



April 25, 2019

To: Conference Committee on HB 1

**Senate Conferees**

The Honorable Jane Nelson, Chair  
The Honorable Joan Huffman  
The Honorable Lois Kolkhorst  
The Honorable Larry Taylor  
The Honorable Robert Nichols

**House Conferees**

The Honorable John Zerwas, Chair  
The Honorable Sarah Davis  
The Honorable Oscar Longoria  
The Honorable Armando Walle  
The Honorable Greg Bonnen

As the budget conference committee works on reconciling differences between the Senate and House budgets, we would like to share a few of Texans Care for Children's priorities. We respectfully offer these recommendations for crafting a biennial budget that prioritizes the health, safety, and well-being of children in Texas.

*Texas Health and Human Services Commission*

- **Support House budget's Rider 160 regarding suicide prevention.** The rider provides \$1 million per year to HHSC in order to fund multi-sector community engagement and collaboration on suicide prevention. Suicide prevention funds would be used to engage and assist communities in identifying and using strategies that meet their local needs and are informed by best practices in suicide prevention, intervention, and "postvention." Outreach, training, and technical assistance are especially important in rural regions of the state where services are limited and access to evidence-based information and trainings may be lacking. To fund this initiative, the rider transfers \$125,000 per year from funds appropriated to multiple state agencies that serve populations at risk of suicide. The Senate budget does not include suicide prevention funding.
- **Support the House budget's additional \$72.6 million for Early Childhood Intervention (ECI).** After years of state funding cuts, community groups have been closing their ECI programs for toddlers with Down syndrome, autism, speech delays, and other disabilities and developmental delays. Eighteen non-profit programs dropped out from 2010 to 2018, leaving only 42 ECI providers to cover the entire state. HHSC requested the additional \$72.6 million to curb the closure of these ECI programs. The Senate budget provides only an additional \$17 million, which would not even return per-child funding to the level of 2016-2017 when numerous closures occurred.
- **Support the House budget's Medicaid and Children's Health Insurance Program (CHIP) funding levels AND eliminate the Senate budget's Rider 19 regarding HHSC cost containment.** Rider 19 would make a \$350 million cut in General Revenue and an anticipated \$900 million All Funds cut to Medicaid for children, pregnant women, and people with disabilities. Medicaid helps children get check-ups, dental care, and eyeglasses they need for school. Medicaid is a lifeline for many children with disabilities or who are medically fragile. Chronic underfunding of Medicaid and CHIP and low provider rates have devastating consequences for Texas children.
- **Support the House budget's HHSC Substance Use Services funding levels,** which includes an additional \$50 million to increase payment rates for substance use treatment providers and reduce waitlists at providers serving pregnant women and parents with children. Improved

access to substance use treatment and recovery helps reduce risks of child abuse and neglect, safely keep children out of foster care, and address critical health challenges in our state, including maternal health. In Texas, there are only 10 Women and Children residential treatment programs that allow moms to stay with their kids during recovery. In 2017, over 100 mothers were on a waitlist for a spot at a Women and Children residential treatment center – waiting an average of 18 days before a spot became available. Increased funding is critical to reduce waitlists, increase capacity, and improve maternal and infant health.

#### *Department of State Health Services*

- **Support the House budget’s additional \$7 million for DSHS maternal health initiatives to combat maternal mortality and morbidity.** Maternal deaths and severe pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children. The Texas Maternal Mortality and Morbidity Task Force found that the majority of maternal deaths occurred more than 60 days postpartum and 80 percent of maternal deaths in 2012 were preventable. The Senate budget only includes a small portion of the \$7 million DSHS Exceptional Item request to combat maternal mortality and morbidity (\$2.6 million solely for the *TexasAIM* maternal health safety initiative). Funding the *TexasAIM* initiative is necessary, but not sufficient. DSHS has made clear that it needs \$7 million for three targeted efforts: to implement *TexasAIM* statewide; to implement a maternal care coordination pilot for high-risk pregnant women; and to increase public awareness and prevention activities.

#### *Department of Family and Protective Services*

- **Support the Senate budget’s full funding for two new Community Based Care (CBC) foster care catchment areas for Phase 1 AND support the House budget’s funding for only one new CBC catchment area for Phase 2.** The House budget includes \$24.8 million in All Funds to add one new catchment area in Phase 1 and one catchment area in Phase 2. The Senate version of the budget includes \$44 million to add two new catchment areas in Phase 1 and three catchment areas in Phase 2. The difference in funding should be reallocated to the DFPS request for Preparation for Adult Living (PAL) staff, which was significantly underfunded, and Family First Prevention Services Act (FFPSA) implementation, which was not funded at all.
- **Fully fund the DFPS request for \$2.6 million to expand the agency’s capacity to provide PAL services.** PAL staff at DFPS manage services that help prepare older youth in foster care for successful adulthood. These services reduce negative outcomes for Texas youth such as future criminal justice involvement, early or unplanned pregnancies, or homelessness. The House budget partially funded the request at \$1.8 million. The Senate budget did not fund this request.
- **Match the federal investment in foster care capacity development by including \$8 million to help DFPS make needed changes before the FFPSA goes into effect in Texas.** Neither the House nor the Senate budgets fund implementation of the FFPSA. The FFPSA restricts funding for certain types of foster homes or facilities. If Texas does not develop appropriate capacity over the interim, Texas will likely lose federal funding in 2021. If the Legislature waits until the 2021 legislative session to fund FFPSA implementation, the state will only have one month to begin making changes before the law goes into effect.
- **Increase funding for primary prevention programs like HOPES, HIP, STAR, and CYD.** The level of investment in primary prevention programs is not aligned with the evidence that investing in evidence-based prevention programs demonstrates improved outcomes for children and families and a significant return on investment over time.

*Texas Education Agency*

- **Support House budget's Rider 74 to fund the Safe and Healthy Schools Initiative (funded in Article XI of the Senate budget).** Out of the \$54.5 million TEA request, the agency proposes using \$37 million to address student mental health and positive school climate, primarily through grants in FY 2020. Schools in Texas need a reliable place for ongoing guidance and assistance in identifying and implementing programs and strategies to meet their local need. The need is especially acute in rural and smaller districts that may lack the resources available in larger or more urban districts.

We appreciate your consideration and thank you for all your incredibly hard work this session. If we can be of any assistance to you, please let me know.

Sincerely,

Stephanie Rubin  
CEO  
Texans Care for Children