



Hogg Foundation for Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS

Texas 84th Legislative Session: Summary of Mental Health-Related Legislation

The 84th legislative session ended with both significant achievements and missed opportunities for Texans with mental health concerns. Overall, the Department of State Health Services (DSHS) behavioral health budget increased by approximately \$105 million and included both increases and decreases in individual budget strategies (see table below). One of the most noticeable changes was the decision to discontinue funding of the NorthSTAR Behavioral Health Program. NorthSTAR currently serves thousands of individuals in the Dallas area for both mental health and chemical dependency treatment in a behavioral health “carve-out model” of service delivery.¹ Medicaid eligible individuals in the NorthSTAR program will transition to the state integrated managed care system – STAR and STAR+Plus.

The Texas sunset agency review process played a significant role in legislative action relating to health and human services. The Sunset Advisory Commission recommended consolidation of the health and human services (HHS) enterprise after a two-year in-depth review of the agency’s inner structure, strategies, and outcomes.² The Sunset Commission also recommended large structural changes in the entities under the HHS umbrella, including the Health and Human Services Commission (HHSC), Department of Family and Protective Services (DFPS), the Department of Aging and Disability Services (DADS), the Department of Assistive and Rehabilitative Services (DARS), and the Department of State Health Services (DSHS).³ Although the two-year review of the agencies was complete before the beginning of the session, many of the Sunset recommendations continued to be heavily debated by legislators. Many advocates, legislators, stakeholders, and those receiving services from HHS remain concerned with how further consolidation of the agencies will affect the provision of needed public health and social services during the upcoming transition years and beyond.⁴

No legislative action was taken to expand access to Medicaid, which could increase access to needed behavioral health care for Texans living with mental illness. A recent Gallup poll shows that Texas is the only state in the nation with an uninsured rate above 20%.^{5,6}

Following is a summary of key mental health and substance use related legislation considered during the 84th legislative session. Due to the extensive legislation filed in response to the Sunset Commission recommendations, Sunset-related bills are included in a separate summary, Appendix A.

DSHS Mental Health Funding

Dept. of State Health Services (DSHS) Mental Health Strategies	Current Budget for 2014/2015 Biennium	HB 1 2016/2017	Difference
B.2.1 Mental Health - Adults	\$664,999,081	\$663,920,027	(\$1,079,054)
B.2.2 Mental Health - Children	\$200,976,804	\$204,650,668	\$3,673,864
B.2.3 Community Mental Health Crisis	\$221,182,624	\$255,313,022	\$34,130,398
B.2.4 NorthSTAR Behavioral Health	\$226,593,318	\$174,064,540	(\$52,528,778)
B.2.5 Substance Abuse Prevention/Treatment	\$315,625,153	\$325,110,656	\$9,485,503
C.1.3 State Mental Health Hospitals	\$835,796,441	\$872,639,869	\$36,843,428
C.2.1 Community Mental Health Hospitals	\$153,140,973	\$209,943,241	\$56,802,268
F.1.2 Repair and Renovation: MH Facilities	\$6,158,297	\$24,046,914	\$17,888,617
Total	\$2,624,472,691	\$2,729,688,937	\$105,216,246

Mental Health Riders

(Note: budget riders do not provide additional or new funding. Riders are legislative directives that instruct agencies how to spend certain appropriated funds.)

Health and Human Services Commission (HHSC)	
Rider 44	Medicaid Substance Abuse Treatment HHSC shall evaluate the impact on overall Medicaid spending and client outcomes of substance use disorder treatment services provided under Medicaid to persons who are at least 21 years of age. HHSC shall develop a methodology for the evaluation of those treatment services, improve and analyze data necessary to complete the evaluation, and submit a progress report that includes the evaluation methodology by December 1, 2015.
Rider 68	Mental Health for Veterans Grant Program Allocates \$10,000,000 per year in General Revenue funds for FY 2016 and FY 2017 to implement a grant program to provide mental health services for veterans. HHSC shall submit a report on the effectiveness of the grants, the number of grants awarded, and the number of veterans served by December 1, 2016.
Rider 72	Contingency for Behavioral Health Funds The Comptroller of Public Accounts shall not allow certain General Revenue-related behavioral health funds to be expended if the requirements identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures are not satisfied.
Rider 79	Excellence in Mental Health HHSC shall develop and submit an application to Centers for Medicare and Medicaid Services for an Excellence in Mental Health planning grant as authorized in the Protecting Access to Medicare Act (H.R. 4302). It is the intent of the legislature that applying for the grant and participation in a pilot will be cost-neutral to the state and that the principles of the grant are consistent with the commission's value-based payment strategies.
Rider 81	Medicaid Managed Care Organization Network Adequacy Action Report HHSC shall report to the Legislature and the public no later than September 1, 2016, the number of final disciplinary orders or corrective action plans imposed by HHSC over the previous five years based upon violations of the HHSC Medicaid managed care program network adequacy requirements under 1 Texas Administrative Code § 353.411. The report shall include the name of the managed care organization, date of the disciplinary order or corrective action plan, disciplinary or corrective action taken, and grounds for the violation.
Rider 93	Monitor the Integration of Behavioral Health Services HHSC shall monitor the implementation of Government Code, Section 533.00255(b), which integrates behavioral health services into the Medicaid managed care program. HHSC shall prioritize monitoring managed care organizations that provide behavioral health services through a contract with a third party.
Dept. of Family and Protective Services (DFPS)	
Rider 34	Youth Specialist Activities Appropriates \$100,000 in General Revenue Funds for FY 2016 and FY 2017 for regional youth leadership specialist and youth specialist activities.
Rider 40	Contingency for Senate Bill 125 Appropriates \$229,788 in General Revenue Funds and \$257,130 in All Funds and 3.1 FTEs in FY 2016 and \$335,117 in General Revenue Funds and \$374,991 in All funds and 3.1 FTEs in FY 2017 for SB 125. See Child Welfare section for summary of SB 125.
Dept. of State Health Services (DSHS)	
Rider 35	Mentally Ill Offender Screening DSHS and community centers shall, through a memorandum of understanding, identify offenders with mental impairments in the criminal justice system, collect and report prevalence data, and accept and disclose information relating to a special needs offender if the disclosure serves the purpose of Chapter 614, Health and Safety Code related to Texas Correctional Office on Offenders with Medical or Mental Impairments.

Rider 55	Local Service Area Planning Requires DSHS to develop performance agreements with local mental health authorities (LMHA) out of funds allocated in Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, giving regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan.
Rider 58	Mental Health Outcomes and Accountability DSHS is to withhold ten percent (10%) of the General Revenue quarterly allocation from each LMHA for use as a performance-based incentive payment out of funds appropriated in Goal B, Community Health Services, and Strategies B.2.1, B.2.2, and B.2.3. The payment of funds withheld shall be contingent upon the achievement of outcome targets set by DSHS. Funds withheld for failure to achieve outcome targets are to be used for technical assistance and redistributed as an incentive payment according to a methodology developed by DSHS.
Rider 59	Mental Health Appropriations and the 1115 Medicaid Transformation Waiver Requires funds appropriated out of Strategies B.2.1, B.2.2., and B.2.3 in General Revenue Funds to be used to draw down additional federal funds through the 1115 transformation waiver and other federal matching opportunities.
Rider 60	1915(c) Youth Empowerment Services (YES) Waiver Expansion Directs HHSC and DSHS to initiate statewide expansion of the 1915(c) Youth Empowerment Services waiver during the 2016-2017 biennium, contingent on approval from CMS.
Rider 61	Home and Community-Based Services Appropriates \$32,017,406 in General Revenue for expanding Medicaid state plan services to divert populations from jails and emergency rooms into community treatment programs through a 1915(i) state plan amendment.
Rider 62	Mental Health Program for Veterans Appropriates \$5,000,000 per year in General Revenue Funds for FY 2016 and FY 2017 for the purpose of administering the Mental Health Programs for Veterans pursuant to Health and Safety Code §1001.201-204.
Rider 64	Healthy Community Collaborative Directs DSHS to allocate up to \$25 million to fund community grants that serve persons experiencing homelessness and mental illness. Funding is limited to the five most populated Texas municipalities.
Rider 65	Collection of Emergency Room Data DSHS shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. The data shall be used to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. Results of DSHS's findings shall be reported on an annual basis, beginning December 31, 2016.
Rider 66	Harris County Jail Diversion Pilot Program Requires DSHS to allocate \$5 million for FY 2016 and FY 2017 to implement a mental health jail diversion pilot program in Harris County.
Rider 70	Jail-Based Competency Restoration Pilot Program Appropriates \$1,743,000 per year in General Revenue Funds for FY 2016 and FY 2017 to be used only for the purpose of conducting a jail-based restoration of competency pilot program established under Article 46B.090 of the Code of Criminal Procedure, as a continuation of the pilot program started by the 83 rd Legislature. <i>Note: The amount appropriated was reduced by gov. veto.</i>
Rider 71	Increased Access to Community Mental Health Services Appropriates \$46,486,001 in General Funds over the 2016-17 biennium to provide a funding adjustment to the LMHA and the NorthSTAR service area to increase the number of individuals provided community mental health services. (\$9,433,728 to LMHA to eliminate waitlist of 960 individuals and \$37,052,273 to bring LMHA to statewide average per capita poverty adjustment).
Rider 73	Mental Health Peer Support Re-entry Pilot Appropriates \$1 million in General Revenue for the 2016-17 biennium to implement a mental health peer support re-entry program. DSHS in partnership with LMHA and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a

	<p>mental illness successfully transition from the county jail into clinically appropriate community-based care.</p> <p>Prior to implementation on the projected program, DSHS shall submit a report to the Governor's Office and the Legislative Budget Board by Dec. 1, 2015 that includes an estimate of the total population to be served and client outcome measures. A subsequent status report on these factors must be provided by Dec. 1, 2016.</p>
Rider 74	<p>University of Texas Harris County Psychiatric Center Long-Term Bed Pilot</p> <p>Appropriates \$1.2 million in General Revenue in FY 2016 and FY 2017 in order to fund civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing long-term treatment not to exceed 90 days.</p>
Rider 76	<p>Prohibition on Use of Appropriations for the Private Operation of State Hospital</p> <p>Prohibits the use of appropriated funds to solicit bids for the private operation of a state hospital without approval from the Legislative Budget Board (LBB).</p>
Rider 80	<p>Community-Based Crisis and Treatment Facilities Review</p> <p>Requires DSHS to conduct a comprehensive review of contract funding requirements and standards for community-based and treatment facilities for persons with mental health and substance abuse disorders.</p>
Rider 82	<p>Behavioral Health Services Provider Contracts Review</p> <p>Requires DSHS to conduct a review to identify improvements to performance measurement, contract processing, and payment mechanisms for behavioral health services contracts with DSHS. Requires a report to legislative leadership no later than December 1, 2016. The report must include identification of performance measures and other requirements not necessary by a state or federal requirement that could be eliminated from contracts; a review of the metrics and methodology associated with 10% withholding; consideration of performance measures and contracting strategies similar to those used for managed care organizations; best practices in performance measurement and contracting, including incentive payments and financial sanctions that are aligned with the models used by the Health and Human Services Commission for purchasing health care services; and proposal for a publicly available web-based dashboard to compare performance of DSHS behavioral health contractors. .</p>
Rider 84	<p>Contingency for Behavioral Health Funds</p> <p>Disallows the expenditure of certain General Revenue-related behavioral health funds for DSHS if the LBB notifies the comptroller that the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures are not met.</p>
Rider 85	<p>Transition of the NorthSTAR Behavioral Health Services Model</p> <p>Assumes the discontinuation of NorthSTAR program on December 31, 2016. Allocates funds to North Texas Behavioral Health Authority (NTBHA) and LMHA serving Collin County according to the proportion of historical billing patterns, population, and poverty factors. If it is deemed necessary, the HSSC commissioner may extend the transition deadline by 90 days.</p>
Rider 86	<p>State Hospital System Improvement</p> <p>DSHS will evaluate the benefits of a university health-related institution or institutions operating a state hospital. The evaluation and report is due September 1, 2016.</p>
Rider 87	<p>University of Texas Harris County Psychiatric Center Rates</p> <p>Appropriates \$1,213,103 per year in General Revenue Funds in FY 2016 and FY 2017 to increase the rate of acute community mental health inpatient services at this facility.</p>
Dept. of Aging & Disability Services (DADS)	
Rider 15	<p>Nursing Facility Beds for Medicaid Eligible Veterans</p> <p>Expresses intent of the Legislature that DADS, contingent upon a request from the Texas Veterans Land Board, ensure sufficient beds to accommodate the requirements of a program that allows Medicaid eligible veterans to reside in State Veterans Homes.</p>
Rider 24	<p>Behavioral Support Specialists in Educational Settings</p> <p>Requires that funds appropriated in Strategy A.8.1 be used to provide behavioral support specialists to assist the alleged offender residents at Mexia State Supported Living Center with any specialized educational needs.</p>

Article IX - Health-Related Provisions Sec. 10.04

Statewide Behavioral Health Strategic Plan and Coordinated Expenditures

The Office of the Governor, the Veterans Commission, the Department of Aging and Disability Services, Department of Family and Protective Services, the Department of State Health Services, the Office of Violent Sex Offender Management, the Health and Human Services Commission, the University of Texas Health Science Center at Houston, the University of Texas Health Science Center at Tyler, the Department of Criminal Justice, the Juvenile Justice Department, and the Texas Military Department may use funds appropriated specifically for behavioral health services to support a statewide behavioral health coordinating council and each must designate an individual to serve as a member on the council. The coordinating council shall submit a five year strategic plan to the Executive Commissioner of HHSC for approval. The plan must include an inventory of behavioral health programs and services currently offered by state agencies and institutions of higher education, the number of persons with mental illness and/or substance abuse served by each agency and a detailed plan to coordinate these programs and services to eliminate redundancy, utilize best practices in contracting standards, perpetuate identified, successful models for mental health and substance abuse treatment, ensure optimal service delivery, and identify and collect comparable data on results and effectiveness. The report shall be approved by the Executive Commissioner of Health and Human Services Commission (HHSC) and the LBB should be notified of such approval by May 1, 2016. ⁷

General Mental Health

Bills related to the broad spectrum of individuals experiencing mental health conditions were filed this session. HB 2789 (Raymond/Zaffirini) recognized the value of trauma-informed care when working with individuals who have an intellectual or other developmental disability (IDD). The bill requires the Department of Aging and Disability Services (DADS) to develop or adopt trauma-informed training for employees working directly with individuals with IDD at state supported living centers (SSLC) and intermediate care facilities (ICF). HB 2216 (Coleman/Kolkhorst) decreases stigma surrounding mental health by removing the inquiry on a driver’s license application asking if an individual has been diagnosed with, treated for, or hospitalized for a psychiatric disorder.

Passed	Author(s) and Description	Summary
HB 2216	Coleman/Kolkhorst – Relating to information required of an applicant for a driver’s license.	<ul style="list-style-type: none">Amends the Transportation Code to prohibit a driver’s license application from including an inquiry regarding applicant’s mental health other than a general inquiry as to whether the applicant has a mental health concern that may affect the applicant’s ability to safely operate a motor vehicle.
HB 2789	Raymond/Zaffirini – Relating to trauma-informed care training for certain employees of state supported living centers and intermediate care facilities.	<ul style="list-style-type: none">Requires the Department of Aging and Disability Services (DADS) to develop or adopt trauma-informed training for new employees to take before they work directly with persons with intellectual and other developmental disabilities in state supported living centers and intermediate care facilities for individuals with IDD.

SB 11	Birdwell/Fletcher - Relating to the carrying of concealed handguns on the campuses of and certain other locations associated with institutions of higher learning.	<ul style="list-style-type: none"> • Allows licensed individuals to carry concealed handguns on campuses of both public and private institutions of higher education. • Allows institutions to develop rules for storage of handguns in dormitories. • Directs the institution's president or chief executive officer, after consulting with students, staff, and faculty, to develop reasonable rules regarding carrying handguns on university property. • Requires wide distribution of rules and biennial reporting to the legislature.
SB 277	Schwertner - Relating to the abolition of certain health-related task forces, work groups, advisory councils, and advisory committees.	<ul style="list-style-type: none"> • Abolishes numerous stakeholder advisory councils, advisory committees, work groups, etc. • Directs the executive commissioner to develop rules regarding the operation of new or continuing advisory committees. • Requires the executive commissioner to develop advisory committees and identifies 12 specific policy areas that must be addressed by the new committees.
SB 378	Rodriguez/Sheffield - Relating to the liability of certain social workers who provide volunteer health care services to charitable organizations.	<ul style="list-style-type: none"> • Adds licensed social workers to the definition of volunteer healthcare provider.
SB 1129	Zaffirini/Raymond - Relating to the transportation of a person with mental illness.	<ul style="list-style-type: none"> • Limits the use of restraint when an individual is being transported to a mental health facility. • An individual may only be restrained during apprehension, detention, or transportation. • Requires that the restraint used must allow the individual to sit upright.
SB 1560	Zaffirini/Lozano - Relating to chemical dependency treatment facilities.	<ul style="list-style-type: none"> • A treatment facility licensed by the department under Chapter 464 may not provide treatment without the individual's adequate consent. • Requires the executive commissioner to develop rules prescribing standards for obtaining adequate consent. • Establishes that consent to medication is only valid if: 1) the consent is voluntary; and 2) the individual is provided written notice that the consent may be revoked. • Requires documentation be placed in the individual's clinical record. • Directs that patients have the right to refuse medication. • Requires that an individual is provided certain information regarding medications. • When requested, requires the facility to provide the individual or their legally authorized representative a list of medications prescribed for the individual while in treatment.
SB 1664	Perry/Burkett - Relating to the establishment of the Texas Achieving a Better Life Experience (ABLE) Program.	<ul style="list-style-type: none"> • Allows individuals to open tax-free savings accounts to cover qualified expenses. • The savings accounts are intended to supplement, not supplant, other existing benefit programs.

Child Welfare

The 2014 Texas CASA Mental Health Task Force report identified three issue areas most impactful on the mental health outcomes of children and youth in foster care, along with recommendations for improvement in the state.⁸ The major issue areas identified were: diagnosis and treatment of mental health issues in children and youth in substitute care, empowerment and normalization of youth in substitute care, and appropriate caregiving environments for children and youth in substitute care.⁹ These recommendations informed child welfare legislation this session, with a number of bills specifically addressing issues identified in the report. Notable bills include SB 830 (Kolkhorst/Dutton) which establishes an independent Ombudsman office outside of the Department of Family Protective Services (DFPS) and SB 1407 (Schwertner/Dukes) which encourages age-appropriate normalcy activities for children in foster care. Additionally, SB 1889 (Campbell/Burkett) changes the definition of neglect by requiring DFPS to not include a parent's name in a central abuse/neglect registry if a parent relinquishes parental rights of a child only because they are unable to obtain appropriate mental health services for a child who has a severe emotional disturbance.

Passed	Author(s) and Description	Summary
HB 781	Burkett/Perry– Relating to caregiver screening and training by substitute care providers for children in the conservatorship of the DFPS.	<ul style="list-style-type: none"> Requires DFPS in contracting with licensed child-placing agencies for residential child-care services to determine and evaluate, using best practice standards, the home screening, assessment, and pre-service training requirements used by substitute care providers including risk assessment evaluations used and the curriculum and models used and topics covered in caregiving training. Child-placing agencies will be required to publish on DFPS's website the information collected by DFPS regarding the curriculum and training models used and topics covered during caregiver training by substitute care providers. Includes contracting requirements for residential child-care services including provisions to enable DFPS to monitor the effectiveness of services and ability to terminate contracts or impose sanctions for a violation of a provision of the contract that specifies performance criteria.
SB 125	West/Naishtat – Relating to certain assessments for children in the conservatorship of the Department of Family and Protective Services (DFPS).	<ul style="list-style-type: none"> Requires a child to receive a developmentally-appropriate comprehensive assessment not later than the 45th day after the date the child enters DFPS conservatorship. Requires the assessment to include a screening for trauma and interviews with individuals who have knowledge of the child's needs. Requires DFPS to develop guidelines regarding the contents of an assessment report.
SB 830	Kolkhorst/Dutton – Relating to the creation of an independent ombudsman for children and youth in foster care.	<ul style="list-style-type: none"> Requires the new ombudsman position created in the HHSC ombudsman's office to develop and implement statewide procedures to receive complaints from children and youth in DFPS conservatorship, provide any necessary assistance, and follow through with investigation.
SB 1407	Schwertner/Dukes – Relating to encouraging age-appropriate normalcy activities for children in the managing conservatorship of the state.	<ul style="list-style-type: none"> Defines a reasonable and prudent parent standard. Shifts the decision-making role from the caseworker to the caregiver. Puts liability protections in place for caregivers. Requires training on normalcy for caregivers, staff, and Residential Child Care Licensing.
SB 1889	Zaffirini/Burkett– Relating to the definition of neglect of	<ul style="list-style-type: none"> Specifies that, for purposes of investigations of reports of abuse or neglect of a child, "neglect" does not include the refusal by a person responsible for a child's care, custody, or welfare to permit the child to remain in or return to

	<p>a child, the exclusion of certain information from the Department of Family and Protective Services central registry of child abuse or neglect cases, and the report of certain information regarding those cases to the legislature.</p>	<p>the child’s home resulting in the placement of the child in the conservatorship of the department if: (i) the child has a severe emotional disturbance; (ii) the person’s refusal is based solely on the person’s inability to obtain mental health services necessary to protect the safety and well-being of the child; and (iii) the person has exhausted all reasonable means available to the person to obtain the needed mental health services.</p> <ul style="list-style-type: none"> • Amends the Family Code to require the executive commissioner of HHSC to adopt rules that prohibit DFPS from making a finding of abuse or neglect against a person in a case described above. • DFPS must report certain statistical information related to this bill each even-numbered year to the legislature.
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Guardianship

The court appointment of guardianship over an individual is intended to provide protection for adults whom the courts deem incapacitated. Often guardianship is appropriate and works as intended, ensuring guardians effectively manage the affairs of the elderly and people with disabilities fairly, honestly, and appropriately. Guardianship profoundly limits a person’s decision-making rights and therefore must be considered carefully. The Texas Judicial Council, along with the Texas Guardianship Reform and Supported Decision-Making Workgroup, recommended the recognition of supported decision-making agreements as a less restrictive alternative for adults with disabilities who need assistance with decisions regarding daily living but who do not wish to delegate authority over those decisions to an agent.¹⁰ During the 84th legislative session, supported decision-making agreements were included in two separate bills, HB 39 (Smithee/Zaffirini) and SB 1881 (Zaffirini/Peña). Additionally, a number of related bills were adopted ensuring that attorneys and judges explore all alternatives to guardianship prior to appointing a guardian. The 84th legislative session provided no movement toward utilizing person-first language by changing the term “ward” to “person under guardianship,” which is considered more respectful and preferred by many advocates’ stakeholders.

Passed	Author(s) and Description	Summary
HB 39	Smithee/Zaffirini – Relating to guardianships for incapacitated persons and to substitutes for guardianships for certain adults with disabilities.	<ul style="list-style-type: none"> • Amends the Estates Code to require attorney and guardian ad litem to investigate and determine if alternatives or a limited guardianship will meet the needs of person with a disability. • Establishes supported decision-making agreements as a less restrictive alternative to guardianships for adults with disabilities who need assistance with decisions regarding daily living but who are not considered “incapacitated persons” for purposes of establishing a guardianship. • Lists and defines alternatives to guardianship. • Requires the court have clear and convincing evidence that alternatives to guardianship that would avoid the need for appointment of a guardian are considered. • Provides a presumption that a person under guardianship can decide where they live. • Requires attorneys for applicant for guardianship and a court-appointed attorney in a guardianship proceeding receive four hours, rather than three, of credit for certification, including one hour of training on alternatives to guardianship.
HB 1438	Thompson, Senfronia/Zaffirini – Relating to probate matters, including guardianships and other matters	<ul style="list-style-type: none"> • Amends the Estates Code, Finance Code, and Government Code related to guardianships and incapacitated persons. • Provides protections relating to when a guardianship is transferred to another county • Includes provisions to clarify or streamline the requirements for setting a guardian’s bond.

	related to incapacitated persons.	<ul style="list-style-type: none"> Allows for payment of fees and costs from any management trust for the person under guardianship Requires criminal history record information concerning a family member being proposed to serve as a guardian.
HB 2665	Moody/Zaffirini – Relating to access to and receipt of certain information regarding a ward by certain relatives of the ward.	<ul style="list-style-type: none"> A relative of a person under guardianship may file an application with the court requesting access to the person, including the opportunity to establish visitation or communication with the person under guardianship. If an application states that the person under guardianship’s health is in significant decline or that death may be imminent, the court shall conduct an emergency hearing as soon as practicable, but not later than the 10th day after the application is filed. A guardian has the duty to inform relatives if the person under guardianship dies, is admitted to a medical facility for acute care for a period of three days or more, their residence changes, or if they are staying at a location other than their residence for a period that exceeds one calendar week.
HB 3424	Smithee/Zaffirini – Relating to a study and report on the establishment of a central database containing information about certain individuals under guardianship.	<ul style="list-style-type: none"> Requires the Office of Court Administration of the Texas Judicial System to conduct a study on the feasibility of developing, implementing, and maintaining a database of names of persons under guardianship and the name and contact information of the guardian appointed for that person. Study to include best practices for protecting the privacy and confidentiality of persons included in the database. Report of study to be provided to legislature by December 1, 2016.
SB 1881	Zaffirini/Peña – Relating to authorizing supported decision-making agreements for certain adults with disabilities.	Substantially same as supported decision-making agreement act outlined in HB 39.
SB 1882	Zaffirini/Thompson, Senfronia – Relating to a bill of rights for wards under guardianship.	<ul style="list-style-type: none"> Amends the Estates Code to grant a ward, meaning a person for whom a guardian is appointed, all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of Texas and the United States, except where specifically limited by a court-ordered guardianship or where otherwise lawfully restricted. Establishes rights for a person under guardianship, unless limited by a court. <p>Note: SB 1882 includes an extensive list of rights established for the benefit of a person under guardianship. Please review the bill for a complete listing.</p>
Failed to Pass	Author(s) and Description	Summary
HB 3930	Hughes – Relating to the provision of care and treatment to certain incapacitated persons.	<ul style="list-style-type: none"> Requires a guardian to visit the facility before placing a person under guardianship in a public or private facility. Requires the guardian to visit the person under guardianship in the facility at least once a month, or more often if necessary, and return telephone calls and respond to communications from a physician, social worker, attorney, family member, or other care provider or advocate within a reasonable amount of time. If a person under guardianship is placed in residential care facility for emergency care or respite care the guardian shall visit the person in the facility within a reasonable amount of time of the admission.

		<ul style="list-style-type: none"> If a person under guardianship has a medication-related emergency, the guardian should be notified not later than the second business day after the administration of psychoactive medication in response to that emergency.
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Criminal Justice Legislation

The intersection between mental health and the criminal justice system has received significant attention in recent years. The Department of State Health Services (DSHS) reports that a relatively large number of individuals in the criminal justice system who are in prison, on parole, or on probation are also current or former consumers of the DSHS-funded mental health system.¹¹ Several bills passed this session that focus on the interaction of those with mental health needs and the criminal justice system. HB 1908 (Naishtat/Garcia) requires that individuals who have been incarcerated and have a mental health condition have access to the continuity of care system. SB 1507 (Garcia/Naishtat) requires that DSHS hire a full-time forensic director and create a workgroup to develop a comprehensive plan for the effective coordination of forensic services. This legislation is intended to deter more individuals experiencing mental health conditions from inappropriate and unnecessary incarceration.

Passed	Author(s) and Description	Summary
HB 634	Metcalf/Creighton - Relating to the rights of a guardian of a person in the criminal justice system.	<ul style="list-style-type: none"> Authorizes a guardian of a defendant to provide information to the court relevant to the determination of indigency and request counsel be appointed. Provides the guardian access to the person incarcerated in the criminal justice system, through the uniform visitation policy.
HB 1083	Márquez/Whitmore - Relating to a mental health assessment of certain inmates of the Texas Department of Criminal Justice.	<ul style="list-style-type: none"> An appropriate medical or mental health care professional must perform a mental health assessment of an individual before the department may confine them in administrative segregation. The department may not confine an individual in administrative segregation if the assessment performed indicates the type of confinement is not appropriate for the inmate’s medical or mental health.
HB 1286	Simmons/Lucio – Relating to the prosecution and punishment of the offense of injury to a child, elderly individual, or disabled individual.	<ul style="list-style-type: none"> Removes a provision limiting the definition of “disabled individual” to a person older than 14 years of age for purposes of the offense of injury to a child, elderly individual, or disabled individual. Amends the Penal Code to include in the definition of “disabled individual,” for purposes of relating to an offense for injury to a child, elderly individual, or disabled individual, a person with autism spectrum disorder, a developmental disability, an intellectual disability, a severe emotional disturbance, a traumatic brain injury, or any combination thereof.
HB 1329	Naishtat/Zaffirini – Relating to the payment of costs incurred by the involuntary commitment of persons with mental illness.	<ul style="list-style-type: none"> Amends current law relating to the payment of costs incurred by the involuntary commitment of persons with mental illness. Clarifies that the county in which a person is originally detained is responsible for the costs, regardless of what governmental entity picks up the person and initiates the commitment process.
HB 1338	Naishtat/Menéndez - Relating to the training for peace officers and first	<ul style="list-style-type: none"> Requires the Texas Commission on Law Enforcement (TCOLE), in collaboration with the Office of Acquired Brain Injury and the Texas Traumatic Brain Injury Advisory Council, to establish and maintain a training program for peace officers and first responders that provides information on: 1) the effects of an acquired

	responders on certain persons affected by trauma.	<p>or traumatic brain injury and 2) techniques to interact with individuals affected by brain injuries.</p> <ul style="list-style-type: none"> Requires a training program to be established and maintained for peace officers that provides information on veterans with combat-related trauma, post-traumatic stress, or a traumatic brain injury. Prohibits an officer from completing the training by taking an online course.
HB 1908	Naishtat/Garcia – Relating to the continuity of care for offenders with mental impairments.	<ul style="list-style-type: none"> Subject to available resources, and to the extent feasible, the department must ensure that each offender with a mental impairment is identified and involved with the continuity of care system. This system serves adults with severe and persistent mental illness who are experiencing significant functional impairment due to a mental health condition that is defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5).
HB 2189	Parker/Creighton – Relating to a developmentally disabled offender program established by the Texas Department of Criminal Justice (TDCJ).	<ul style="list-style-type: none"> Requires TDCJ to establish and maintain a program for offenders who are suspected of, or identified as, having an intellectual disability or borderline intellectual functioning and whose adaptive functioning is significantly impaired. Requires the program provide an offender with a safe environment while confined and specialized programs, treatments, and activities designed by TDCJ to assist the offender. Authorizes TDCJ to accept gifts, awards, or grants for the purpose of providing these described services.
HB 2589	Phelan/Nichols – Relating to the prosecution of and punishment for assaulting a disabled individual; increasing a criminal penalty.	<ul style="list-style-type: none"> Amends the Penal Code to redefine “elderly individual” and define “disabled individual” to mean a person older than 13 years of age with a significant physical or mental health condition, injury, and is substantially unable to protect the person’s self from harm or to provide food, shelter, or medical care for the person’s self.
SB 578	Hinojosa/Allen – Relating to providing inmates of the Texas Department of Criminal Justice (TDCJ) with information regarding reentry and reintegration resources.	<ul style="list-style-type: none"> Requires TDCJ to identify and collaborate with organizations that provide reentry and reintegration resource guides to develop a resource guide that is to be made available to all inmates. Requires TDCJ to identify and collaborate with organizations that provide county-specific information to compile county-specific information packets. County-specific information packets should include information necessary to apply for governmental assistance or benefits and contact information of workforce offices, housing options, places of worship, support groups, peer-to-peer counseling groups, and agencies and organizations that offer mental health counseling.
SB 1507	Garcia/Naishtat – Relating to the statewide coordination and oversight of forensic mental health services overseen by the Department of State Health Services, including the appointment of a forensic director.	<ul style="list-style-type: none"> Requires DSHS to appoint a forensic director. The forensic director is responsible for statewide coordination and oversight of forensic services relating to mental health evaluation, transition of forensic patients from inpatient to outpatient/community-based services, community forensic monitoring, and forensic research and training. “Forensic services” is defined as a competency examination, competency restoration services, or mental health services provided to a current or former forensic patient in the community or at a DSHS facility. “Forensic patient” is defined as a person with mental illness who is examined on the issue of competency to stand trial by an appointed expert, found incompetent to stand trial, committed to court-ordered mental health services, or found not guilty by reason of insanity.

		<ul style="list-style-type: none"> Requires DSHS to establish a work group of experts and stakeholders to make recommendations concerning the creation of a comprehensive plan for the effective coordination of forensic services. <p>The following provisions added to SB 1507 were originally included in the introduced version of S.B. 202 (DSHS Sunset bill):</p> <ul style="list-style-type: none"> Requires HHSC to divide the state into regions for allocation of state-funded inpatient mental health beds. The executive commissioner of HHSC is required to adopt an initial allocation methodology, and DSHS is required to submit a report including a summary of plans to develop or update the bed-day allocation methodology to the LBB every two years. Requires DSHS, with input from the court of criminal appeals and the forensic director, to develop and maintain a training curriculum for judges and attorneys that provides information on alternatives to inpatient commitment to a state hospital for a patient whom a court is ordering to receive mental health services. Require DSHS to contract only with local mental and behavioral health authorities to administer outreach, screening, assessment, and referral functions related to substance abuse services. Requires DSHS to ensure each local mental and behavioral health authority operates a toll-free hotline as a single source of information about mental health services, substance abuse services, or both.
Failed to Pass	Author(s) and Description	Summary
HB 225	<p>Guillen/Watson – Relating to the prescription, administration, and possession of certain opioid antagonists for the treatment of a suspected overdose and a defense to prosecution for certain offenses involving controlled substances.</p> <p><i>HB 225 was vetoed by Gov. Abbott on June 1, 2015.</i></p>	<ul style="list-style-type: none"> Amended the Health and Safety Code to establish a defense to prosecution for certain drug-related offenses if the actor sought emergency medical assistance in response to another’s possible overdose or was the victim of a possible overdose for which assistance was requested.
SB 359	<p>West/Workman – Relating to the authority of a peace officer to apprehend a person for emergency detention and the authority of certain facilities and physicians to temporarily detain</p>	<ul style="list-style-type: none"> Amended the Health and Safety Code to allow a peace officer to take a person who has been admitted to a facility into custody. Provided a definition for “facility,” including a hospital or emergency department of a hospital. Allowed the governing body of the facility to adopt and implement written policy to allow the facility or a physician at the facility to detain a person who voluntarily requested treatment or who lacks the capacity to consent to treatment if: <ol style="list-style-type: none"> 1) the person expresses a desire to leave the facility or attempts to leave the facility before the examination or treatment is completed; and 2) a physician at the facility: a) has reason to believe and does believe that the person has a mental health condition; and because of the mental health condition there is substantial risk of serious harm to the person or to others

	<p>a person with mental illness.</p> <p><i>SB 359 was vetoed by Gov. Abbott on June 1, 2015.</i></p>	<p>unless the person is immediately restrained; and b) believe that there is not sufficient time to file an application for emergency detention or for an order of protective custody.</p> <ul style="list-style-type: none"> • Provided notification requirements to the person being detained. • Detention under this policy was to be no more than four hours following the time the person first expressed a desire to leave, or attempted to leave, unless at the end of the four hours it has been arranged for a peace officer to take the person into custody or an order of protective custody was issued. • A person’s detention under this policy would not have been considered involuntary psychiatric hospitalization for purposes of Section 411.172 (e), Government Code. • A physician, person, or facility that detains or does not detain a person under a policy adopted and implemented by a facility acting in good faith and without malice would not have been civilly or criminally liable for that action.
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Juvenile Justice Legislation

The Texas Juvenile Justice Department (TJJD) was created in 2011, combining the functions of the Texas Youth Commission (TYC) and the Texas Juvenile Probation Commission (TJPC).¹² Four years after the creation of the agency, the House Committee on Family and Juvenile Justice was appointed by the Speaker of the House to consider issues relating to children and families. Notable legislation relating to mental health for those in the juvenile justice system includes HB 839 (Naishtat/Rodríguez). This statute requires children placed in a juvenile facility to have their child health plan program (CHIP) or Medicaid coverage suspended while in the facility and reinstated immediately upon release, ensuring that youth have continuity of health services, including behavioral health treatment.

Passed	Author(s) and Description	Summary
HB 839	Naishtat/Rodríguez Relating to the reinstatement of eligibility of certain children released from a juvenile facility for benefits under the medical assistance and child health plan programs.	<ul style="list-style-type: none"> • Amends the Health and Safety Code and Human Resources Code to require HHSC to suspend a child’s eligibility for child health plan program (CHIP) or Medicaid coverage during the period the child is placed in a juvenile facility and to reinstate the child’s eligibility after the child’s release from the facility. • Requires HHSC to establish a means for determining whether a child placed in a juvenile facility is or was enrolled in CHIP or receiving Medicaid benefits.
SB 1149	Watson/Workman Relating to the commitment of certain juveniles to local post-adjudication secure correctional facilities in certain counties and to the release under supervision of those juveniles.	<ul style="list-style-type: none"> • Requires a juvenile board or local juvenile probation department to accept a child with a mental health condition or intellectual disability who is committed to the custody of the board or department. • Requires the juvenile board or local juvenile probation department, unless a child is committed to the custody of the juvenile board or local juvenile probation department under a determinate sentence, to discharge a child with a mental health condition or intellectual disability from its custody if the child has completed the minimum length of stay for the child’s committing offense and if the juvenile board or local probation department determines that the child is unable to progress in the rehabilitation program provided by the juvenile board or local juvenile probation department because of the child’s mental health condition or intellectual disability. • A child with a mental health condition or intellectual disability discharged from a juvenile board or local juvenile probation department is eligible to receive

		continuity of care services from the Texas Correctional Office on Offenders with Medical or Mental Impairments.
SB 1630	Whitmire/Turner, Sylvester – Relating to the commitment of juveniles in post-adjudication secure correctional facilities operated by the Texas Juvenile Justice Department and by local probation departments.	<ul style="list-style-type: none"> • Permits a juvenile court to commit a child to TJJJ for a felony offense without a definite sentence if the court makes a special commitment finding that the child has behavioral health or other special needs that cannot be met with the resources available in the community. • Amends the Human Resources Code to require TJJJ to develop and the Texas Juvenile Board to adopt a regionalization plan for keeping children closer to home in lieu of commitment to the secure facilities operated by TJJJ. • Requires TJJJ to develop specialized programs for children with a determinate sentence and children committed to TJJJ for special commitment. The programs are to ensure safety and security for committed children and provide developmentally appropriate program strategies.

Housing

A report by Easter Seals Central Texas, Mental Health and Housing, concluded housing remains largely unaffordable for individuals experiencing mental illness, even for those receiving some kind of financial assistance.¹³ The City of Austin passed an ordinance in late 2014 with a 2015 implementation date that would require landlords to accept low-income applicants paying rent with housing vouchers if they meet all the qualifications for tenancy.¹⁴ Nicknamed the “source of income ordinance,” the ordinance was designed to address the lack of affordable housing in Austin and the discrimination some individuals experience when attempting to utilize their federally funded Section 8 housing vouchers. SB 267 (Perry/Huberty) voids the Austin-based ordinance and bans any potential local ordinances of this nature.

Passed	Author(s) and Description	Summary
HB 1428	Raymond/Zaffirini - Relating to the administration of housing funds set aside for persons with disabilities through the homebuyer assistance program.	<ul style="list-style-type: none"> • Amends the government code to provide that, in administering funds that are set aside for persons with disabilities and allocated through the homebuyer assistance program, the Texas Department of Housing and Community Affairs (TDHCA) is prohibited from requiring a person to enter into a contract to purchase a home before applying for or receiving funds allocated through the program and is required to implement a preapproval process under which a person may establish eligibility to receive funds before the funds allocated through the program are made available and is given an adequate period of at least 90 days to locate a home for purchase using funds made available under the program.
SB 267	Perry/Huberty – Relating to the regulation by a municipality or county of the rental or leasing of housing accommodations.	<ul style="list-style-type: none"> • Prohibits a municipality or county from adopting or enforcing an ordinance or regulation that prohibits an owner, lessee, sub-lessee, assignee, managing agent, or other person having the right to lease, sublease, or rent a housing accommodation from refusing to lease or rent the housing accommodation to a person because the person’s lawful source of income to pay rent; includes funding from a federal housing assistance program. • A waiver applies for ordinance or regulation that prohibits the refusal to lease or rent a housing accommodation to a military veteran because of the veteran’s lawful source of income to pay rent. • Does not affect any authority of a municipality or county to create or implement an incentive, contract commitment, density bonus, or other voluntary program designed to encourage the acceptance of a housing voucher directly or indirectly funded by the federal government, including a federal housing choice voucher.

Veterans

There are approximately 1.7 million veterans living in Texas.¹⁵ According to the U.S. Department of Veteran Affairs (VA), the number of veterans requiring mental health services has grown dramatically.¹⁶ In 2014 Texas announced a pilot phase of the Texas Veterans Initiative to better meet the increased need in our state. The initiative garnered the commitment of \$1 million in state support and the development of a joint effort between the state and a nonprofit to provide state matching funds to local mental health efforts benefitting veterans.¹⁷ The announcement of finalists for the pilot phase was postponed to pursue a legislative confirmation.¹⁸ The 84th Legislature did approve a matching grant program between Health and Human Services and a private entity for the purpose of supporting community mental health programs for veterans with mental illness through SB 55 (Nelson/King, Susan). The legislature also provided additional measures to address the mental health concerns of female veterans (SB 1304, Menéndez/Minjarez) and veterans living in rural areas (SB 1305, Menéndez/Minjarez).

Passed	Author(s) and Description	Summary
HB 3404	Thompson, Senfronia/Lucio – Relating to a study on providing care to veterans with post-traumatic stress disorder.	<ul style="list-style-type: none"> • Requires Health and Human Services Commission to conduct a study on the benefits of providing integrated care to veterans with post-traumatic stress disorder. • The study is to be coordinated with a university and medical school with expertise in behavioral health or post-traumatic stress disorder. • The study is to evaluate the benefits of 1) using a standardized comprehensive trauma and post-traumatic stress disorder assessment to identify and target evidence-based treatment services to provide integrated care for veterans diagnosed with post-traumatic stress disorder; and 2) involving family members in the treatment of a veteran diagnosed with post-traumatic stress disorder.
SB 55	Nelson/King, Susan Relating to the creation of a grant program to support community mental health programs for veterans and their families	<ul style="list-style-type: none"> • Establishes a grant program through Health and Human Services Commission for the purpose of supporting community mental health programs providing services and treatment to veterans with mental illness, to the extent funds are appropriated to HHSC for that purpose. • Requires HHSC to contract with a private entity to support and administer the grant program. HHSC and the private entity will each provide one-half of the money to be awarded under the grant program.
SB 1304	Menéndez/Minjarez – Relating to the creation of a woman veterans mental health initiative.	<ul style="list-style-type: none"> • Requires DSHS to develop a mental health initiative as part of the mental health intervention program for female veterans.
SB 1305	Menéndez/Minjarez Relating to the creation of a rural veterans’ mental health initiative.	<ul style="list-style-type: none"> • Requires Department of State Health Services to develop a mental health initiative as part of the mental health intervention program for veterans living in rural areas of the state.

Education

In the 83rd legislative session, legislators focused on passing bills aimed at identifying students who may have a mental health need. In this session the focus was on mental health awareness in educational settings, as well as increasing the likelihood of students accessing existing mental health services. Several bills passed to create safer environments for children and youth with mental health needs by increasing access to mental health first aid training, crisis intervention training, and suicide prevention instruction for educators and other school employees. Suicide is the second leading cause

of death for Texans ages 10 to 24.¹⁹ Additionally, awareness of mental health resources and suicide prevention services, as well as instruction for early suicide warning signs and appropriate intervention, will be required for all full-time students entering an institution of higher education in the state. These bills will help inform educators and students in strategies and resources to be used in responding to an individual who is developing a mental health problem or experiencing a crisis.

Passed	Author(s) and Description	Summary
HB 197	Price/Nelson - Relating to certain public institutions of higher education to post information regarding mental health resources on the institution's internet website.	<ul style="list-style-type: none"> Amends the Education Code to require certain public institutions of higher education to create a web page dedicated solely to information regarding the mental health services available to students at the institution. The web page must include the address of the local mental health authority.
HB 2186	Cook/Campbell - Relating to suicide prevention training for educators in public schools.	<ul style="list-style-type: none"> Amends the Education Code to require school staff orientation to include suicide prevention training on an annual basis as part of a new employee orientation. Requires that the training use a best-practice curriculum as designated by DSHS in coordination with TEA.
HB 2684	Giddings/Whitmire – Relating to the creation of a model training curriculum and to the required training for certain school district peace officers and school resource officers.	<ul style="list-style-type: none"> Amends the Education Code to require school districts with over 5000 students with school peace officers to receive training from the model training curriculum, which includes the following topics: <ul style="list-style-type: none"> Child and adolescent development and psychology Positive behavioral interventions and supports Conflict resolution techniques and restorative justice techniques De-escalation techniques and techniques for limiting the use of force, including the use of physical, mechanical, and chemical restraints The mental and behavioral health needs of children with disabilities or special needs Mental health crisis intervention
SB 133	Schwertner/Coleman Relating to mental health first aid training for school district employees and school resource officers.	<ul style="list-style-type: none"> Amends the Health and Safety Code to specify that the educators provided training in mental health first aid through a DSHS grant program are school district employees and school resource officers Authorizes DSHS, for each state fiscal year, to allocate any unobligated money used on mental health first aid training to be used as supplemental grants, which DSHS may give to a local mental health authority if certain requirements are met. Repeals current provisions which limit the funding DSHS may give to a local mental health authority for mental health first aid training and for providing this training to educators.
SB 674	Campbell/Coleman – Relating to instruction regarding mental health, substance abuse, and youth suicide in educator training programs.	<ul style="list-style-type: none"> Amends the Education Code to require qualifications for those seeking an education certificate to include instruction regarding mental health, substance abuse, and youth suicide as recommended from the list of best practice-based programs established under the Health and Safety Code. The new instruction must include effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports. The new instruction material will replace former material relating to detection of students with mental or emotional disorders.

SB 1624	Rodriguez/ Márquez – Relating to a requirement that certain entering students at a general academic teaching institution receive information regarding mental health and suicide prevention services.	<ul style="list-style-type: none"> • Requires a general academic teaching institution to provide to each entering full-time undergraduate, graduate, or professional student, including transfer students, information about available mental health and suicide prevention services offered by the institution or by any associated organization. • Authorizes information to be provided through a live presentation or a format that allows for student interaction, such as an online program or video, and prohibits the information from being provided in a paper format only.
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Workforce

In 2013 the 83rd Legislature passed HB 1023 by Representative Cindy Burkett, which required the Health and Human Services Commission to make recommendations regarding the state’s mental health workforce shortage. The September 2014 report included a number of recommendations to increase the size and improve the distribution of the mental health workforce.²⁰ During the interim, Speaker Strauss appointed the Select Committee on Health Care Education and Training chaired by Rep. Susan King. The mental health workforce shortage was the single topic of a special hearing in Houston. While much work has been done to identify the problem, few bills passed in the 84th session to address solutions. SB 239 (Schwertner) allows student loan repayment for certain mental health professionals serving consumers who use Medicaid or practice in areas of high need. While this is a step in the right direction, future legislation is needed to continue addressing individual barriers to the mental health workforce such as chronic low pay, high turnover rates, and inadequate recruitment techniques. Additionally, increased access to peer and family partner services should be pursued as an effective option for expanding the mental health workforce.

Passed	Author(s) and Description	Summary
HB 1430	King, Susan/Zaffirini – Relating to the inclusion of mental health in the public services endorsement on a public school diploma and in information about health science center pathways.	<ul style="list-style-type: none"> • Amends the Education Code to require the Texas Education Agency to ensure that any information provided to students relating to health science careers includes information regarding mental health professions. • Requires that the information on health science career pathways include mental health careers.
SB 239	Schwertner/Zerwas – Relating to student loan repayment assistance for certain mental health professionals.	<ul style="list-style-type: none"> • Amends the Education Code to require the Texas Higher Education Coordinating Board to establish a student loan repayment assistance program for certain mental health professionals who apply and qualify for assistance. • Mental health professionals covered under this bill include: <ul style="list-style-type: none"> ○ A licensed physician who is a graduate of an accredited psychiatric residency training program or certified in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry ○ A psychologist ○ A licensed professional counselor ○ An advanced practice nurse who holds a nationally recognized board certification in psychiatric or mental health nursing ○ A licensed clinical social worker

		<ul style="list-style-type: none"> • Prescribes eligibility requirements for repayment assistance including having practiced for a certain period of time in an area with a shortage of mental health professionals and serving consumers who are Medicaid recipients, CHIP recipients, or persons committed to or confined in certain secure correctional facilities.
Failed to Pass	Author(s) and Description	Summary
HB 1434	McClendon – Relating to the assignment of certain behavioral health professionals and school counselors to a public school campus.	<ul style="list-style-type: none"> • Amended the Education Code to require school districts with 250 students or more to hire a full-time licensed school psychologist, licensed professional counselor, licensed clinical social worker, or a school counselor to assist students in counseling matters and graduation requirements.
HB 1541	Burkett/Perry – Relating to peer specialists, peer services, and the provision of those services under the medical assistance program.	<ul style="list-style-type: none"> • Amended the Government Code to require HHSC to develop and adopt rules that establish: training requirements for peer specialists to be able to provide services to persons with mental illness and services to persons with substance use conditions; rules that define the scope of services that peer specialists may provide; rules that distinguish peer services from other services that a person must hold a license to provide; and any other necessary rules to protect the health and safety of persons receiving peer services. It requires the rules to be developed and adopted with input from peer specialists, state-approved organizations that certify peer specialists, and other relevant stakeholders. • Make peer specialist services Medicaid reimbursable. • Make certified peer specialists approved Medicaid providers.

¹ Department of State Health Services. (2015). *Medicaid Services Unit: NorthSTAR*. Retrieved from <http://www.dshs.state.tx.us/mhsa/northstar/northstar.shtm>

² Sunset Advisory Commission. (2015). *Report to the 84th Legislature*. Retrieved from <https://www.sunset.texas.gov/public/uploads/u64/Report%20to%20the%2084th%20Legislature.pdf>

³ Aaronson, Becca. (2014). *The Sunset Review of the Health Commission: 5 Takeaways*. Retrieved from <http://www.texastribune.org/2014/10/03/takeaways-from-sunset-commissions-review-of-hhsc/>

⁴ Dunkelberg, Anne. (2015). *Concerns Remain on HHSC Sunset Consolidation Bill*. Retrieved from <http://bettertexasblog.org/2015/04/concerns-remain-on-hhsc-sunset-consolidation-bill/>

⁵ Gallup, February 14, 2015. Retrieved from <http://www.gallup.com/poll/181664/arkansas-kentucky-improvement-uninsured-rates.aspx>.

⁶ Center for Public Policy Priorities. (2015). *A Look Back at the 84th Legislative Session*. Retrieved from http://forabettertexas.org/images/2015_06_CPPP_Lege_ALookBack.pdf.

⁷ Legislative Budget Board. (2015, May 29). *HB1 – Conference Committee Report (2016-17 State Budget)*. Retrieved from <http://www.lbb.state.tx.us/>.

⁸ Texas CASA. (2014, December). *Respecting the Needs of Children and Youth in Texas Foster Care: Acknowledging Trauma and Promoting Positive Mental Health Throughout the System – Recommendations of the Texas CASA Mental Health Task Force*. Retrieved from <http://texascasa.org/wp-content/uploads/2015/01/Texas-CASA-Mental-Health-Task-Force-Report-final-webversion.pdf>.

⁹ Ibid.

¹⁰ Texas Judicial Council. (n.d.). *State of Texas Resolution of the Texas Judicial Council Elders Committee Recommendations*. Retrieved from <https://grsdm.wordpress.com/>.

¹¹ Ibid.

¹² Texas Juvenile Justice Department. (2014). *Annual Report to the Governor and Legislative Budget Board: Community Juvenile Justice Appropriations, Riders, and Special Diversion Programs*. Retrieved from <http://www.tjjd.texas.gov/publications/reports/AnnualReportFundingandRiders2014-14.pdf>

¹³ Easter Seals Central Texas. (n.d.). *Mental Health and Housing: How Texas Can Help its Citizens Achieve Recovery Through Investment and Innovation in Supporting Housing*. Retrieved from <http://www.easterseals.com/centraltx/shared-components/document-library/integrate-housing-project.pdf>.

¹⁴ AustinTexas.gov. (2014, December 16). *Austin City Council Amends Housing Discrimination Ordinance to Add Source of Income*. Retrieved from <https://austintexas.gov/news/austin-city-council-amends-housing-discrimination-ordinance-add-source-income>.

¹⁵ Lyndon B. Johnson School of Public Affairs. (2014). *An Assessment of Mental Health Services for Veterans in the State of Texas*. Retrieved from <https://repositories.lib.utexas.edu/bitstream/handle/2152/30173/eaton-2015-mental-health-services-for-veterans.pdf?sequence=2>.

¹⁶ Ibid.

¹⁷ Texas State of Mind. (n.d.). The Meadows Mental Health Policy Institute *Texas Veterans Initiative*. Retrieved from <http://www.texasstateofmind.org/texasveteransinitiative#about>.

¹⁸ Ibid.

¹⁹ The Meadows Foundation. (2013). *Annual Report 2013*. Retrieved from <http://www.mfi.org/annualreport/2013/Meadows2013AnnualReport.pdf>

²⁰ Texas Department of State Health Services. (2014). *The Mental Health Workforce Shortage in Texas*. Retrieved from <https://www.dshs.state.tx.us/chs/hprc/>