 (d) to allow funds from the Texas Opioid Abatement Account to be used for this purpose.
- Amends advisory committee membership requirements to include physicians with expertise in opioid-related drug overdoses or treating drug use overdoses in addition to anaphylaxis, pediatrics, allergies, asthma and immunology.
- Advisory committee makes recommendations to DSHS on storage and maintenance, and training.
- Would require one or more trained school personnel or volunteers on campus whenever open.
- Allows each school district, charter, or private school to adopt and implement policies regarding maintenance, administration, and disposal.
- Allows each school district, charter, or private school to authorized trained personnel to administer an opioid antagonist to a person reasonably believed to be experiencing an opioid-related overdose.
- Directs HHSC to adopt rules regarding maintenance, administration and disposal including inventory, the amount of training required, regular inventory checks, monitoring of expiration dates and replacement of supplies.
- Supplies of opioid antagonists on campus must be stored securely and easily accessible to school personnel and volunteers.
- Schools required to report administration of opioid antagonist within ten business days.
- A physician or person who has been legally delegated prescriptive authority shall write a standing order for the school to administer opioid antagonists to anyone reasonably believed to be experiencing an opioid overdose.
- Allows pharmacists to dispense opioid antagonists to school districts.
- Provides immunity from civil or criminal liability or disciplinary action for a person who, in good faith, takes or fails to take any action related to administration of an opioid antagonist under this law, including issuing an order, supervising, or delegating administration, possessing, maintaining, storing, or disposing, prescribing, dispensing, assisting in administering, or providing training.

Signed by Governor June 18, 2023. Effective immediately.



[SB 728](#)-Huffman. Aligns mental health and IDD reports for firearm background checks with federal law. Amends Texas Government Code 411-Texas Department of Public Safety.

- Amends Texas Government Code 411.052 (a)-Federal Firearm Reporting.
  - Adds to the definition of “federal prohibited person information”:
    - » A person who is at least 16 years of age and has been court-ordered to receive mental health care.
    - » A person acquitted of a crime by reason of insanity or lack of mental responsibility.
    - » A person determined to have an IDD and committed by a court for long-term placement in a residential care facility.
    - » A person determined to be incompetent to stand trial.
    - » A child at least 16 years of age and found to be unfit to proceed, not responsible for the child’s conduct, court-ordered to receive inpatient or residential care in juvenile court as a result of intellectual disability.
    - » An incapacitated adult for whom the court has appointed a guardian due to the lack of mental capacity.
- Amends Texas Government Code 411.0521-Report to Department Concerning Certain Persons’ Access to Firearms.
  - Requires the clerk of the court to prepare and forward information to DPS no later than 30 days after the court takes the following actions for anyone who is 16 years of age or older:
    - » Orders the person to receive inpatient mental health services.
    - » Acquits a person in a criminal case by reason of insanity and orders the person to inpatient treatment or residential care.
    - » Commits a person with an IDD to long term placement.
    - » Determines a person is incompetent to stand trial.
    - » Finds the person is entitled to relief from a firearms disability.
    - » Finds a child who is at least 16 years of age to be unfit to proceed, not responsible for child’s conduct, ordered to receive inpatient mental health services, ordered to receive residential care.
    - » Appoints a guardian for an incapacitated adult due to lack of mental capacity,
- Requires the clerk of the court, at the request of DPS, to forward the signed court order containing the federal prohibited person information to DPS for use with the FBI and the National Instant Criminal Background Check System.
  - If any information is incomplete, requires DPS to notify the clerk of the court.
  - Requires the clerk of the court to forward any additional information or records to DPS.
- Amends Texas Family Code 58.007 (a)-Juvenile Justice Code-Records
  - Juvenile Justice Information System confidentiality requirements for probation, prosecution and court records does not apply to a record relating to a child that is required to be provided to the FBI for use with the National Instant Criminal Background Check System or required to be forwarded to Texas DPS.

Current Status: Signed by Governor 6/2. Effective September 1, 2023.

[SB 745](#)-Kolkhorst-Amends Texas Code of Criminal Procedure and Texas Human Resources Code.

Expands the scope of the Texas Medicaid Fraud Prevention Act to include other health care programs funded by Texas, adding specific mention of the Texas Children’s Health Insurance Program (CHIP) and the Healthy Texas Women Program.

Signed by the Governor. Effective September 1, 2023.

[SB 850](#)-Blanco-Amends Texas Health and Safety Code 113.0052-Composition of the Texas Child Mental Health Care Consortium.

- Adds each Regional Education Service Center predominately serving rural school districts.
- Removes a representative from UT M.D. Anderson Cancer Center from the Consortium.
- Adds a representative of the rural Regional Education Service Centers to the Executive Committee.
- Executive Committee terms are for two years. Members may be re-appointed.

Signed by Governor May 23, 2023. Effective September 1, 2023.

[SB 867](#)-West-Amends Texas Health and Safety Code 461A.059 (c)

Allows HHSC to provide opioid antagonists to institutions of higher education.

Signed by the Governor on June 17, 2023. Effective immediately.

[SB 1045](#)-Huffman-Create the Fifteenth Court of Appeals.

- Amends Texas Government Code 22.201 Fifteenth Court of Appeals District.
  - Is composed of all counties in Texas.
  - Fifteenth Court of Appeals shall be held in Austin.
- Amends Texas Government Code 22.220-Civil Jurisdiction
  - Has exclusive intermediate appellate jurisdiction over matters arising from or related to certain civil cases, including proceedings related to mental health commitments.

Signed by the Governor. Effective September 1, 2023.

[SB 1319](#)-Huffman-Allows public health authorities, local health authorities or law enforcement agencies to provide overdose information to a governmental entity that maintains a computerized system through participation agreement.

[Section 1](#)-Amends Health and Safety Code 161-Reports of Gunshot Wounds and Controlled Substance Overdoses.

- Adds 161.045-Mandatory Reporting of Controlled Substance Overdoses for Public Safety Mapping.
- Defines “controlled substance”, “emergency medical services personnel”, “opioid antagonist”, and “overdose”.
- Applies only to emergency medical services operating within the jurisdiction of a local health authority or a law enforcement agency participating in an overdose mapping agreement.
- Requires reporting of an overdose incident to the participating local health authority or law enforcement.
- Mandatory reporting of controlled substance overdoses to include:
  - Date and time of the overdose incident.
  - Approximate location of overdose.
  - Whether and opioid antagonist was administered, the number of doses and type of delivery.
  - Whether the overdose was fatal or non-fatal.

SB 1319-Huffman-continued

- Provides civil and criminal liability protection for a person making a good faith report.
- Law enforcement agencies may use information received only for mapping overdose locations for public safety purposes.
- Information is confidential and not subject to disclosure as public information.

Section 2-Amends Texas Local Government Code 370-Public Safety-Miscellaneous Provisions Relating to Municipal and County Health and Public Safety.

- Adds 370.007-Participation Agreement for Overdose Mapping,
- A local health authority or law enforcement agency shall enter into a participation agreement with an entity that maintains a computerized system for mapping overdoses of one or more controlled substances for public safety purposes.
- Requires local health authority or law enforcement agency to provide overdose information to the entity if the entity maintains an overdose map that includes the controlled substance.
- Local health authorities, law enforcement agencies, or their employees are not subject to civil or criminal liability for providing overdose information.
- Information is confidential and not subject to disclosure as public information.
- This section does not waive sovereign immunity to suit or liability.

Signed by Governor May 24, 2023. Effective September 1, 2023.

SB 1585-Sparks, Perry. Revises various Texas statutes related to juvenile court proceedings for children with mental illness and intellectual and developmental disabilities (IDD).

- Amends Texas Family Code 51.20 (a), (b), (c), and (d) to revise language related to children with intellectual and developmental disabilities.
- Amends Texas Family Code 55, Subchapter A to revise definitions regarding children with an intellectual disability or mental illness, interdisciplinary teams, least restrictive appropriate setting, mental illness, restoration classes, subaverage general intellectual functioning. Includes outpatient mental health services under Standards of Care.
- Adds Texas Family Code 55.04-Forensic Mental Examination and
- Adds Texas Family Code 55.05-Criteria for Court-Ordered Mental Health Services for a Child.
- Changes the title of Texas Family Code 55, Subchapter B to Court-Ordered Mental Health Services for Child with Mental Illness.
  - Adds provisions for court-ordered:
    - » Temporary inpatient mental health services for a child.
    - » Temporary outpatient mental health services for a child.
    - » Extended inpatient mental health services for a child.
    - » Extended outpatient mental health services for a child.
- Amends language related to children with mental illness in Family Code 55 related to:
  - 55.12-Initiation of Proceedings for Court-Ordered Mental Health Services.
  - 55.15-Standards of Care-Expiration of Court Order for Mental Health Services.
  - 55.16-Order for Mental Health Services; Stay of Proceedings
  - 55.17-Mental Health Services Not Ordered; Dissolution of Stay.
  - 55.18-Discharge from Court-Ordered Inpatient or Outpatient Mental Health Services.
  - 55.19-Discretionary Transfer to Criminal Court on 18<sup>th</sup> Birthday.

Requires that treatment ordered must focus on stabilization of the child's mental illness and meeting psychiatric needs in the least restrictive appropriate setting.

## SB 1585-Sparks-continued

- 55.31-Unfitness to Proceed Determination; Examination.  
Lists factors to consider in examination.
- 55.33-Proceedings Following Findings of Unfitness to Proceed.  
Includes provisions for a stay of juvenile court proceedings and discretionary transfer to criminal court on the juvenile's 18<sup>th</sup> birthday. Requires the court to consult with the Local Mental Health Authority (LBHA/LMHA) and the Local Intellectual and Developmental Disability Authority (LIDDA) to determine appropriate treatment, services, and restoration classes for the individual and file a report with the court.
- 55.35-Information Required to be Sent to Facility or Alternative Setting.
- 55.37-Report that Child is Unfit to Proceed as a Result of Mental Illness: Initiation of Proceedings for Court-Ordered Mental Health Services.
- 55.43-Restoration Hearing
- 55.44-Discretionary Transfer to Criminal Court on 18<sup>th</sup> Birthday of Child.
- 55.45-Standards of Care; Notice of Release or Furlough.
- 55.51-Lack of Responsibility for Conduct as a Result of Mental Illness or Intellectual Disability.
- 55.52-Proceedings Following Finding of Lack of Responsibility for Conduct.  
Requires the court to consult with the LBHA/LMHA and LIDDA to determine most appropriate treatment or services for the child.
- 55.54-Information Required to be sent to a Facility or Alternate Setting.
- 55.55-Report that Child Does Not Have Mental Illness or Intellectual Disability; Hearing on Objection.
- 55.56-Report that Child Has Mental Illness.
- 55.59-Report that Child Has Intellectual Disability; Initiation of Proceedings for Court-Ordered Residential Intellectual Disability Services.
- Transfers Texas Family Codes 55.13-Commitment Proceedings in Juvenile Court and Texas Family Code 55.14-Referral for Commitment Proceedings to Subchapter E and redesignated as 55.65 and 55.68, respectively.
  - Directs LBHA/LMHA to file recommendations for the child's treatment before the hearing.
  - Requires HHSC to identify a facility for inpatient mental health services for the child.
- Transfers 55.38 and 55.41 to Subchapter E and redesignates them as ff.66 and 55.67, respectively.
- Changes in this statute apply only to juvenile court hearings or proceedings that begin on or after September 1, 2023.

Signed by Governor. Effective September 1, 2023.

## [SB 1612](#)-Zaffirini-Amends several Texas Codes regarding court administration, costs and fees.

Section 19 Amends Local Government Code 133.151 (a) and (a-1)

Section 23 Amends Texas Local Government Code 135.101 related to court fees in mental health cases, appeals, and motions to reinstate. Amounts of fees do not change.

Signed by the Governor. Some provisions in SB 1612 are effective September 1, 2023, however the above provisions are effective January 1, 2024.

[SB 1624](#)-Zaffirini-Amends Texas Estates Codes related to guardianship.

- Amends Texas Estates Code 1163.101 annual reports required in guardianships.
  - Guardian's sworn affidavit shall include documentation including:
    - Supports and services that the ward has received or is currently receiving.
    - Actions the guardian is taking to develop self-reliance and independence.
    - Whether the ward receives services from the LBHA/LMHA or LIDDA.
- Amends Texas Estates Code 1201.152 -Evidence of Capacity with or Without Supports and Services.
  - Requires a written letter or certificate signed by a Texas-licensed physician or psychologist.
  - Requires a statement from a representative of the LBHA/LMHA or LIDDA listing services received by the ward and the effectiveness of those services.
  - Requires Affidavits of treating professionals regarding effectiveness of supports and services the ward is receiving.

Signed by Governor. Effective September 1, 2023.

[SB 1647](#)-Parker-Amends Texas Education Code 29.081-Compesatory Education Programs

Requires ISDs, charter schools to provide alternative programs for students at risk of dropping out that include referrals to mental health services.

Signed by the Governor. Effective September 1, 2023.

[SB 1677](#)-Perry-Amends Texas Government Code 531 Subchapter B.

Directs HHSC, in cooperation with LBHA/LMHAs primarily located in rural areas of Texas, to contract with nonprofit organizations to establish or expand behavioral health centers or jail diversion centers to provide additional:

- Forensic hospital beds and competency restoration services.
- Inpatient and outpatient mental health services to adults and children.
- Reduction of recidivism and the frequency of arrest, incarceration, and emergency detentions of persons with mental illness.

Signed by Governor. Effective September 1, 2023.

[SB 1727](#)-Schwertner-Amends various Texas codes related to the Texas Juvenile Justice Department.

- [Section 10](#)-Updates language related to persons with intellectual disability.
- [Section 11](#)-Updates language related to persons with mental illness.
- [Section 14](#)-Gives the Governor the option of appointing a representative to the Texas Juvenile Justice Board who is from an LBHA/LMHA who has experience working with children.
- [Section 37](#)-Requires the Texas Juvenile Justice Department to offer to the children committed to its custody, programs for their rehabilitation and reestablishment of in society including children who are chemically dependent and children with mental illness.
- [Section 38](#)-Requires TJJD to allow advocacy and support groups for persons with mental illness in its custody.
- [Sections 41 and 42](#)-Amend criteria TJJD's acceptance int custody or release of children with mental illness or intellectual disabilities.

Signed by the Governor. Effective September 1, 2023.

[SB 2105](#)-Johnson-Amends Texas Business and Commerce Code-Title 11, Subtitle A. Adds Data Brokers.

- Includes a mental health diagnosis, condition or treatment to the definition of “Sensitive data”.
- Chapter is applicable to federal, state, tribal, territorial or local governmental entity including a body, authority, board, bureau, commission, district agency or political subdivision of a governmental entity.

Signed by Governor. Effective September 1, 2023.

[SB 2119](#)-Schwertner-Amends Texas Government Code 490I. Requires mapping of areas supported by broadband development program and a plan of the universal service fund. Expansion of broadband relates to access to telehealth, telepsychiatry and other mental health services online.

Signed by Governor. Effective September 1, 2023.

[SB 2429](#)-Hancock-Amends Texas Code of Criminal Procedure regarding missing children and missing persons: Chapter 2-General Duties of Officers and Chapter 63-Missing Children and Missing Persons.

- SB 2429-Hancock is very similar, but not identical to HB 2660-Oliverson.
- SB 2429 does not contain the provisions in HB 2660 that cover adults with dementia, behavioral health or brain disorders, but does include procedures for searches for missing children.
- Section 5 amends Texas Code of Criminal Procedure 63.0091 regarding missing children at high risk.
  - Defines a child at high risk as a child who:
    - Has been reported missing on four or more occasions in the previous 24-months.
    - Has been in DFPS conservatorship who has been reported missing on two or more occasions in the previous 24 months.
    - Disappeared from a dangerous environment.
    - Has mental or behavioral health needs.
    - Has previously exhibited signs of mental illness.
    - Has an intellectual or developmental disability.
    - Was last seen in communication with an adult unknown to the child’s family or legal guardian.
  - Requires that reports to national crime information center include information regarding the child’s high-risk status.
  - Requires local law enforcement to escalate the response for a missing child at high risk, and to notify law enforcement agencies within a 100 mile radius within two hours.
- Sections 6, 7, and 11 provide for additional training for law enforcement officers related to missing children and missing persons, to be developed by TCOLE by December 1, 2024.

Signed by the Governor. Effective September 1, 2023.

[SB 2479](#)-Zaffirini. Companion: [HB 5088](#)-Moody-Amends Texas Code of Criminal Procedure 14.-Arrest Without Warrant. And Texas Health and Safety Code 573-Emergency Detention.

Section 3 amends Texas Health and Safety Code 573.012 regarding issuance of a warrant.

- A peace officer who transports an apprehended person to a facility in accordance with Health and Safety Code 573 is not required to remain at the facility while the person is medically screened, treated, or insurance coverage is verified.
- A peace officer may leave the facility immediately after the person is taken into custody of appropriate facility staff and the officer provides required documentation to facility staff.
- In addition to a physician, allows a licensed mental health professional employed by a LBHA/LMHA to present an application to a judge or magistrate.

- Applications may be sent to the judge or magistrate via:
  - Email attached in a secure PDF format,
  - Secure electronic means including satellite transmission,
  - Closed-circuit television transmission or
  - Any other method of two-way electronic communication that is secure, available to the judge or magistrate, and provides for a simultaneous, compressed full-motion video and interactive communication of image and sound between the judge or magistrate and the applicant.

Signed by the Governor. Effective September 1, 2023.

## GLOSSARY

Abbreviation	Definition
ACEs	Adverse Childhood Experiences
APRN	Advance Practice Registered Nurse
ASH	Austin State Hospital
BH	Behavioral Health
BHMU	Behavioral Health Management Unit
CANS	Child and Adolescent Needs and Strengths assessment
CAH	Critical Access Hospital (Medicare)
CHIP	Children’s Health Insurance Program
CSC	Coordinated Specialty Care
DFPS	Department of Family and Protective Services
DSHS	Department of State Health Services
ED/ER	Emergency Department/Emergency Room
FF	Federal Funds
GAA	General Appropriations Act
GR	General Revenue
HB	House Bill
HHSC	Texas Health and Human Services Commission
IDD	Intellectual and Developmental Disability
ISD	Independent School District
LBB	Legislative Budget Board
LBHA	Local Behavioral Health Authority
LIDDA	Local Intellectual and Developmental Disability Authority
LMFT	Licensed Marriage and Family Therapist
LMHA	Local Mental Health Authority
MAT	Medication-Assisted Treatment
MCO	Managed Care Organization
MH	Mental Health
MI	Mental Illness
MSA	Metropolitan Statistical Area
MST	Multi-Systemic Therapy
MSU	Maximum Security Unit
NTBHA	North Texas Behavioral Health Authority
OAA	Opioid Abatement Account
PTSD	Post-Traumatic Stress Disorder
RESC	Regional Education Service Center
RRC	Rural Referral Center
SAFP	Substance Abuse Felony Punishment
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SAT	San Antonio, Texas



## GLOSSARY-continued

SB	Senate Bill
SCH	Sole Community Hospital
SSLC	State Supported Living Center
TAMU	Texas A & M University
TBI	Traumatic Brain Injury
TCCO	Texas Civil Commitment Office
TCJS	Texas Commission on Jail Standards
TCOLE	Texas Commission on Law Enforcement
TDCJ	Texas Department of Criminal Justice
TDEM	Texas Department of Emergency Management
TEA	Texas Education Agency
THECB	Texas Higher Education Coordinating Board
TJJD	Texas Juvenile Justice Department
TLETS	Texas Law Enforcement Telecommunications System
TMB	Texas Medical Board
TSSC	Texas School Safety Center
TVC	Texas Veterans Commission
UB	Unexpended Balance
UC	Uncompensated Care
USC	United States Code
UT	University of Texas





# Dallas County Criminal Justice (DCCJ) Housing Navigator August 2023 Report

## FUSE Project

### June 2023 Jail FUSE Data

June 2023 Jail FUSE Data		Total Clients Triaged for FUSE		400
<b>Referral Source</b>				
Jail FUSE Navigator Triage	364	NTBHA Living Room Referral		0
Defense Attorney Referral	3	Shelter/Street FUSE Navigator Referral		0
Another Referral Source	24	Pretrial Referral		9
<b>Client Triage/Referral Outcomes</b>				
Released to Another Program or Agency	18	Referral Banned from Shelter		0
Client Refused to be interviewed or Participate or Interview attempt	1	Client didn't qualify for FUSE		172
Immigration Hold	7	Client report not being Unsheltered		4
Released (i.e., Posted Bond)	74	Qualified referred by Shelters/Street Outreach		0
FUSE bond denied	0			
<b>Pending Client Referrals</b>				
Waiting on info, Waiting on Bond to Post, and pending attorney response	90	In Quarantine/Medical/Interview Pending		19
<b>Total Released from Jail to FUSE</b>				<b>15</b>
<b>Shelter Assignment</b>				
Austin Street Center	5	The Bridge		10
Salvation Army	0	Referred to or by Street Outreach		0
Other	0	No Response		0
<b>Shelter Connection Rate</b>				
Austin Street Center	1	The Bridge		3
Salvation Army	0	Other		0
No Response	0	Client Abscond/Did Not Connect		11
<b>Housed</b>				<b>1</b>
<b>Placed on Housing Priority List or Info sent to Housing Forward</b>				<b>0</b>

## FUSE Summary of 12-month data (July 2022 to June 2023)

- Triaged a grand total of 4,084 individuals for the program.
- Released 166 folks into the program 89 absconded.
- 30 individuals have been housed & 19 were placed on the HPL.
- The July 2023 FUSE data will be provided next month.

## St. Jude Project

2920 Forest Ln, Dallas, TX 75234	104 Units	Dallas County has 13 allocated beds	Housing is for Seniors +55 years old
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- We are working to full one bed available.

## Housing Services for Homeless Criminal Justice-Involved Clients (HSH-CJC) Grant

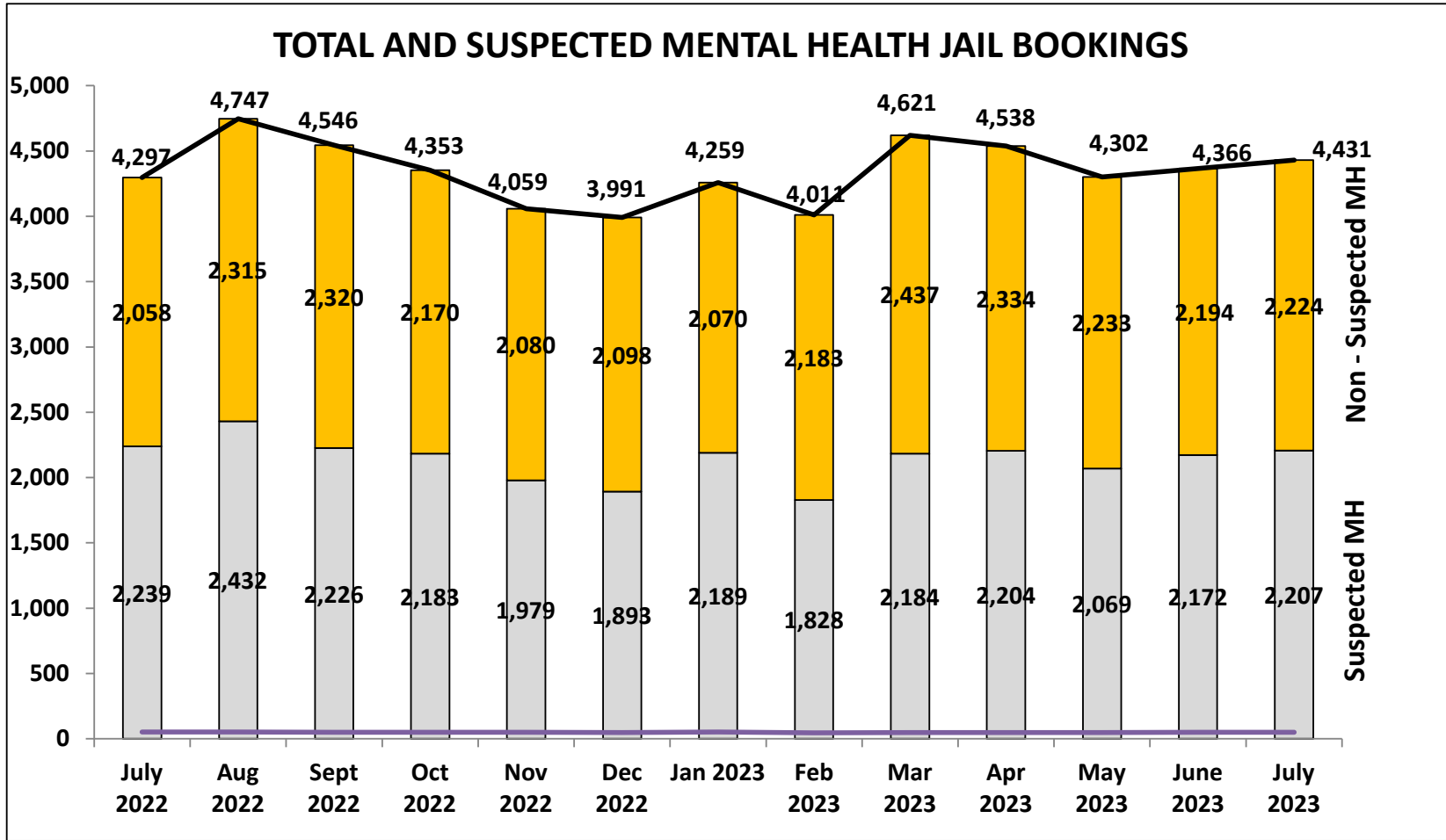
- I am working with the Council of State Governments (CSG) to complete the final draft of the deliverables to submit to the Bureau of Justice Assistance (BJA).
- After the final draft has been approved by the BJA, the Criminal Justice Department (CJD) can finalize the procurement bidding process with the Dallas County Procurement department.

## Dallas Connector Project (DCP) Dallas County Client Utilization (Transport to the NTBHA LR from the Jail and or the LR to the FUSE Shelters)

The NTBHA Livingroom (LR) Staff conducted jail releases for individuals going to the Livingroom and Austin Street's report would contain the August 2023 jail data.

# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

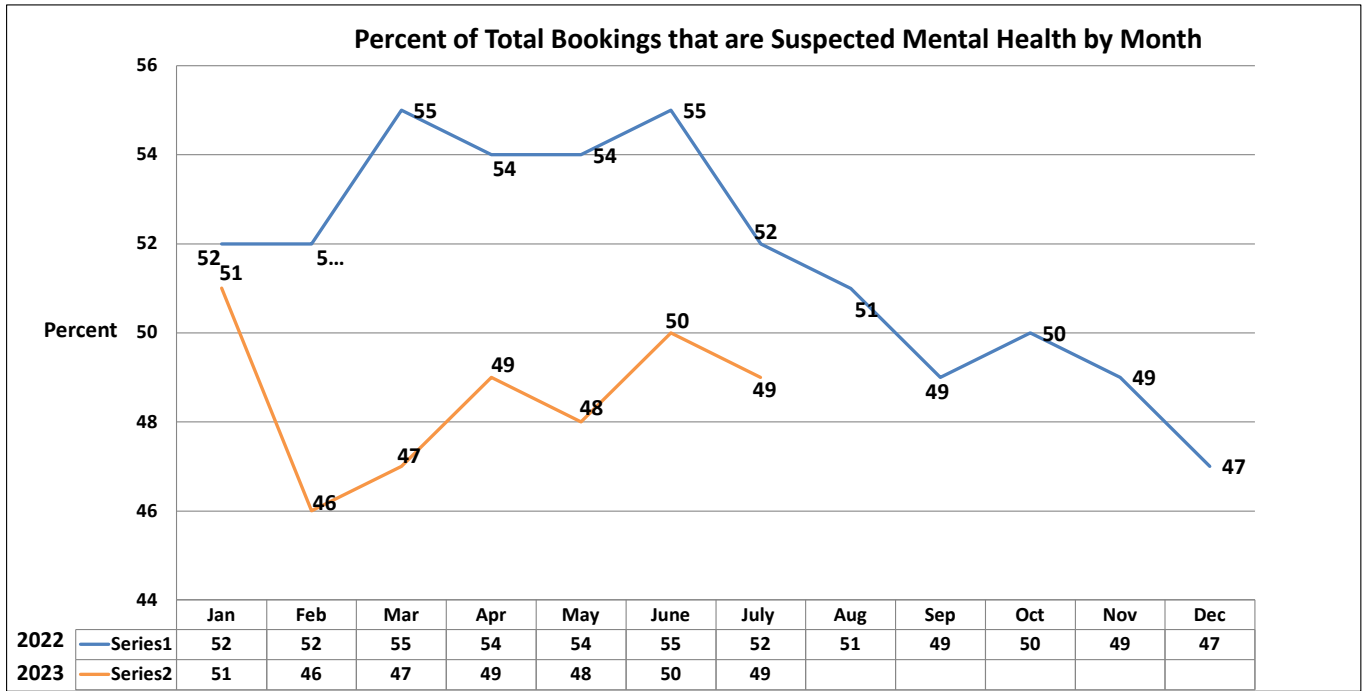
## JULY 2023 Homeless Report Snapshot



DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

Month-to-Month Category Total Differences

Months	Total Monthly Bookins	Total Suspected MH Bookins
June 2023 to July 2023	4366 to 4431 -Increase 65	2069 to 2207 - Increase 138



# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

## Homeless Breakdown and Avg LOS - June 2023 to July 2023

Month/Yr	Category	Total Bookings	Percent	Percent Note
June 2023	Suspected MH	2,172	50%	% of total bookings [4,366]
	Homeless	471	11%	% of total bookings [4,366]
	Homeless w/Suspected MH flag	326	69%	% of total homeless [471]

Month/Yr	Category	Total Bookings	Percent	Percent Note
July 2023	Suspected MH	2,207	51%	% of total bookings [4,431]
	Homeless	539	12%	% of total bookings [4,431]
	Homeless w/Suspected MH flag	390	83%	% of total homeless [539]

Month/Yr	Avg LOS Total Bookings [days]	Avg LOS Homeless Bookings [days]
June 2023	7	10
July 2023	7	10

# DALLAS COUNTY BEHAVIORAL HEALTH HOUSING WORK GROUP

<b>Homeless Primary Offense Categories - June 2023 to July 2023</b>					
Offense Categories	June 2023 total	June 2023 %	July 2023 total	July 2023 %	MTD
Arson	0	0.0%	0	0.0%	
Assaultive	51	9.5%	65	12.1%	Increased: 14
Burglary	18	3.3%	18	3.3%	
Criminal Mischief	12	2.2%	8	1.5%	
Criminal Trespass	76	14.1%	95	17.6%	Increased: 19
Drug/Alcohol	99	18.4%	104	19.3%	
Evading	17	3.2%	23	4.3%	
False Info/Fail to Identify	20	3.7%	21	3.9%	
Fraud	6	1.1%	3	0.6%	
HOLDS	48	8.9%	64	11.9%	Increased: 16
Murder	0	0.0%	0	0.0%	
Other	50	9.3%	44	8.2%	Decreased: 14
Prostitution	0	0.0%	3	0.6%	
Resist	8	1.5%	11	2.0%	
Robbery	10	1.9%	11	2.0%	
Sexual Offense	5	0.9%	9	1.7%	
Theft	32	5.9%	38	7.1%	
UUMV	19	3.5%	22	4.1%	
<b>TOTAL</b>	<b>471</b>	<b>87.4%</b>	<b>539</b>	<b>100.0%</b>	

**HOLDS:** Citation/Tickets, Insufficient Bonds/Insufficient Bond Warrants, External Holds (Transfer to another county), and Parole Violations

**Other:** Offense categories with one or two charge occurrences of monthly bookin totals (i.e. Terrorist Threats, Child Endangerment, Stalking, etc.)

**UUMV:** Unauthorized Use of a Motor Vehicle (i.e. Joyriding)

<p><b>Month-to-Month Category Total Differences</b></p> <p>= MTD by +/- 10 bookins</p>
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# DCHHS

Dallas County Health and Human Services

*Healthy People Healthy Communities  
Health and Social Equity*



PHILIP HUANG, MD, MPH  
DIRECTOR

# Emergency Housing Voucher (EHV)

124-Allocated by HUD

119-Homeless Leased Up

01-Open Vouchers

4-Searching

Next scheduled EHV Virtual Briefing:

TBA





# DALLAS COUNTY DEFLECTION CENTER

	2022-23	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul	23-Aug	TOTAL
<b>TOTAL TRIAGED</b>	<b>2</b>	<b>17</b>	<b>14</b>	<b>29</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>17</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>28</b>	<b>294</b>
<b>Referral Source</b>															
Dallas PD															0
SC Div	1	4	4	4	4	2	3	7		1	3	7	6	4	46
SW Div					4	1	3	1	2	2	1	1	1	2	18
SE Div		3	1	2	4	1			1	2	1		3	1	19
NC Div					2	2	1	3	1	2		2		1	14
NE Div				6	5		2	1	2	2	2		2		22
NW Div		2	1	2				1	2			4	2		14
CEN Div	1	3	1	6	7	4	2	5	1	2	6			2	40
Right Care						1	1		1						3
Dallas Marshal - CDC		1													1
Great SW Coalition					3	1	1	1	1	1	1	2		1	12
SE Coalition									1		1	1	1		4
NTBHA MCOT/CTI							5	4	2	3	19	6	5	8	52
Garland PD											1				1
Irving PD											1	2		1	4
DART PD		4		1	1				1	2	4	3	8	6	30
DCHD - Parkland PD				1		2	1	1	1	1	2		3	2	14
<b>TRIAGE OUTCOME</b>	<b>2</b>	<b>17</b>	<b>14</b>	<b>29</b>	<b>21</b>	<b>21</b>	<b>22</b>	<b>21</b>	<b>20</b>	<b>17</b>	<b>38</b>	<b>34</b>	<b>31</b>	<b>28</b>	
Psych Crisis Residential					1			3			2	1	2		9
Detox-Withdrawal Mgmt															0
Living Room-NTBHA*	1	4	6	9	2	3	1	3			1			1	31
CMHP Services															0
ACT Team						3		1			2			1	7
OTHER SUD Services							1			1		1		1	4
Shelter															0
Austin Street		1	1	1	1										4
Bridge											1				1
Salvation Army			1	2											3
Union Gospel Mission															0
Other						2			1	1	1		1		6
Home-Family-Friends	1		3	1	1	1	1	3	1	5	4	4	1	2	27
Boarding Home/PSH				1	1			2	3		7	3	6	2	25
Higher Level of Care															0
Behavioral Health		4		4	2	6	1	2	3	1	1	3	2		29
Physical Health		1		1	3	2	2	2	1	1	2	1		2	16
Veterans Administration			1				1								2
LEA Maintained Custody		2		3			1	1	2	1	1	10	2	1	24
Still in Service											9	6	0	4	19
Refused Services		5	2	6	6	6	7	7	7	5	7	7	16	12	87

## DALLAS COUNTY BEHAVIORAL HEALTH & HOUSING WORK GROUP

DFW Multifamily Update, 2nd QTR, 2023

By Jim Mattingly, Principal, LUMA Residential

Average monthly asking rental rates, reported by ALN Apartment Data, were \$1,567, up 0.7% in the 2<sup>nd</sup> quarter. On an annual basis, asking rental rates are up 2.4%. The sub-market in which rental rates increased the most during the period, ranging from +2.2% to +3%, were West Fort Worth (\$1,266), Uptown/Downtown/Park Cities (\$2,518), Southwest Dallas/Redbird (\$1,199), White Rock East/Buckner/Ferguson Rd (\$1,263), and Central Fort Worth (\$1,614). Several sub-markets saw declines in rental rates during the 2<sup>nd</sup> quarter, ranging from -1.1% to -2.2%. These markets are Carrollton/North Hebron (\$1,712), Far North Dallas/Tollway West (\$1,375), Richardson/Maham Rd (\$1,505), Denton/Corinth (\$1,465) and Far North Dallas/Tollway East (\$1,423)

Occupancy levels continued to decline, down 0.3% to 89.7%. Unit absorption turned positive for the quarter at 5,297, well short of the 8,004 units delivered. Unit absorption for the trailing 12 months was an anemic 264, while 27,183 units were delivered during the same period. 3<sup>rd</sup> quarter deliveries are now forecast to reach 18,000, while deliveries in the following 3 quarters are expected to average ~8,000 units/quarter. If this forecast proves to be accurate, the 26,000 new units expected during the 2<sup>nd</sup> half of the year will nearly match the trailing 12 months and will most certainly outpace absorption, increasing vacancies and adding to the downward pressure on rental rates.

The top 5 submarkets with the most units in the pipeline are Frisco/The Colony/Little Elm at 19,549, North Fort Worth at 12,302, McKinney/Allen/Fairview at 10,432 units, Denton/Corinth at 10,087 and Southwest Dallas/Oak Cliff/Sunset at 9,272 units, which replaced Central Fort Worth (9,312, 1<sup>st</sup> quarter) for the fifth spot.

Nationally, housing permits, as reported by the US Census Bureau, slipped in June to 1,444,000 units (-3.7%) and fell behind the year-ago pace by 15.3%. High-density (5+ unit) multi-family permits trailed the June 2022 pace by 33.1%. Moderate density (2-4 unit) and single-family permits fared better, down just 7.3% and 2.7% respectively from one year ago. Monthly patterns mirrored this trend with single-family permits climbing in June and multi-family permits slipping. At a regional level, single-family permits were steady (Northeast and West) or modestly higher (Midwest and South) in all four census regions in June, but only the Northeast saw a greater pace of single-family permit activity compared with one year ago.

In 2022 there were 2.06 million new US household formations. Using this number going forward, and the annualized number of new building permits issued (above) leaves an annual shortfall of 616,000 housing units. Between 2015 and 2020 the average annual number of new household formations was 1.5 million. Using the 2015/2020 average results in a much smaller gap of 56,000 units/year but still does not provide any relief to the current estimated national housing shortage of between 2 million and 6 million units.

Given that current housing deliveries are at near record highs and new housing permit activity is trending down, I do not see any long-term relief in housing affordability in sight. While the large number of new apartments currently in the pipeline and scheduled to be delivered this year may provide some short-term relief to renters in the form of lower rental rates and increased lease concessions, I expect this relief will prove to be short lived. Unless, of course, the long-predicted recession finally arrives and is longer and more severe than expected. This would result in a significant increase in unemployment. In that case, rental rates would likely fall more and be slower to recover. But that will be of little benefit to the newly unemployed.