



Texas Council Legislative Priorities 89th Legislative Session

Across all 254 Texas counties, Local Intellectual and Developmental Disability (IDD) Authorities (LIDDAs) and Local Mental Health and Behavioral Health Authorities (LMHAs/LBHAs) serve as the public safety net for people seeking access to critical IDD, mental health, and substance addiction services. We urge support for the following priorities for the 89th Legislative Session.

IDD Services: Access to Care

- Address the crisis-level workforce shortage of Direct Support Professionals (DSPs) in community IDD services by increasing rates supporting wages for DSPs working in residential settings (ICF and HCS) to parity with State Support Living Center (SSLC) DSP wages (\$19.16 per hour) and increasing wages for IDD DSPs in non-residential settings (HCS and TxHmL waivers).
 - Support HHSC Exceptional Item (EI) 24, Consolidated Rate Request, which identifies Community Attendant Services (inclusive of services provided by IDD DSPs) as in the top five rate categories for which increases in reimbursement will positively impact access to care.
- Invest funds necessary to ease a \$40 million shortfall each year in IDD Targeted Case Management (TCM) and address increased demands on LIDDAs, including responsibilities related to intake and eligibility, enrollment, assessment, crisis prevention and response.
- Enhance IDD community service system capacity to meet the needs of individuals with high behavioral, medical, or physical support needs in community settings, including children and youth with complex needs in Department of Family and Protective Services (DFPS) conservatorship or involved in the juvenile justice system.
- Strengthen the continuum of care by identifying and addressing gaps in access to care, including repurposing unused capacity in community ICFs/IID to provide alternative community-based service delivery models.
- Support HHSC EI 17, Increasing Services for People with Disabilities, by expanding specialized outpatient mental health services for people with IDD. Support for this EI will expand this critical service, currently available at five (5) pilot sites, to LIDDAs statewide, allowing more individuals with IDD to access behavioral health care in community outpatient settings, rather than in more expensive, institutional settings.



- Ensure individuals with IDD have access to cost-effective, community-based care by reducing Medicaid waiver interest lists by supporting HHSC EI 15, Reduce Medicaid Waiver Interest Lists.

Community Mental Health Services: Access to Care

- Invest funds necessary to address population growth, continue waitlist avoidance, and maintain reasonable caseload sizes.
 - Investments must allow flexibility to address increased operational costs and workforce recruitment/retention challenges in adult and children’s mental health services.
- Invest funds to address capacity loss due to the \$76M annual reduction in Community Mental Health Services across Adult, Children, and Crisis services and \$86M annual reduction in Substance Use Services.
 - If these funds are not replaced, children and adults will lose access to a range of critical services such as coordinated specialty care, crisis response and diversion, hospital transition, mobile crisis outreach, and consumer operated services, as well as core outpatient treatment.
 - Avoiding treatment delays requires a return to intentional investments to address population growth and avoid waitlists. These investments began in the 2013 legislative session and continued through the 2019 session, dramatically reducing treatment delays and eliminating waitlists. Already providing services above state-funded targets, LMHAs/LBHAs will be unable to avoid future waitlists unless the state returns to funding increased demand for outpatient treatment.
- Support HHSC EI 24, Consolidated Rate Request, which identifies five funding priorities to increase access to quality care, including:
 - Medicaid rate increase for peer services, noting that utilization has been lower than expected because established rates are too low to attract an adequate provider network
 - Medicaid rate increase community inpatient bed day rates, noting that current rates are significantly lower than prevailing rates for similar services.



Children and Youth Mental Health Services

- Invest in core treatment capacity for children and youth.
 - Texas Resiliency and Recovery is the state’s model for outpatient treatment provision. Ensuring these services are readily available to children, youth, and families helps alleviate the need for more high-intensity services such as residential or inpatient care.

- Support HHSC EI 12, to address recommendations in the statewide Children’s Behavioral Health Strategic Plan. Expand programs designed for children and youth, including those with high acuity and complex needs and those who are in state conservatorship or at imminent risk of relinquishment. Fully fund the agency request to:
 - Expand specialty services statewide (e.g., YCOT, MST, and CSC); and
 - Increase youth crisis respite capacity and other alternatives to inpatient care.

- Support HHSC EI 5, related to Early Childhood Intervention (ECI). Fully funding this item is vital to ensure ongoing statewide capacity and continued access to ECI services for young children with developmental disabilities and their families.

- Support HHSC EI 24, Consolidated Rate Request, which includes rate increases for autism services. Ensuring that rates are adequate to promote provider enrollment in Medicaid will help improve access to these important services.

Crisis Response & Diversion Program Capacity

- Build on investments made in Rider 52 (88th Regular Session) to create additional diversion center capacity. Ensure existing diversion centers are sustainable by allocating sufficient funding for staffing and continued operation.

- Increase investments in the Mental Health Grant Program for Justice-Involved Individuals (SB 292) to address demands that exceed current funding.

Locally Purchased Inpatient Care and Operational Capacity

- Invest funds necessary for operational capacity at new construction projects directed by the 88th Legislature.

- Increase rate for locally purchased Private Psychiatric Beds (PPBs) for adults and children

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