

# Children’s Behavioral Health Strategic Plan in Review – What Texas Did and Didn’t Achieve

**Texas has begun making progress on the Plan, but the Legislature must take additional steps to ensure children with the most complex mental health challenges receive the support they need.**

In December 2024, the Statewide Behavioral Health Coordinating Council released the Children’s Behavioral Health Strategic Plan. The Plan provides a vision to support the small but important population of children who have the most complex mental health and substance use challenges. When the state follows a unified strategy, children are less likely to fall through the cracks and more likely to get timely help at home, and in their communities. Without the direction of this Plan, too many kids are left waiting for care or ending up in crisis situations that could have been prevented. Our analysis found that in 2025, the Texas Legislature took the necessary steps to partially or fully implement 8 of the Plan’s 31 recommendations. This report provides additional detail and identifies five high-priority steps the Legislature should pursue to further implement the Plan.

## A Blueprint for Supporting the Small But Important Population of Children with the Most Complex Mental Health and Substance Use Challenges

There are a number of ways that a child’s mental health can be improved. The right mix of solutions will look different for each child and each situation. It might include steps like more exercise, limits on screen time, stable housing, behavioral health services, or other changes. For decades, the Texas Legislature has recognized that for some children — particularly those with more complex challenges — mental health services are an essential ingredient for addressing their challenges and getting healthy.

We appreciate that lawmakers have worked hard each session to try and make sure behavioral health services — meaning mental health and substance use services — are operating effectively and meeting the most acute needs identified by parents and behavioral health experts. Legislators have recognized that untreated behavioral health needs don’t just go away; they show up



in classrooms, emergency rooms, foster care placements, and even juvenile justice settings, costing the state far more in the long run.<sup>1</sup>

To provide a guide for these efforts, in 2023 the Legislature directed the Statewide Behavioral Health Coordinating Council (SBHCC) to establish a subcommittee to develop a strategic plan focused on the behavioral health needs of children and offer a blueprint for understanding and meeting these needs over time. The SBHCC is composed of representatives of state agencies or institutions of higher education to ensure a strategic statewide approach to behavioral health services. In December 2024, the Council released the [Children's Behavioral Health Strategic Plan](#), offering lawmakers a rare opportunity to replace fragmented solutions with a coordinated roadmap that addresses the needs of children and families. The Plan offers 31 concrete, evidence-based recommendations for strengthening the system, from prevention and early intervention to crisis response and long-term care.

**This is more than just another report; it's a call to action.** By paying attention to and continuing to invest in the Plan, legislators can ensure Texas kids get the timely, effective, and equitable care they need to thrive. When children and families get the mental health care they need, children are better able to manage their emotions, succeed in school, and build healthy relationships, and families feel more supported and hopeful. If Texas doesn't follow this blueprint now, children's challenges can worsen, leading to struggles at home and school, more stress on families, and a greater risk of crisis or out-of-home placement.

## In 2025, Texas Lawmakers Passed Legislation to Implement a Few of the Plan's Recommendations

During the 2025 legislative session, the Texas Legislature took the following steps to partially or fully implement 8 of the 31 recommendations in the Children's Behavioral Health Strategic Plan:

### Funding increases for children's mental health services:

1. **Invested an additional \$40 million for eight new mobile youth crisis outreach teams (YCOT).**

Creating 8 new YCOTs for a total of 16 teams is a step forward, but it falls short of the actual need. Texas requires at least 40 teams to ensure that children in crisis across all regions of the state have access to immediate, on-site support. Until funding matches the scale of need and creates 24 additional teams, too many children will continue to face long waits, limited coverage, or no crisis response services at all.

*Partially fulfills the following Strategic Plan recommendation: "Fund the Health and Human Services Commission (HHSC) to Expand Youth Crisis Outreach Teams as a statewide service available 24/7"*

2. **Invested \$5 million in the Behavioral Health Innovation Grant** to support recruitment, training, and retention programs in behavioral health fields through the solicitation of grant applications from public community colleges.

*Fulfills the following Strategic Plan recommendation: "Fund the Texas Higher Education Coordinating Board (THECB) to implement the Behavioral Health Innovation Grant Program"*

3. **Invested \$32.7 million to maintain and expand Multisystemic Therapy (MST) capacity** for youth who are at risk of out-of-home placement due to serious behavioral problems and are at risk of juvenile justice involvement. **Additionally, the Legislature invested \$1.2 million in the Texas Juvenile Justice Department to establish an MST program in Williamson County.** MST is an evidence-based, cost-effective intervention. This funding maintains existing teams and only adds one team in Williamson County, making a total of 23 teams in Texas – far short of the 140 needed to meet demand statewide.



*Partially fulfills the following Strategic Plan recommendation:* “Fund HHSC to include Coordinated Specialty Care (CSC) for First Episode Psychosis, Family Functional Therapy (FFT), and Multisystemic Therapy (MST) as Medicaid state plan benefits.”

4. **Invested \$32.5 million for workforce expansion through the Texas Child Mental Health Care Consortium (TCMHCC),** supporting the expansion of the child and adolescent psychiatry workforce in Texas. The funding represents a small increase of approximately \$800,000 more than the last biennium. TCMHCC addresses urgent mental health challenges and improves the mental health care system for Texas youth.

*Partially fulfills the following Strategic Plan recommendation:* “Fund the Texas Child Mental Health Care Consortium (TCMHCC) to expand the Community Psychiatry Workforce Expansion Initiative to include other mental health professions”

5. **Invested \$5.3 million for the Outpatient Biopsychosocial Services (OBI) pilot to expand to eight additional sites.** OBI, a pilot program at five Local Intellectual and Developmental Disability Authorities (LIDDA), provides mental health outpatient services for children (and adults) with IDD who also have mental health or behavioral needs. This new funding results in a total of 13 LIDDAs offering specialized outpatient mental health services, but OBI could be expanded to the rest of the 39 LIDDAs in Texas.

*Partially fulfills the following Strategic Plan recommendation:* “Fund HHSC to expand Outpatient Biopsychosocial (OBI) Services statewide”

6. **Invested \$5 million for a psychiatric residential youth treatment and mental health respite facility and educational opportunity center** at the local mental health authority serving Jefferson County. Crisis respite programs provide short-term, community-based crisis care for people who do not require hospitalization. There are 28 crisis respite units across the state, but only 11 that exclusively serve children, and one that serves children and adults.

*Partially fulfills the following Strategic Plan recommendation:* “Fund HHSC to expand crisis respite units serving children with behavioral health conditions and/or IDD conditions”

## Improving behavioral health services for youth in foster care:

1. **Invested \$60 million to improve and support Information Management Protecting Adults and Children in Texas (IMPACT)**, the case management system for DFPS.

*Partially fulfills the following Strategic Plan recommendation: “Invest in modernizing data systems to improve continuity of care for children served in the state system”*

2. **Invested \$28.3 million in intensive psychiatric stabilization services.** This investment is \$14 million less than what was included in the House and Senate introduced budgets. Unfortunately, this funding will not serve youth who are at risk of entering foster care due to unmet mental health needs. It will only support youth currently in conservatorship. This funding gap limits the ability of providers to build capacity and offer timely, intensive care for the highest-need youth in the system.

*Partially fulfills the following Strategic Plan recommendation: “Fund HHSC to cover crisis services such as in-home and out-of-home crisis respite, extended observation, and crisis stabilization services as a Medicaid state plan benefit”*

## The Legislature Also Took Positive Steps on Children’s Mental Health that Were Not Included in the Strategic Plan

In 2025, Texas lawmakers approved notable investments in children's mental health and behavioral health services for youth in foster care that are not included in the Plan’s 31 recommendations. In particular, the Legislature:

1. **Invested \$2.7 million in youth peer support programs.** These programs are especially valuable for children in foster care, offering them a safe space to connect with others who share lived experiences and reducing feelings of isolation. This first-time investment represents an important step. However, the program is currently designed to serve only 73 high-acuity youth across the entire system, a fraction of the youth in state care who could benefit from this support.
2. **Passed [House Bill 109](#) and invested \$34 million to establish a residential facility for Children Without Placement (CWOP)** — youth with the most acute needs whom the Department of Family and Protective Services (DFPS) cannot place in facilities despite exhaustive efforts. While a residential facility for CWOP youth is a good first step, placements based in the community with wraparound services provide stability, belonging, and better outcomes.
3. **Passed [HB 5342](#), creating a Texas 988 Trust Fund**, ensuring sustainable state funding for 988 crisis contact centers, and offering crisis support to anyone regardless of age or location.
4. **Passed [SB 207](#), requiring school districts to excuse absences for students attending mental health care appointments.**

While each initiative addresses an important piece of the puzzle, unless legislators commit to fully implementing the Strategic Plan’s recommendations, Texas will remain stuck in a cycle of crisis-driven responses that fail to meet the scale of children’s needs.

## Further Legislative Action is Needed to Advance Beyond These First Steps

We are disappointed that lawmakers missed many key opportunities to fully realize the Plan’s recommendations. We also recognize that the limited progress was shaped by factors outside their direct control. For example, uncertainty surrounding Medicaid policy at the federal level created hesitation to commit to long-term investments. Additionally, the Plan was released only a month before the legislative session began, leaving limited time for legislators to fully digest it and translate it into policy. Together, these challenges slowed the pace and scope of action, leaving critical needs only partially addressed.

Unfortunately, the need for legislative leadership on this plan is increasing. The federal Bipartisan Safer Communities Act, which provides mental health grants for school districts across the country, lost \$1 billion in funding. This bill funded various mental health programs in Texas, intensifying the need for the Texas Legislature to pursue the Plan’s recommendations.

**As legislators consider ways to strengthen children’s behavioral health services during the interim and 2027 legislative session, we have identified a few top areas of focus outlined in the Plan that were missed during the 2025 session:**

### 1. Reinstate and Increase Youth Empowerment Services (YES) Waiver Funding

The YES Waiver provides critical home- and community-based mental health services to children who are struggling with their mental health and are at risk of institutionalization or out-of-home placement. This program provides specialized services like helping families coordinate care, relief for caregivers, recreational therapies, and help with daily living. Early evaluation of the YES Waiver program found that participating youth experienced meaningful improvements in their emotional and behavioral health, along with reduced risk of harm to themselves and others.<sup>2</sup> More recent reviews of wraparound services continue to show positive outcomes for youth, including reduced residential placements and improved school functioning.<sup>3</sup> Strengthening the YES Waiver helps schools better support students by connecting them to outside providers and reducing crisis situations that disrupt learning.



**Unfortunately, the number of Texas children served in the program is falling, even as demand rises.**

There’s been a sharp increase in families asking for YES Waiver services, with 3,109 inquiries in FY 2023 — a 43% increase since 2021. However, during the same period, the number of children enrolled dropped by 19%, and only 2,227 children received services, which means that **nearly 900 children were left waiting for services.**<sup>4</sup>

**The YES Waiver lost 386 providers between 2020 and 2023**, with numbers continuing to decline, partly due to financial challenges and low funding levels.<sup>5</sup> The program could help more youth, but there aren't enough providers to deliver the services.<sup>6</sup>

The YES Waiver program faces a significant funding reduction in the 2026–2027 biennium compared to amounts expended in 2024–2025. In 2024-2025, HHSC expended an estimated \$17.2 million.<sup>7</sup> During the 2025 legislative session, the Legislature invested \$15.9 million<sup>8</sup> in the YES Waiver for 2026-2027, \$5 million less than what was requested by HHSC.<sup>9</sup> In other words, **the Legislature cut the YES Waiver by \$1.3 million**. With fewer resources allocated for the YES Waiver, fewer youth will be served across Texas.

**The Legislature should increase YES Waiver reimbursement rates to stabilize the provider network. The Legislature should also provide funding to support payment for administrative case-management duties not currently covered in the rates of reimbursement.**

*Would fulfill the following Strategic Plan recommendation: “Fund HHSC to increase rates for the Youth Empowerment Services (YES) Waiver Program and address administrative barriers to serving children with complex needs.”*

## **2. Medicaid Coverage for Community-Based Services**

Texas Medicaid only covers two ends of the spectrum of children’s mental health services: basic therapy/counseling and medications on one end of the spectrum, or full inpatient hospitalization on the other end. The full range of services needs to be available so that parents are empowered to decide what is best for their child. If Medicaid covers intensive mental health services in the middle of the spectrum, more children will have access to the care they need when and where they need it. With a full range of available services, children can recover more quickly, manage stress and behavior more effectively, and go to school every day and focus on learning. These intermediate, evidence-based treatments help prevent costly emergency room visits and out-of-home placements.

Lawmakers should add critical mental health services like specialized therapies, intensive outpatient programs (IOP), and partial hospitalization programs (PHP) as Medicaid covered services. For Texans covered by Medicaid, PHP and IOP are currently offered as "In-Lieu-of Services" (ILOS). However, each Managed Care Organization can design its own ILOS package, leading to inconsistent access across Texas. In other words, the state already leverages Medicaid to support these services, but it could do so more effectively — and better serve families — by directly covering the services under Medicaid.

*Would fulfill the following Strategic Plan recommendation: “Fund HHSC to include Intensive Outpatient Program (IOP) services and Partial Hospitalization Program (PHP) services as Medicaid state plan benefits.”*

## **3. Scale Crisis Services to 24/7 Availability**

When youth crisis services are available statewide, schools have trusted, rapid-response partners to call when a student experiences a mental health emergency. This helps schools de-escalate crises safely, reduce unnecessary disciplinary action or law enforcement involvement, and ensure students return to class with a care plan in place.

Lawmakers should take two key steps to ensure children in crisis across all regions of the state have access to immediate, on-site support. They should fully fund 40 Youth Crisis Outreach Teams statewide and add crisis respite, stabilization, and observation services as Medicaid covered services, as 28 other states have done.<sup>10</sup>

*Would fulfill the following Strategic Plan recommendation: “Fund HHSC to Expand Youth Crisis Outreach Teams as a statewide service available 24/7”*

#### **4. Strengthen the Workforce, Particularly in Rural Communities**

Nearly the entire state remains designated as a mental health professional shortage area.<sup>11</sup> To address this shortage, Texas should allow associate-level clinicians seeking their clinical licensure (LMSWs, LPC-As, and LMFT-As) to bill Medicaid. These clinicians are mental health professionals who have completed a graduate degree and are licensed to provide counseling services under supervision while working toward full licensure. Allowing them to bill Medicaid will expand access to care for underserved populations, particularly in rural and low-income areas. This step would support emerging clinicians and help them to reach clients who often have limited access to mental health services.



*Would fulfill the following Strategic Plan recommendation: “Amend Texas Code to authorize Licensed Marriage and Family Therapist Associates, Licensed Professional Counselor Associates, and Licensed Master Social Workers to provide and be reimbursed for counseling services under the Medicaid state plan.”*

#### **5. Modernize and Coordinate Data Systems**

Lawmakers should make it easier to safely share health care information to improve care coordination for children and families served by multiple agencies. State agencies often use different technology and software, making coordination and integration costly and/or challenging to accomplish. HHSC has also identified enhancement of data and analytics capabilities as a major issue in its [Sunset Self Evaluation Report](#).

In addition to these improvements, lawmakers should establish a data governance committee and invest in data systems to support care coordination and accountability. Coordinating data sharing and analysis across different agencies allows for more informed decisions about resource allocation and intervention strategies. The existing data landscape hinders agencies’ ability to easily determine the array of services children and caregivers receive and to identify associated outcomes.

*Would fulfill the following Strategic Plan recommendation: “Invest in modernizing data systems to improve continuity of care for children served in the state system.”*

# Summary of Action Taken by the Legislature in 2025 on the Recommendations in the Children’s Behavioral Health Strategic Plan

Recommendation	Legislative Action <i>(Actions described in all caps indicate full or partial progress)</i>	Additional Details
<b>The System of Care Philosophy</b>		
Establish a state children’s behavioral health advisory team to advance statewide implementation of the System of Care.	Did not pass required legislation  Funding not required	The System Of Care (SOC) Grant Program, implemented by the Substance Abuse and Mental Health Services Administration (SAMHSA), to support a nationally recognized framework for the provision of children’s behavioral healthcare, has been eliminated in Texas due to a federal decision to discontinue the grant.
Establish a Texas Children’s Behavioral Health Training and Technical Assistance Center.	Did not provide required funding	This Center would be a single hub for sharing children’s behavioral health information to individuals and organizations that support youth with behavioral health and co-occurring conditions. The Center would also provide training and technical assistance to mental health professionals to support their credentialing and to expand the availability of professionals training in pediatric evidence-based practices.
<b>Service Delivery System Supports</b>		
Add a definition in statute for Serious Emotional Disturbance (SED).	Bill filed but not passed  Funding not required	HB 709 was filed, requiring group health benefit plans to insure children with SED, which includes at least 45 days of inpatient treatment and 60 outpatient visits per year. The Legislature did not hold a hearing on the bill.
Expand the number of Certified Family Partners and make these services a Medicaid state plan benefit.	Did not provide required funding	HHSC added Certified Family Partners as a Medicaid benefit in March 2025.
Expand the qualifications required to serve as a Qualified Mental Health Professional-Community Services (QMHP-CSs).	Funding not required	Medicaid benefit policy and code rule changes are underway by HHSC to expand the qualifications for QMHP-CSs who deliver mental health rehabilitative and targeted case management services.

Amend Texas Code to join the Counseling Compact and Social Work Compact.	Bills filed but not passed  Funding not required	SB 1726/HB3503 and SB 498/HB 1537 were filed and would have entered Texas into Social Work Licensure and Licensed Professional Counselor Compacts to allow easier mobility across state lines. HB 5421 would have allowed reciprocal license agreements through the Texas Behavioral Health Executive Council. The Legislature did not hold hearings on these bills.
Amend Texas Code to authorize Licensed Marriage and Family Therapist Associates, Licensed Professional Counselor Associates, and Licensed Master Social Workers to provide and be reimbursed for counseling services under the Medicaid state plan.	Bills filed but not passed  Did not provide required funding	HB 1716/SB 469, SB 2088 and omnibus legislation HB 5030 were filed allowing Medicaid billing for LMSWs, LPC-As, and LMFT-As who are working toward their full clinical licensure hours for psychotherapy services. The Legislature did not hold hearings on HB 5030 and SB 2088. HB 1716 passed the House but the Senate did not hold a hearing on the bill.
Fund the Texas Child Mental Health Care Consortium (TCMHCC) to expand the Community Psychiatry Workforce Expansion Initiative to include other mental health professions.	FUNDING PARTIALLY PROVIDED	SB 1 allocated \$32.5 million for workforce expansion to TCMHCC, supporting the expansion of the child and adolescent psychiatry workforce in Texas. This is \$844,442 more than the last biennium.
Fund the Texas Higher Education Coordinating Board (THECB) to implement the Behavioral Health Innovation Grant Program.	FUNDING PROVIDED	SB 1 allocated \$5M to THECB to the Behavioral Health Innovation Grant Program to support recruitment, training, and retention programs in behavioral health fields through the solicitation of grant applications from public community colleges.
Establish a data governance committee for children's behavioral health.	Funding not required	A governance committee provides a centralized data clearinghouse on children's behavioral health.
Invest in modernizing data systems to improve	FUNDING PARTIALLY PROVIDED	The Legislature funded \$60 million to improve and support Information Management Protecting Adults and Children in Texas (IMPACT), the case management

continuity of care for children served in the state system.		system for DFPS. The existing data landscape hinders agencies' ability to easily determine the array of services children and caregivers receive and to identify associated outcomes. HHSC is providing funding input on this item.
Strengthen data workforce capacity through human capital investment in data teams.	Did not provide required funding	Data workforce capacity supports the infrastructure needed for the evaluation of program success. HHSC has received funds for technology, with allocation decisions underway.
<b>Behavioral Health Awareness</b>		
Amend code to allow HHSC to contract with Regional Education Service Centers (ESCs) to deliver Mental Health First Aid (MHFA) training and funding to expand MHFA training infrastructure.	Did not pass required legislation Did not provide required funding	Mental Health First Aid is an evidence-based training to support youth who experience a mental health or substance use issue.
<b>Behavioral Health Prevention and Early Intervention Care</b>		
Fund the Texas Education Agency (TEA) to award school districts with grants through the Project Advancing Wellness and Resiliency in Education (AWARE) Texas to increase access to behavioral health services and supports.	Bills filed but not passed Did not provide required funding	HB 2880 and SB 2464 were filed to increase access to behavioral health supports in school districts. The Legislature did not hold hearings on these bills. Project AWARE, which increases access to mental health services and supports with parent/guardian permission and family engagement is at risk for federal cuts.
Establish a mental health allotment for schools separate from the school safety allotment.	Bills filed but not passed Did not provide required funding	HB 462, HB 1728, HB 2377, SB 649, HB 5306, HB 1257 and SB 1676 were filed, creating a dedicated funding stream for mental health services in schools through a Mental Health Allotment. The Legislature did not hold hearings on these bills.
Fund HHSC to expand the Children's System Navigator program.	Did not provide required funding	System Navigators specialize in enhancing access to mental health services for children and families. Currently, 6 System Navigator programs cover 69

		counties, leaving 185 Texas counties without intensive coordination for children and families.
Fund HHSC to expand substance use youth prevention programs	Did not provide required funding	Youth prevention programs provide services to communities across Texas addressing behavioral health promotion and the dangers associated with substance misuse
<b>Behavioral Health Outpatient Care</b>		
Fund HHSC to include Coordinated Specialty Care (CSC) for First Episode Psychosis, Family Functional Therapy (FFT), and Multisystemic Therapy (MST) as Medicaid state plan benefits.	Bills filed but not passed  FUNDING PARTIALLY PROVIDED	Omnibus legislation HB 5030, HB 475 and HB 488 were filed, adding MST and FFT as a reimbursable Medicaid benefit. HB 5488 was filed adding CSC as a reimbursable Medicaid benefit. HB 1594 was filed adding early treatment for First Episode Psychosis as a reimbursable Medicaid benefit. The Legislature passed HB 457 in the House. The Legislature held a hearing on HB 488 and left it pending in committee. The Legislature did not hold hearings on HB 5488, HB 1594 and HB 5030. The Legislature funded \$32.7 million through SB 1 to maintain and expand MST capacity for youth who are at risk of out-of-home placement due to serious behavioral problems and are involved, or at risk of juvenile justice involvement. This funding adds an MST team in Williamson County, making a total of 23 teams in Texas – far short of the 140 needed to meet demand statewide.
Fund HHSC to include Intensive Outpatient Program (IOP) services and Partial Hospitalization Program (PHP) services as Medicaid state plan benefits.	Bill filed but not passed  Did not provide required funding	Omnibus legislation HB 5030 and HB 2036 were filed, adding PHP and IOP as reimbursable Medicaid benefits. The Legislature did not hold a hearing on HB 5030 and held a hearing on HB 2036, leaving it pending in committee. A \$15.3 million Rider was proposed by the Legislature in the House version of SB 1., however it was not adopted. These services can prevent the need for out-of-home placement, residential treatment, or inpatient hospitalization.
Fund HHSC to increase rates for the Youth Empowerment Services (YES) Waiver Program and address administrative barriers to serving children with complex needs.	Did not pass required legislation  Reduced required funding	The Legislature proposed a \$13 million Rider for YES Waiver funding in SB 1. The \$13 million Rider was not adopted. YES Waiver services are needed to support children with serious mental, emotional, and behavioral difficulties in their home or community.
Modernize Utilization Management	Did not provide required funding	TRR is the service delivery system for community-based mental health services in Texas. Families require more

Guidelines for the Texas Resilience and Recovery (TRR) Treatment model to permit new evidence-based practices and broader curriculum usage.		intensive evidence-based therapies that are not currently reimbursable under TRR. HHSC action is underway on this item.
<b>Behavioral Health Outpatient Care</b>		
Amend code and fund HHSC to implement the Healthy Transitions: Improving Life Trajectories for Youth Grant program.	Did not pass required legislation Did not provide required funding	The grant program would provide services and supports to youth to address their Serious Mental Illness, Serious Emotional Disturbance, and/or Intellectual and Developmental Disability needs.
Fund HHSC to expand Outpatient Biopsychosocial (OBI) Services statewide.	FUNDING PARTIALLY PROVIDED	The Legislature provided \$5.3 million for the OBI pilot through SB 1 to expand to 8 additional sites. OBI, a pilot program at five Local IDD Authorities (LIDDA) provides mental health outpatient services for people with IDD who also have mental health or behavioral needs. This makes a total of 13 LIDDAs offering specialized outpatient mental health services, but OBI could be expanded to the rest of the 39 LIDDAs in Texas.
Fund the Supreme Court of Texas Permanent Judicial Commission on Children, Youth and Families (Children's Commission) to expand implementation of state and local dual status initiatives.	Did not provide required funding	Dual status initiatives are designed to improve practices that directly affect outcomes for children who are in child welfare and juvenile justice systems.
<b>Behavioral Health Residential Care</b>		
Fund HHSC to establish Psychiatric Residential Treatment Facilities (PRTF) as a Medicaid state plan Benefit.	Bills filed but not passed Did not provide required funding	Omnibus legislation HB 5030 and SB 1342 were filed, adding PRTFs as a reimbursable Medicaid benefit. The Legislature did not hold hearings on these bills.
Fund HHSC to expand the	Did not provide required funding	The RTC project is a partnership between DFPS and

Residential Treatment Center (RTC) Project to include increasing rates for services.		HHSC, which provides intensive support for families who are at-risk of relinquishment to DFPS due to the acuity of their child's behavioral health needs.
Fund HHSC to expand youth substance use treatment programs and the resources available to the youth treatment provider network.	Did not provide required funding	Expansion of youth substance use treatment programs and the resources available to the youth treatment provider network is needed to ensure timely and effective treatment for youth who are at risk or already affected.
<b>Behavioral Health Inpatient Care</b>		
Fund HHSC to increase rates for inpatient providers serving children with co-occurring mental health and Intellectual and Developmental Disabilities (IDD) and those with co-occurring complex medical conditions.	Did not pass required legislation Did not provide required funding	Increased access to inpatient psychiatric beds is needed to ensure appropriate evaluation for youth with co-occurring mental health and IDD.
<b>Behavioral Health Crisis Care</b>		
Fund HHSC to Expand Youth Crisis Outreach Teams as a statewide service available 24/7.	FUNDING PARTIALLY PROVIDED	The Legislature funded \$54 million for youth mobile crisis outreach teams through SB 1, increasing funding by \$40 million since the last biennium. This provides 8 additional teams for more 24/7 in-person community-based stabilization and support for youth in crisis. This amount is \$18 million less than the proposal from the House. Additional funding is needed to meet the need for Texas, a total of 40 teams.
Fund HHSC to expand crisis respite units serving children with behavioral health conditions and/or IDD conditions.	FUNDING PARTIALLY PROVIDED	The Legislature funded \$5 million for a psychiatric residential youth treatment and mental health respite facility and educational opportunity center at the local mental health authority serving Jefferson County. Crisis respite programs provide short-term, community-based crisis care for people who do not require hospitalization. There are 28 crisis respite units across the state, but only 11 that exclusively serve children, and one that serves children and adults. Additional information is forthcoming regarding specific expansions to crisis respite unit services.

<p>Fund HHSC to cover crisis services such as in-home and out-of-home crisis respite, extended observation, and crisis stabilization services as a Medicaid state plan benefit.</p>	<p>Bill filed but not passed</p> <p>FUNDING PARTIALLY PROVIDED</p>	<p>Omnibus legislation HB 5030 was filed adding crisis services, including crisis respite, stabilization and extended observation as Medicaid benefits. The Legislature did not hold a hearing on the bill. The Legislature funded \$28.3 million for intensive psychiatric stabilization services for youth in foster care, \$14 million less than what was included in the House and Senate introduced budgets. This funding gap limits the ability of providers to build capacity and offer timely, intensive care for the highest-need youth in the system.</p>
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## Endnotes

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