



tcmhcc
Texas Child Mental
Health Care Consortium

The Texas Child Mental Health Care Consortium

Legislative Update

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89th Texas Legislative Session



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We are on day 126 of 140

- Started January 14th
- Sine Die on June 2nd

Bills Filed

- | | |
|----------|--------|
| • House | 6,610 |
| • Senate | 3,513 |
| • Total | 10,123 |

FY26-27 HB1/CSSB1 Introduced compared to FY26-27 Request and Estimated FY26-27 Budget

Program	HB1/CSSB1 FY26-27 Total	Total FY26-27 GR Request	FY26-27 GR Request Difference V. HB1/CSSB1	Requested Use of UB	Estimated FY26-27 Budget	Difference V. Request
CPAN	36,380,210	36,380,210			36,380,210	
TCHAT	160,626,062	187,825,009	-27,198,947	8,753,502	169,379,564	-18,445,445
CPWE	32,457,134	32,457,135			32,457,134	
CAP	14,337,288	14,337,288			14,337,288	
Research	29,580,709	33,079,621	-3,498,912	3,498,912	33,079,621	
COSH	3,673,536	3,673,536			3,673,536	
EE	1,000,000	1,000,000			1,000,000	
Administration	3,345,414	7,876,818	-4,531,404	4,531,404	7,876,818	
CSSB1 Subtotal	\$281,400,353	\$316,629,617	(\$35,229,263)	\$16,783,818	\$298,184,171	(\$18,445,446)
PeriPAN		12,512,205	-12,512,205	12,512,205	12,512,205	
YAM		17,495,071	-17,495,071	17,495,071	17,495,071	
CoCM		3,735,458	-3,735,458	3,735,458	3,735,458	
Other Workforce		29,830,371	-29,830,371	29,830,371	29,830,371	
TCMHCC ARPA Initiatives Subtotal	\$0	\$63,573,105	(\$63,573,105)	\$63,573,105	\$63,573,105	\$0
Total	\$281,400,353	\$380,202,722	(\$98,802,368)	\$80,356,923	\$361,757,276	(\$18,445,446)



New Rider on TCMHCC Budget

- (f) TCMHCC shall utilize TCHAT to identify and assess behavioral health needs and provide access to mental health services, with a focus on the behavioral health needs of at-risk children and adolescents. TCMHCC shall explore opportunities for third-party reimbursement for any other necessary services delivered beyond four TCHAT sessions or to address any broader needs, including through Medicaid, CHIP, a private health plan, and school-based reimbursement.



Other Riders of Interest

Adopted Riders

House rider by Rep. Barry puts \$5 million into community colleges to develop the mental health workforce. This is not through the TCMHCC.

Article XI Riders

- a. CPAN substance use pilot rider by Rep. Zwiener for \$4 million
- b. Forensic Psychiatry Fellowship Rider by Rep. Rose for \$9 million
- c. Psychiatric GME expansion Rider by Rep. Rose for \$8.1 million



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House Bill 18 (1 of 2)

- Add requirements for the Rural Hospital Strategic Plan;
- Codifies the State Office of Rural Hospital Financing;
- Establishes the Texas Rural Hospital Officers Academy;
- Codifies the existing grant programs for rural hospitals;
- Creates an add-on payment for rural hospitals that have a department of obstetrics and gynecology;
- Codifies the Medicaid definition of a rural hospital;
- Expands the Pediatric Tele-connectivity Grant Program to rural hospitals;
- Additionally, this bill amends the Health and Safety Code to establish the Rural Pediatric Mental Health Care Access Program and repeals certain provisions related to the Pediatric Tele-connectivity Grant Program.



HB 18 (2 of 2) : Role of the TCMHCC

- Establish or expand the use of CPAN to assist health care practitioners providing services at rural hospitals or rural health clinics to:
 - identify and assess the behavioral health needs of pediatric and perinatal patients seeking services at the hospital or clinic; and
 - identify necessary mental health care services to improve access to mental health care services for pediatric and perinatal patients seeking services at the hospital or clinic.
- TCMHCC working with a rural hospital organization shall develop a plan by September 1, 2026 to establish telemedicine and telehealth programs to identify and assess behavioral health needs and provide access to mental health care services for pediatric patients seeking services at rural hospitals and rural health clinics.
- TCMHCC will establish a program establishing or expanding telemedicine or telehealth programs to identify and assess behavioral health needs and provide access to mental health care services for pediatric patients seeking services at rural hospitals or rural clinics.

HB 6 / SB 1871 (1 of 2)

Requires the following regarding TCHATT:

- “If the consortium makes available mental health services to a school district through the program, the district shall offer to each student enrolled in the district access to those mental health services.”
- School districts to obtain signed written consent from student’s parent or legal guardian for all students younger than 18 years of age before referral.
- “The program shall maintain, provide to each school district at which the program is available, and post on the consortium’s Internet website: (1) a list of health providers to which the program refers participants; and (2) the process used by the program in vetting providers described by Subdivision (1).”

HB 6/ SB 1871 (2 of 2)

- Requires the biennium report to the Legislature to include:
 - The percentage of TCHATT participants who:
 - were prescribed a psychotropic drug by the consortium
 - were referred to a health provider for further mental health services
 - completed program treatment goals
 - were provided information on consortium research programs on the participant's discharge from the program
 - The percentage of potential participants
 - for whom a parent or legal guardian declined to give informed consent
 - who were referred to but not enrolled in the program because the potential participant needed more emergent care



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Thank you!