



# Hogg Foundation for Mental Health

## Texas 85<sup>th</sup> Legislative Session: Summary of Mental Health-Related Legislation

During the 85<sup>th</sup> Texas Legislative Session, legislators recognized the continuing need for sensible solutions to the behavioral health needs of Texans. The 85<sup>th</sup> legislative session included a strong focus on mental health-related legislation, in part due to the appointment of the House Select Committee on Mental Health. During the interim, Speaker Joe Strauss appointed Representative Four Price to chair and Representative Joe Moody to vice-chair the select committee. The committee conducted eight public hearings, and heard over forty hours of testimony focused on a variety of behavioral health topics including criminal justice, children’s mental health, the mental health workforce, substance use, veteran’s mental health, parity, and homelessness. The select committee’s interim report was released in December 2016. Recommendations from the report generated a number of bills filed during the 85<sup>th</sup> session. No legislative action was taken to expand eligibility to Medicaid, which could increase access to needed behavioral health care for Texans living with mental illness. According to the most recent data available from the US Census, Texas has an uninsured rate of 17.1%—an improvement over last session when it was 20.5%, but still the highest uninsured rate in the nation.<sup>1</sup>

To learn more about legislation filed during the 85<sup>th</sup> legislative session, please visit the Texas Legislature Online website. Users can search for legislation using key words, bill numbers, and other terms.

[www.capitol.state.tx.us](http://www.capitol.state.tx.us)

Following is a summary of key mental health and substance use-related legislation considered during the 85<sup>th</sup> legislative session.

### **Health and Human Services Commission (HHSC) Mental Health Funding – SB 1, Article II (Nelson/Zerwas)**

*SB 1, the general appropriations bill, is the only piece of legislation that the legislature is required to pass each biennium. It must be approved by both the House and the Senate, certified by the Comptroller, and sent to the governor.*

HHSC Mental Health Strategies	Current Budget for FY 2016/2017 Biennium	SB 1 FY 2018/19	Difference
D.2.1 Mental Health – Adults	\$665,577,144	\$703,362,864	\$37,785,720
D.2.2 Mental Health - Children	\$204,650,668	\$166,373,576	(\$38,277,092)
D.2.3 Community Mental Health Crisis	\$253,570,022	\$325,430,552	\$71,860,530
NorthSTAR Behavioral Health*	\$174,064,540	\$ 0	(\$174,064,540)
D.2.4 Substance Abuse Prevention/Treatment	\$325,110,656	\$380,160,933	\$55,050,277
D.2.5 Behavioral Health Waivers	\$0	\$103,351,236	\$103,351,236
C.1.3 State Mental Health Hospitals	\$872,639,869	\$875,536,372	\$2,896,503
C.2.1 Community Mental Health Hospitals	\$209,943,241	\$243,830,476	\$33,887,235
F.1.2 Repair and Renovation: MH Facilities	\$ 24,046,914	**	**

\*NorthSTAR no longer exists and therefore no appropriation was made for the FY 2018/19 biennium.

\*\*The current budget combines MH facilities funding with SSLCs and other facilities making comparison data unavailable. See Rider 2 below.

**Funding for behavioral health services in Article II increased by \$92,489,869. This does not include additional funding appropriated for repair, renovation, or new construction (see Rider 2 below).**

**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.*

HHSC	
2	<p><b>Capital Budget</b> – The amounts included in this rider may only be spent for the purposes indicated and are not available for other purposes.</p> <ul style="list-style-type: none"> <li>• \$150,000,000 GR in each year of the biennium for new construction for state hospitals and other inpatient mental health facilities.</li> <li>• \$78,302,186 in FY 2018 and \$79,702,186 in FY 2019 for facilities repair and renovations for state hospitals and state supported living centers.</li> </ul>
29	<p><b>Medicaid Substance Abuse Treatment</b> – HHSC shall evaluate the impact on overall Medicaid spending and client outcomes of substance use disorder treatment services provided to persons who are at least 21 years of age.</p>
30	<p><b>Monitor the Integration of Behavioral Health Services</b> – HHSC shall monitor the implementation of behavioral health services into the Medicaid managed care program.</p>
34	<p><b>Medicaid Funding Reduction and Cost Containment</b> – HHSC shall develop and implement cost containment initiatives to achieve savings throughout the health and human services system. HHSC shall achieve savings of at least \$350,000,000 in General Revenue funds and \$480,000,000 in federal funds for the 2018-19 biennium.</p>
40	<p><b>Contingency for Behavioral Health Funds</b> – The Comptroller of Public Accounts shall not allow the expenditure of GR funds at HHSC as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the LBB provides notification that the agency's planned expenditure of those funds in fiscal years 2018 and 2019 does not satisfy the requirements of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p>
41	<p><b>Client Services</b> – It is the intent of the legislature that HHSC and Department of Family and Protective Services (DFPS) enter into a memorandum of understanding for providing outpatient substance use treatment services by HHSC to clients referred by DFPS.</p>
42	<p><b>Offender Screening of Individuals with Mental Illness</b> – HHSC and community centers shall identify offenders living with mental illness, collect and report prevalence data, and disclose information relating to a special needs offender as provided in Chapter 614, Health and Safety Code.</p>
43	<p><b>Local Service Area Planning</b> – HHSC shall develop performance agreements with local mental health authorities (LMHAs) that give regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan.</p>
44	<p><b>Mental Health Outcomes and Accountability</b> – HHSC shall place ten percent of the GR quarterly allocation from each LMHA at risk. Funds placed at risk shall be subject to recoupment for failure to achieve outcome targets set by HHSC.</p>
45	<p><b>Mental Health Appropriations and the 1115 Medicaid Transformation Waiver</b> – HHSC by contract shall require that GR funds be used to the extent possible to draw down additional federal funds through the 1115 transformation waiver or other federal matching opportunities.</p>
46	<p><b>Healthy Community Collaboratives</b> – HHSC shall allocate an amount not to exceed \$25,000,000 in GR to fund grants to Healthy Community Collaboratives. Contingent upon enactment of legislation relating to certain requirements of counties and other governmental entities regarding behavioral health, \$10,000,000 in GR from the amount identified above may be allocated to fund Healthy Community Collaboratives in rural areas.</p>
47	<p><b>Mental Health Peer Support Re-entry Pilot</b> – HHSC shall allocate up to \$1,000,000 in GR to implement a mental health peer support re-entry program. In partnership with LMHAs and county sheriffs, HHSC shall establish a pilot program that uses certified peer support specialists to ensure</p>

	inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.
48	<p><b>Quarterly Reporting of Waiting Lists for Mental Health Services</b> – HHSC shall submit to the LBB and the Governor, no later than 60 days from the end of each fiscal quarter, the current waiting list and related expenditure data for:</p> <ul style="list-style-type: none"> <li>• Community mental health services for adults</li> <li>• Community mental health services for children</li> <li>• Forensic state hospital beds</li> <li>• Maximum security forensic state hospital beds</li> </ul>
128	<b>Mental Health for Veterans Grant Program</b> – HHSC shall allocate \$20,000,000 in FY 2018 in GR to operate a grant program to provide mental health services for veterans.
147	<b>Efficiencies at Local MH Authorities and ID Authorities</b> – HHSC shall ensure that LMHAs and local IDD authorities (LIDDAs) shall maximize the dollars available to provide services by minimizing overhead and administrative costs. Among strategies that should be considered are consolidations among local authorities and partnering among local authorities on administrative, purchasing, or service delivery functions.
171	<b>Purchased Psychiatric Hospital Beds</b> – Included in amounts appropriated, is \$3,154,123 in GR in each fiscal year to increase the daily rates paid for purchased community and private psychiatric beds.
172	<b>Medicaid Services Capacity for High-Needs Children in the Foster Care System</b> – Included in the amounts appropriated is \$2,000,000 in GR in fiscal year 2018 for HHSC in collaboration with DFPS to establish a statewide grant program to increase access to targeted case management and rehabilitative services for high-needs children in the foster care system. HHSC may establish this one-time grant program no later than November 1, 2017. To receive grant funds, entities must provide local matching funds in an amount defined by HHSC based on the entity's geographical location. Funds may only be used to pay for costs related to developing, implementing, and training teams to provide targeted case management and rehab services to children in foster care. HHSC shall enter into an agreement with a nonprofit entity to serve as administrator of the initiative, at no cost to the state.
174	<b>Mental Health Program for Veterans</b> – HHSC shall allocate \$5,000,000 in GR in each fiscal year of the biennium for the purpose of administering the mental health program for veterans established pursuant to the Health and Safety Code Section 1001.221-.224.
175	<b>Managed Care Organization Services for Individuals with Serious Mental Illness (SMI)</b> – HHSC shall improve efforts to better serve individuals with SMI. HHSC shall develop performance metrics to better hold managed care companies accountable for care of enrollees with SMI. HHSC may, if cost effective, develop and procure a managed care program for an alternative model of managed care in at least one service delivery area of the state to serve individuals with SMI in Medicaid and CHIP managed care programs.
176	<b>State Hospital Workforce</b> – HHSC shall evaluate compensation levels, turnover and vacancy rates, and recruiting efforts at the ten state hospitals and develop recommendations to reduce turnover and vacancy rates.
179	<b>State Hospital Planning</b> – HHSC, for the purpose of repair and replacement of state hospitals, may partner with public or private entities to develop a master plan for the design of neuropsychiatric healthcare delivery systems in the area served by each facility. The master plan may also address the provision of a continuum of inpatient and outpatient brain health services on the site of the state hospital. Planning activities may include an evaluation of patient needs, a program map, proposals for the development of optimal care models, a proposal for the design of leading-edge facilities, including engineering and architectural work required to initiate construction, and the implementation of preliminary pilot projects to guide new care design principles.
183	<b>Increased Access to Community Mental Health Services</b> – Included in amounts appropriated is \$27,215,094 in GR and \$3,889,356 in federal funds in each fiscal year in Community Mental Health Services – Adults and \$178,419 in GR and \$53,631 in federal funds in each fiscal year in Community Mental Health Services – Children, for the purpose of eliminating the waiting lists for community

	MH services, increasing capacity to avoid future waitlists, addressing population growth, and increasing equity in funding allocations to LMHAs.
186	<b>Contingency for HB 10 (Mental Health Parity)</b> - HHSC shall utilize funds to allocate no more than two full-time equivalent positions within the Office of the Ombudsman to implement the provisions of the legislation.
189	<b>Reporting of Postpartum Depression Data</b> – HHSC shall submit a report on the screening and treatment of postpartum depression.
191	<b>Substance Abuse Funding for Guardians of Children</b> – HHSC shall, to the extent authorized by state and federal law, seek federal funds for the provision of substance use services to individuals who suffer from substance use disorders and are the guardian of a child 18 or younger, and have been identified as needing services through the DFPS Family-Based Safety Services or Prevention Programs.
193	<b>Postpartum Depression Services</b> – HHSC shall, to the extent authorized by state and federal law, seek federal funds for the screening and treatment of postpartum depression pursuant to the 21st Century Cures Act.
195	<b>Prioritization of Behavioral Health Treatment for Pregnant Women</b> – HHSC shall seek to educate and inform the public and behavioral health service providers that pregnant women and women with dependent children are a priority population for services funded through the substance use prevention and treatment block grant.
196	<b>Ensure Network Adequacy</b> – HHSC shall seek to ensure that contracted managed care organizations maintain an adequate network of providers, especially with respect to community attendants.
197	<b>State Hospital Contracting for Physician and Professional Services</b> – Where feasible and cost effective, HHSC may contract with state universities to provide physician and professional services at the state hospitals.
199	<b>Funding for Mental Health Programs</b> – Included in the amounts appropriated for Community Mental Health Services for Adults, is \$871,348 in GR in each fiscal year to continue funding for recovery-focused clubhouses at fiscal year 2017 service levels. Also included in Community Mental Health Services for Children is \$3,850,744 in GR in each fiscal year for relinquishment prevention slots, including \$1,400,000 in GR to fund additional relinquishment slots above fiscal year 2017 service levels.
206	<b>Contingency for HB 12</b> – Contingent on enactment of HB 12, or similar legislation (relating to individuals with MH or intellectual and developmental disabilities (IDD) with involvement in the court system) is \$12,500,000 in GR in fiscal year 2018 and \$25,000,000 in GR in fiscal year 2019 to implement provisions of the legislation. HB 12 did not pass.
207	<b>Contingency for HB 13</b> – Contingent on enactment of HB 13 relating to the creation of a matching grant program to support community mental health programs for individual experiencing mental illness. Included is \$10,000,000 in GR in fiscal year 2018 and \$20,000,000 in GR in fiscal year 2019 to implement the provisions of the legislation. Community collaboratives that receive funding under the provisions of the bill shall report twice annually to the Statewide Behavioral Health Coordinating Council.
208	<b>Quarterly Reporting of Mental Health Services in the Former NorthSTAR Service Area</b> – HHSC shall report to the LBB on the use of funds appropriated to serve former NorthSTAR clients. The report shall include projections of the current and anticipated waiting list for mental health services in the area and a projection of any anticipated additional funding needed to avoid a future waiting list.
210	<b>Integrated Care Study for Veterans with Post-Traumatic Stress Disorder</b> – HHSC shall coordinate with the University of Texas Health Science Center at Houston to conduct a study on the benefits of providing integrated care to veterans with post-traumatic stress disorder.
211	<b>Contingency for HB 1486 – Relating to peer specialists, peer services, and the provision of those services under the medical assistance program</b> – Included in amounts appropriated is \$360,366 in GR and \$474,234 federal funds in fiscal year 2018 and \$1,013,257 in GR and \$1,361,843 in federal funds in fiscal year 2019 (in Disability-Related Strategy), and \$79,500 in GR in each fiscal year (in Medicaid Contracts and Administration Strategy) to implement the provisions of the legislation.

219	<b>Evaluation of Medicaid Managed Care</b> – HHSC shall contract with an independent organization to conduct a comprehensive evaluation of managed care in the Texas Medicaid program.
221	<b>New Construction of State Hospitals</b> – It is the intent of the Legislature to implement a three-phased approach to improve the state hospital system in the current and future biennia, beginning with initial planning and implementation of projects in the 2018-19 biennium. Included in amounts appropriated in Strategy Facility Capital Repairs and Renovations is \$300,000,000 in Economic Stabilization Funds for the planning of new construction projects at the state hospitals and other state-funded inpatient mental health facilities and for implementation of new construction projects at the state hospitals and other state-funded mental health facilities.

**SB 1, Article IX, Special Provisions (Nelson/Zerwas)**

*Special Provisions are instructions included in the appropriations bill that apply to multiple agencies. Typically these provisions are used to restrict the amount and conditions under which appropriations may be expended.*

Sec. 10.04	<p><b>Statewide Behavioral Health Strategic Plan and Coordinated Expenditures –</b></p> <ul style="list-style-type: none"> <li>a) <b>Informational Listing</b> of Behavioral Health and Substance Abuse Services Appropriations across state agencies totaling \$2,015,951,330 for FY 2018 and \$2,022,947,500 for FY 2019.</li> <li>b) <b>Statewide Behavioral Health Coordinating Council</b> – Consists of a representative from each state agency that funds behavioral health programs or services related to the research, prevention, or detection of mental health conditions, as well as all services necessary to treat, care for, control, supervise, and rehabilitate persons which have a mental health condition, including individuals living with alcohol or drug addiction.</li> <li>c) <b>Statewide Behavioral Health Strategic Plan</b> – The purpose of the statewide behavioral health coordinating council shall be to implement the five-year Statewide Behavioral Health Strategic Plan published May 1, 2016.</li> <li>d) <b>Coordination of Behavioral Health Expenditures</b> – The coordinating council shall submit to the executive commissioner of HHSC a coordinated statewide expenditure proposal for each agency, which shall include the appropriations amounts identified in subsection (a) of this special provision. The expenditure proposal must be submitted to the Legislative Budget Board (LBB). The Comptroller of Public Accounts shall not allow the expenditure of GR-related funds identified in subsection (a) to a particular agency if the LBB provides notification to the Comptroller that the agency’s expenditure proposal has not satisfied the requirements of this provision.</li> </ul>
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**General Mental Health**

Access to quality mental health and substance use services continues to be a barrier for some individuals needing services and supports. Several bills were filed this session to increase access to care including legislation intended to strengthen mental health parity compliance and enforcement, create community collaboration programs for both urban and rural areas, improve services for individuals with IDD, and improve insurance benefits for individuals living with serious mental illness (SMI). HB 13 (Price/Schwertner) establishes a matching grant program for community mental health programs providing services and treatment, including allocated funding specifically for rural initiatives. HB 10 (Price/Zaffirini) creates more authority for the Texas Department of Insurance (TDI) to regulate and enforce compliance for existing federal parity laws, as well as creates a Behavioral Health Access to Care Ombudsman within the existing HHSC Ombudsman Office. There was little legislative action related to insurance benefits for SMI, leaving the current SMI benefits unchanged. Additionally, legislation addressing mental health services and supports for individuals with IDD did not gain traction.

Passed	Author(s) and Description	Summary
HB 10	Price/Zaffirini – Relating to access to and benefits for mental health conditions and substance use disorders	Requires the Texas Department of Insurance (TDI) to regulate and enforce both quantitative and non-quantitative treatment limitations and other parity regulations for all health plans in Texas. <ul style="list-style-type: none"> <li>Requires HHSC to create a Behavioral Health Access to Care Ombudsman position to help consumers access needed services</li> <li>Creates a Parity Stakeholder Work Group to create a parity compliance plan for the state</li> <li>Requires a one-time data collection from HHSC and TDI comparing denial rates of physical health services to mental health and substance use services</li> </ul>
HB 13	Price/Schwertner – Relating to the creation of a matching grant program to support community mental health programs for individuals experiencing mental illness	Creates a matching grant program for community mental health programs providing services and treatment to individuals experiencing mental illness; both private nonprofit and governmental entities are eligible to apply. <ul style="list-style-type: none"> <li>HHSC must develop criteria for evaluating grant applications.</li> <li>Requires matching with non-state funds depending on the county population: <ol style="list-style-type: none"> <li>Counties with a population of less than 250,000 are required to match 50% of the grant amount;</li> <li>Counties with a population greater than 250,000 are required to match 100% of the grant amount.</li> </ol> </li> <li>Fifty percent of the funding appropriated for this grant program is reserved for programs in counties with less than a population of 250,000.</li> <li>Applicants must notify the LMHA that covers the applicants proposed service area for input on the project. HHSC must consider the LMHA’s written input before deciding on grant awards. A letter of support from each LMHA with a local service area affected by the application must be submitted with the grant proposal.</li> </ul>
SB 1264	Huffman/Alvarado -	Allows commissioners courts to create psychological counseling programs for grand jurors and alternate grand jurors in a grand jury investigation or criminal trial that involves graphic evidence or testimony. The legislation provides for up to 10 hours of optional psychological counseling.
HB 435	King/Perry – Relating to the carrying of weapons, including the application of certain weapons and handgun license laws to certain persons, the carrying of handguns by license holders on the property of a state hospital, and the liability for certain actions of volunteer emergency services personnel licensed to carry a handgun	Addresses a multitude of areas related to gun licensing, Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill: <ul style="list-style-type: none"> <li>Offers certain legal protections to volunteer emergency services personnel who are concealed carry handgun license holders</li> <li>Requires that a governmental unit is not liable in a civil action resulting from the discharge of a handgun by a volunteer emergency services personnel who is a concealed carry handgun license holder</li> <li>Prohibits the sections above from being construed to waive the immunity from suit or liability of a governmental unit</li> <li>Prohibits a licensed handgun holder from carrying a handgun onto all state hospital properties</li> <li>Requires that state hospitals post a written notice on the properties in English and Spanish stating that the property does not allow concealed handguns</li> <li>Allows a state hospital from prohibiting a concealed handgun license holder on the property by providing written notice</li> <li>Creates a civil penalty for a license holder who carries a handgun onto the property of a state hospital, including a fine</li> </ul>

Failed to Pass	Author(s) and Description	Summary
<b>HB 2094/ SB 861</b>	Price/Zaffirini – Relating to coverage for serious mental illness, other disorders, and chemical dependency under certain health benefit plans	Would have required all fully-insured private health plans in Texas to cover serious mental illness (SMI) benefits and chemical dependency benefits (often called “substance use services”). <ul style="list-style-type: none"> <li>Added three diagnoses to the SMI coverage for large employer group health plans including eating disorders, serious emotional disturbance for children, and post-traumatic stress disorder (PTSD)</li> </ul>
<b>HB 2415</b>	Price – Relating to standards for mental health services provided to certain individuals with intellectual and developmental disabilities	Would have required HHSC to develop standards for mental health and substance use services provided to people with IDD who live in state facilities, or who are receiving community services.
<b>SB 1743</b>	Zaffirini/Hinojosa – Relating to transferring the Office for the Prevention of Developmental Disabilities (TOPDD) to the University of Texas at Austin  <b>*Governor Greg Abbott vetoed SB 1743 on June 15<sup>th</sup>, 2017.</b>	Would have transferred the functions of TOPDD to the University of Texas at Austin under the new name “Office for Healthy Children.” No state funds were appropriated for the office.

### Workforce

Meeting the needs of Texans with mental health and substance use conditions requires a robust and diverse behavioral health workforce. Unfortunately, Texas faces critical shortages for many licensed mental health professionals, including psychiatrists, psychologists, professional counselors, clinical social workers, marriage and family counselors, and advanced practice psychiatric nurses. In 2015, 206 out of 254 (18.1%) Texas counties were designated as full or partial mental health professional shortage areas.<sup>2</sup> 185 counties did not have a single licensed psychiatrist in 2015, which left more than 3 million Texans living in counties without access to a psychiatrist.<sup>3</sup> Both legislators and advocates focused heavily on the state’s mental health workforce crisis prior to the beginning of the 85<sup>th</sup> session. Several major bills passed this session relating to improving mental health workforce capacity; however, this is an area that will require a continued focus. HB 1486 (Price/Schwertner) directs HHSC to develop rules defining peer services as well as criteria for peer specialist certification and supervision. It also requires, to the extent allowed by federal law, that peer services be included as a covered benefit in the Texas Medicaid program. SB 1107 (Schwertner/Price) expands opportunities for telehealth and telemedicine in Texas offering opportunities for improving access to mental health services especially in rural areas. SB 674 (Schwertner/Davis) aims to address the state’s low number of licensed psychiatrists by expediting the licensing process for board certified psychiatrists coming to Texas from other states.

Passed	Author(s) and Description	Summary
<b>SB 674</b>	Schwertner/Price – Relating to expedited licensing process for certain physicians specializing in psychiatry.	<p>Requires the Texas Medical Board to create and implement an expedited credentialing process for a psychiatrist who is licensed to practice medicine issued in another state.</p> <ul style="list-style-type: none"> <li>• The applicant must meet certain eligibility requirements, including having an unrestricted license and certification by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.</li> </ul>
<b>SB 1107</b>	Schwertner/Price - Relating to telemedicine and telehealth services.	<p>Creates accountability structure of a valid practitioner-patient relationship via telemedicine, including:</p> <ul style="list-style-type: none"> <li>• Removes existing rule in Occupations Code relating to the face-to-face requirements and replaces with new requirements relating to practitioner-patient relationship specific to medical services</li> <li>• Requires the Texas Medical Board, the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy to jointly adopt rules that allow a valid practitioner-patient relationship to be established via telemedicine</li> <li>• Requires the aforementioned boards to jointly develop answers to frequently asked questions relating to prescriptions issued via telemedicine, and to publish the answers on their respective websites</li> <li>• Stipulates that the standards of care for telemedicine/health services are the same as would apply to the service or procedure in an in-person setting; prohibits any agency from adopting rules that would impose a higher standard of care for telemedicine/health.</li> <li>• Excludes mental health services from the requirements of Chapter 111 related to practitioner-patient relationship for telemedicine medical services</li> </ul>
<b>HB 1486</b>	Price/Schwertner - Relating to peer specialists, peer services, and the provision of those services under the medical assistance program.	<p>Requires HHSC to include peer support services provided by certified peer specialists in the scope of services provided under the state Medicaid plan.</p> <p>Requires HHSC to establish a stakeholder work group to provide input for the adoption of the peer support services rules. The work group must:</p> <ul style="list-style-type: none"> <li>• Be composed of certain stakeholders appointed by the executive commissioner</li> <li>• Have a presiding officer appointed by the executive commissioner</li> <li>• Meet once a month</li> <li>• Will be abolished after the peer support specialist rules are adopted</li> </ul> <p>Requires HHSC, with input from mental health and substance use peer specialists and the required work group, to adopt rules related to the peer support services, including rules that establish:</p> <ul style="list-style-type: none"> <li>• Training requirements for peer specialists</li> <li>• Certification and supervision requirements for peer specialists</li> <li>• Define the scope of services peer specialists may provide</li> <li>• Distinguish peer services from other services</li> <li>• Any other rules necessary to protect the health and safety of persons receiving peer services</li> </ul>
<b>HB 3083</b>	Price/Hinojosa- Relating to eligibility requirements for the repayment of certain	Adds licensed chemical dependency counselors to the list of eligible mental health professionals in the existing Mental Health Loan Repayment Program.



	mental health professional education loans.	Requires the Texas Higher Education Coordinating Board (THECB) to adopt rules establishing a process for allocating any unused funds and allows the board to allocate unused funds to any of the professions listed in the code.  Directs THECB to maximize potential matching funds available under the National Health Service Corps program of the US Department of Health and Human Services.
<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 2478</b>	Davis, Sarah - Relating to an innovation grant program to support residency training programs in psychiatric specialty fields.	Would require the THECB to create an innovation grant program that awards incentive payments to medical schools that administer innovate residency training programs designed to increase the number of physicians who specialize in pediatric or adult psychiatric care.
<b>HB 3853</b>	Coleman - Relating to the availability of certain behavioral health professionals at certain public schools.	Would require certain public schools to assign a behavioral health professional (licensed specialist in school psychology, licensed professional counselor, licensed clinical social worker, or school counselor) to each campus in the district or ensure that the services of a behavioral health professional are provided to students at each campus through a contract with a private or nonprofit organization.

### **Child Welfare**

The mental health needs of children involved with the child welfare system are far reaching. Of the 32,000 children in foster care, half are living with a mental illness.<sup>4</sup> Child Protective Services (CPS) has been plagued for years with serious issues including child fatalities, overburdened caseworkers, and a 2015 Supreme Court ruling that the system had “systematically violated the constitutional rights of children in foster care.”<sup>5</sup> Due to critical issues within the child welfare system, transforming child protective services was a legislative priority. In order to help with caseworker turnover and retention, DFPS was granted \$150 million in emergency funding in December 2016 to increase caseworker salaries and hire more caseworkers.<sup>6</sup> One of the major reform bills that passed this session was SB 11 (Schwertner/Thompson, Senfronia), which allows DFPS to create a “community-based care” model to perform the existing duties of CPS. Community-based care allows the state to contract with nonprofit organizations to oversee children in foster care, adoptive care, and kinship care. Some advocates have expressed concern with nonprofit groups taking on the work of CPS, including finding appropriate homes for children with serious mental health conditions. However, supporters believe that a community-based system will allow children to stay closer to home and prevent some of the highly-publicized tragedies occurring under the current system.

Other notable child welfare bills that were signed by the Governor include HB 4 (Burkett/Schwertner) which increases available funding for kinship caregivers and HB 5 (James/Schwertner) which allows DFPS to be a standalone agency separate from HHSC.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 4</b>	Burkett/Schwertner – Relating to monetary assistance provided by the Department of Family and Protective Services to certain relative or designated caregivers.	Amends the Family Code to increase the monetary assistance available to relative and other designated caregivers (also known as “kinship caregivers”) from a one-time payment to 50% or less of DFPS’ daily basic foster care rate. <ul style="list-style-type: none"> <li>The financial assistance is available to families whose income is less than or equal to 300% of the federal poverty level (\$61,260/year for a family of 3).<sup>7</sup> DFPS can end the assistance after a year, but may extend the payments for another six months at their discretion.</li> </ul>

		<ul style="list-style-type: none"> <li>• If the kinship caregiver receives permanent managing conservatorship of the child(ren) and meets all other eligibility requirements, they may receive assistance of no more than \$500 per year until either the third anniversary of the date they were awarded conservatorship or until the child reaches 18.</li> <li>• Creates a criminal offense if a person fraudulently pursues and receives caregiver assistance.</li> </ul>
<b>HB 5</b>	Frank/Schwertner – Relating to the powers and duties of the DFPS and the transfer of certain powers and duties to HHSC.	Requires DFPS to become a stand-alone agency separate from HHSC.
<b>HB 7</b>	Wu/Uresti- Relating to child protective services suits, motions, and services for the Department of Family and Protective Services and to the licensing of facilities, homes, and agencies that provide child-care services.	<p>Addresses a multitude of areas related to CPS legal proceedings. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill:</p> <ul style="list-style-type: none"> <li>• Creates a community-based dropout recovery program that gives current and former CPS youth access to alternative education</li> <li>• Requires DFPS and TJJJ to coordinate services in order to prevent service duplication, and to ensure current and former foster youths who are involved with the justice system have access to appropriate treatment</li> <li>• Expands the number of agencies eligible to be licensed as a child placing agency in an effort to address placement shortages</li> <li>• Expands the rights and responsibilities of guardians and attorneys ad litem, including allowing attorneys ad litem to continue as long as the child is in DFPS conservatorship</li> <li>• Prohibits courts from terminating parental rights based on evidence of a number of factors, including: <ul style="list-style-type: none"> <li>○ Homeschooling the child</li> <li>○ Having limited economic resources</li> <li>○ Being charged with a nonviolent misdemeanor</li> <li>○ Providing low-THC cannabis to a child for whom the cannabis was prescribed under Chapter 169 of the Occupations Code</li> <li>○ Declining immunizations for the child for reasons of conscience</li> </ul> </li> <li>• Emphasizes children being placed with relatives and requires placements to be in the most family-like setting</li> <li>• Requires the Foster Care Bill of Rights to be provided to all youth under DFPS conservatorship who request it</li> <li>• Creates extension periods for CPS cases in order for children to transition home and for parents to complete services</li> <li>• Gives children under conservatorship the right to the money they earn while placed in a residential child-care facility</li> <li>• Guardians or conservators of individuals younger than 18 may request in-patient psychiatric hospitalization for the individual only if: <ul style="list-style-type: none"> <li>○ A physician is of the opinion they require hospitalization and that they believe the minor to be a person: <ul style="list-style-type: none"> <li>▪ With a mental illness or who demonstrates symptoms of a serious emotional disorder</li> <li>▪ Presents as a serious, immediate risk of harm to self or others</li> </ul> </li> </ul> </li> <li>• Classifies in-patient psychiatric hospitalization as a serious event and requires:</li> </ul>

		<ul style="list-style-type: none"> <li>○ DFPS to give notice to all parties entitled to notice</li> <li>○ Give notice to the presiding court within three business days of admission</li> <li>● Requires DFPS to periodically review the need for continued inpatient treatment. If they determine treatment is no longer needed, they must notify the facility that the minor may no longer be detained unless they file an application for court-ordered mental health services</li> </ul>
<b>HB 1542</b>	Price/Birdwell - Relating to the definition of the least restrictive environment for the placement of children in foster care	<p>Amends the definition of “least restrictive environment” for children in foster care to mean the placement that is most family-like in comparison to all other available placements.</p> <ul style="list-style-type: none"> <li>● Allows children over the age of six to be placed in cottage and residential settings if a suitable relative or other designated caregiver is not available and the department determines it to be in the best interest of the child</li> <li>● Requires DFPS to consider the least restrictive setting for the child, geographic proximity to the child’s home, and identified and expressed needs of the child when selecting a placement for a child in foster care</li> </ul>
<b>SB 11</b>	Schwertner/Thompson, Senfronia- Relating to the administration of services provided by DFPS, including foster care, child protective, and present and early intervention services	<p>Addresses a multitude of areas related to DFPS’s duties. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill:</p> <ul style="list-style-type: none"> <li>● Transfers certain case management services from the DFPS to a qualified single source continuum contractor (SSCC) to provide community-based foster care</li> <li>● Requires DFPS to maintain the temporary or permanent conservatorship of a child while the SSCC provides the case management services</li> <li>● Creates requirements for who is eligible to contract with DFPS as an SSCC</li> <li>● Requires DFPS to create a pilot program with two DFPS regions where HHSC contracted with a single nonprofit entity; DFPS is required to submit a report to the legislature including. Recommendations on the continuation and replication of the program</li> <li>● Requires DFPS to create a community engagement group in each catchment area to assist with the implementation of community-based foster care; the group would report issues to DFPS</li> <li>● Requires any child who is in DFPS custody for more than three business days to receive a medical examination and mental health screening by the end of the third business day or fifth business day if the child is in a rural area; DFPS must submit a report in December 2019 on the department’s compliance with administering the exams and screenings</li> <li>● Requires an SSCC to verify that any child who is provided therapeutic foster care services is screened for trauma at least once every 90 days</li> <li>● Keeps investigations of alleged abuse, neglect, or exploitation occurring at a child-care facility under the authority of DFPS.</li> <li>● Requires DFPS to provide monetary assistance to working foster parents for full-time or part-time day care services</li> </ul>
<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 1620</b>	Sanford - Relating to a voluntary temporary caregiver program	Would require DFPS to create a voluntary temporary caregiver program for children removed from the home.

	providing temporary care for children removed from their homes	<ul style="list-style-type: none"> <li>• Voluntary temporary caregivers would be required to agree for the child to stay in the home for at least 14 days.</li> <li>• Voluntary temporary caregivers would be required to meet DFPS approved safety and training requirements.</li> <li>• Voluntary temporary caregivers would not be reimbursed or liable for the cost of the child's medical care.</li> </ul>
<b>HB 2335</b>	Miller - Relating to requiring training in trauma-based care for certain child-care workers and child protective services caseworkers	<p>Would require evidence-based trauma training for attorneys ad litem, court-appointed special advocate (CASA) volunteers or employees, and CPS employees who have contact with children who have experienced trauma.</p> <ul style="list-style-type: none"> <li>• Would have clarified the type of trauma training required for owners, operators, and employees of residential child-care facilities.</li> </ul>

### **Children's Mental Health**

Half of all mental health conditions begin by age fifteen, and 75% of mental health conditions develop by age twenty-four.<sup>8</sup> Each year over 545,000 children and adolescents in Texas experience serious mental health needs.<sup>9</sup> Early diagnosis and appropriate services for children can make a difference for lifelong recovery.<sup>10</sup> A number of bills this session attempted to address the mental health needs of children across the state. HB 1600 (Thompson, Senfronia/Watson) allows a child who is a recipient of Medicaid to access a mental health screening during a routine Texas Health Steps visit. Maternal depression was also a topic of significant discussion this session, with a number of bills filed to create a statewide work plan and create easier access to treatment. HB 2466 (Davis, Sarah/Huffman) was an important bill that passed relating to maternal depression requiring a child's Medicaid services to include a maternal depression screening for the mother, regardless of whether she is a Medicaid recipient or not.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>SB 74</b>	Nelson/Price- Relating to the provision of certain behavioral health services to children, adolescents, and their families under a contract with a managed care organization	<p>Allows in-network providers to contract with MCOs to provide targeted case management and psychiatric rehabilitation for children, adolescents, and their families.</p> <ul style="list-style-type: none"> <li>• HHS rules may apply to these providers only to the extent the rules are specific to psychiatric services</li> <li>• Providers are not required to provide behavioral health crisis line services or a mobile crisis team</li> </ul> <p>MCOs that contract with HHS and provide behavioral health services through a contract with a third party are required to coordinate and share utilization management data as effectively as possible; additionally,:</p> <ul style="list-style-type: none"> <li>• HHS must encourage the colocation of physical and behavioral health care coordination staff to the extent feasible</li> <li>• Requires warm call transfers (meaning the two agents must speak directly to one another) between physical and behavioral health care coordination staff</li> <li>• Requires MCOs and the third party to implement joint rounds for sharing information between physical and behavioral health services network providers</li> <li>• Ensure that MCOs make a seamless provider portal available for both physical and behavioral health services network providers to the extent allowed by federal law</li> </ul>
<b>HB 2466</b>	Davis, Sarah/Huffman	Requires a child's Medicaid services to include a maternal depression screening for the child's mother, regardless of Medicaid status of the mother.

		<ul style="list-style-type: none"> <li>• The screening must take place during a covered well-child visit or other office visit for the child before the child’s first birthday.</li> <li>• The HHSC executive commissioner must adopt rules based on clinical and empirical evidence concerning maternal depression and information provided by relevant physicians and behavioral health organizations.</li> <li>• HHSC must seek, accept, and spend any federal funds that are available for these services, specifically funds available under the federal Public Health Service Act and the 21<sup>st</sup> Century Cures Act.</li> </ul>
<b>HB 1600</b>	Thompson, Senfronia/Watson - Relating to certain mental health screenings under the Texas Health Steps Program	<p>HHSC shall develop rules allowing providers of a child who is recipient of Medicaid that is between the ages of 12 and 19 to conduct a mental health screening using a standardized, validated screening tool during each annual Texas Health Steps visit.</p> <ul style="list-style-type: none"> <li>• The screening must be conducted during the annual medical exam (Texas Health Steps visit) and the provider must use one of four standardized, validated screening tools recognized by Texas Health Steps.</li> <li>• Providers may only be reimbursed for conducting one mental health screening per year.</li> </ul>

**Guardianship**

In some circumstances, the court system is asked to appoint a guardian for individuals who have been deemed unable to make decisions for themselves due to the effects of aging, disability, disease, or injury. The guardianship system is intended to provide protection for vulnerable individuals; guardians are supposed to fairly, honestly, and effectively manage the affairs of the person. However, guardianship profoundly limits a person’s ability to make decisions for themselves and must be considered very carefully. Multiple bills aimed at reforming the guardianship process were passed this session, including SB 36 (Zaffirini). The bill strengthens regulations surrounding guardianship, and requires the Judicial Branch Certification Commission (JBCC) to establish a database of all registered guardianship programs. The database must include information on whether these programs are in good standing, and must be made available on JBCC’s webpage. Other guardianship bills filed included SB 667 (Zaffirini/Smithee), which would have created a guardianship compliance program to provide more resources for courts with jurisdiction over guardianship. The program would have created a guardianship compliance specialist position, which would have been responsible for reviewing guardians and creating best practice guidelines. SB 667 was vetoed by Governor Greg Abbott on June 12<sup>th</sup>, 2017. SB 498 (Zaffirini/Neave), which would have updated guardianship language in statute by removing the term “ward” in favor of person-first language (preferred by many advocates and stakeholders), failed to pass this legislative session.

Passed	Author(s) and Description	Summary
<b>HB 3921</b>	Hancock/Parker – Relating to the financial exploitation of certain vulnerable adults	<p>Requires financial institutions who suspect an individual under guardianship is being taken advantage of, to report the incident to DFPS.</p> <p>Requires financial institutions to develop internal policies, program, plans, or procedures for making the report to DFPS. It also authorizes financial institutions to:</p> <ul style="list-style-type: none"> <li>• Place temporary holds on any transactions involving vulnerable adults</li> <li>• The hold lasts for 10 days after the financial institution submits their report</li> </ul>

		<ul style="list-style-type: none"> <li>The hold may be extended for no longer than 30 business days after the initial 10 days if requested by a state or federal law enforcement agency. Agents of the financial institution who make the reports and act in good faith are immune from liability.</li> </ul> <p>Requires a financial institution, to the extent permitted by state or federal law, to provide on request, access to or copies of records relevant to the suspected financial exploitation in accordance with an investigation.</p> <p>Requires that a financial institution report suspected incidents to DFPS, and must also notify a third party reasonably associated with the person under guardianship, unless the third party is the person who is suspected of the financial exploitation.</p> <p>Requires the same process apply to securities and investment bankers.</p>
<b>SB 36</b>	Zaffirini – Relating to the regulation of certain guardianship programs	<p>Requires a guardianship program to be registered and hold a certification or registration issued by the Judicial Branch Certification Commission (JBCC) in order to be appointed as a guardian.</p> <p>Prohibits anyone being appointed as guardian if their certificate is expired, refused renewal, has been revoked, or if the program is suspended.</p> <p>Requires JBCC, in consultation with HHSC and other interested parties, to adopt standards for operation of guardianship programs designed to ensure quality of their services and continual compliance with guardianship programs rules with applicable laws. Guardianship programs under HHSC would not be subject to the standards.</p> <p>Requires the Supreme Court to establish rules for issuing, renewing, suspending, or revoking a guardianship program’s registration certificate.</p> <p>Requires JBCC to create a database of all registered guardianship programs, including whether a program was in good standing, to be made available on the commission’s website. The list must be updated at least quarterly.</p>
<b>SB 39</b>	Zaffirini – Relating to guardianships for persons who have physical disabilities or who are incapacitated	<p>Amends the Estates Code to further clarify various parts of the guardianship process. This includes situations in which representative guardians and executors can be removed with notice by the court:</p> <ul style="list-style-type: none"> <li>If a personal representative fails to file the necessary affidavit or certificate for guardianship, the court can remove them after providing 30 days’ notice via certified mail</li> <li>The court may remove an independent executor for failing to file the affidavit or certificate in a timely fashion, after providing 30 days’ notice</li> <li>Allows the court in which guardianship is pending to transfer to another county if that is where the individual resides</li> </ul> <p>If the guardian petitions for the transfer not to be made, they must appear in court and show cause for why guardianship should not be transferred.</p> <p>If the court appoints a guardian who also has power of attorney:</p> <ul style="list-style-type: none"> <li>The power of attorney authority is automatically revoked for permanent guardians</li> </ul>

		<ul style="list-style-type: none"> <li>The power of attorney is suspended for the duration of the guardianship for temporary guardians, unless the court supersedes that decision</li> </ul>
<b>SB 1016</b>	Creighton – Relating to the appointment and duties of court investigators for certain courts in guardianship proceedings	<p>Authorizes judges to appoint court investigators only if they have been authorized by the commissioners court. The commissioners court:</p> <ul style="list-style-type: none"> <li>May authorize additional investigators for a county if necessary</li> <li>Must set the salary of investigators</li> </ul> <p>Requires a court investigator to supervise and serve as the chief court visitor for a court visitor program contingent on the court for which the investigator is appointed operating that type of program.</p>
<b>SB 1709</b>	Zaffirini – Relating to the requirement of a guardian to provide information regarding a ward’s health and residence to certain relatives of the ward	<p>Requires relatives of proposed individuals under guardianship to request the guardian to notify them of their relative’s health status and residence in writing. In order to receive this information, relatives may not:</p> <ul style="list-style-type: none"> <li>Have had a protective order issued against them to protect the person under guardianship</li> <li>Have been found guilty by a court or other state agency of abuse, neglect, or exploitation against the person under guardianship</li> </ul>
<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>SB 37</b>	Zaffirini – Relating to the requirement to obtain certification for attorneys representing persons in guardianship proceedings	Would have required attorneys representing persons under guardianship to complete a guardianship-specific training and certification that is certified by the State Bar of Texas.
<b>SB 1325</b>	Zaffirini – Relating to authorizing counties to establish public guardians to serve as guardians for certain incapacitated persons	<p>Would have authorized counties to create an office for public guardian or contract with a nonprofit guardianship program to be the guardian for certain persons who have no suitable person or entity willing or able to serve as their guardian or who cannot pay for private professional guardians. Public guardians must:</p> <ul style="list-style-type: none"> <li>Be licensed as an attorney or appropriately certified; and</li> <li>Have demonstrable experience acting as a guardian</li> </ul> <p>Would have required compensation amounts to be set by the commissioners court unless otherwise authorized.</p>
<b>SB 498</b>	Zaffirini – Relating to the use of person first respectful language instead of the term “ward”	Would have directed the legislature, the Texas Legislative Council, and other state agencies and entities to avoid using the term “ward” in any new provision in law and replace the term in any existing law to “person,” “incapacitated person,” and “person with a guardian.” States that a law is not invalid solely because it does not use the preferred terms or phrases.
<b>SB 667</b>	<p>Zaffirini/Smithee – Relating to establishing a guardianship compliance program</p> <p><b>*Governor Greg Abbott vetoed SB 667 on June 12<sup>th</sup>, 2017.</b></p>	<p>Would have required the Office of Court Administration (OCA) to establish and maintain a guardianship compliance program designed to provide additional resources and assistance to courts that have jurisdiction over guardianship. The program:</p> <ul style="list-style-type: none"> <li>Created guardianship compliances specialists, whose tasks include: <ul style="list-style-type: none"> <li>Reviewing guardianships and identifying guardian reporting failures</li> <li>Auditing annual guardianship accounts and other reports related to guardianship</li> <li>Working with courts to develop best practice guidelines for managing guardianship cases</li> <li>Reporting any concerns relating to the individual’s well-being or potential financial exploitation</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>Required that compliance specialists must also maintain an electronic database that monitors filings of reports related to guardianship</li> </ul> <p>Would have required that if a court is selected to participate in the program, they must allow compliance specialists to conduct reviews and audits.</p> <p>Would have authorized the administrative director of OCA to notify the State Commission on Judicial Conduct in writing if OCA has a reason to believe that a judge’s actions or failure to act with respect to a report from a guardianship compliance specialist constitutes as judicial misconduct.</p> <p>Requires OCA to submit a yearly report to the legislature.</p>
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**Criminal Justice Legislation**

The intersection of mental health and the criminal justice system continues to be an area of significant concern for legislators. A large number of people involved in the criminal justice system in Texas have mental health conditions and currently face months-long waits in state jails due to lack of space in the state psychiatric hospital system. According to HHSC, the average wait for in-patient treatment for an individual requiring maximum security inpatient treatment is 127 days—almost double the 2015 wait times. The wait for inmates with a diagnosis of both intellectual disability and a mental health condition is over three times as long at 417 days.<sup>11</sup> A number of bills were filed to address the criminal justice and mental health systems. One of the most high-profile pieces of legislation this session was the Sandra Bland Act, SB 1849 (Whitmire/Coleman). SB 1849 was filed in honor of Sandra Bland, an African-American woman who was jailed and died by suicide following a traffic stop. While the final bill was significantly different from the original bill, the legislation still included a number of mental health reforms including diversion efforts, mental health training for officers and jailers, and de-escalation training for officers. Other criminal justice and mental health related legislative efforts included HB 12 (Price) and SB 292 (Huffman/Price). An important bill that did not pass, HB 12 was an extensive attempt to address diversion from jail for people with mental health conditions, as well as individuals with IDD. SB 292 creates a grant program designed to reduce returns to prison by people with mental health conditions.

Passed	Author(s) and Description	Summary
SB 292	Huffman/Price - Relating to the creation of a grant program to reduce recidivism, arrest, and incarceration of individuals with mental illness	<p>Creates a grant program to reduce recidivism, arrest, and incarceration for people living with mental illness and to reduce wait time for forensic commitment.</p> <p>The grant program must provide grants to county-based community collaboratives that include the county, the LMHA, and each hospital district, if any, located in the county; the collaboratives may include other local entities.</p> <p>The community collaborative must obtain grant matching funding from non-state sources at a percentage dependent on the population of the country, with HHSC specifically allocating 20% of the total funding awarded to counties with a population less than 250,000.</p> <p>Acceptable uses for the grant money and matching funds include:</p> <ul style="list-style-type: none"> <li>Continuation, establishment, or expansion of a mental health jail diversion program</li> <li>Establishment of alternatives to competency restoration in a state hospital, including outpatient competency restoration, inpatient competency restoration in a setting other than a state hospital, or jail-based competency restoration</li> </ul>



		<ul style="list-style-type: none"> <li>• Provision of assertive community treatment or forensic assertive community treatment with an outreach component</li> <li>• Provision of intensive mental health or substance use treatment</li> <li>• Provision of continuity of care services for an individual being released from a state hospital</li> <li>• Establishment of interdisciplinary rapid response teams to reduce law enforcement's involvement with mental health emergencies</li> <li>• Provision of local community hospital, crisis, respite, or residential beds</li> </ul> <p><i>*Note: Some sections of HB 12 (Price) were included in SB 292 (Huffman/Price).</i></p>
<b>SB 1326</b>	Zaffirini/Price – Relating to procedures regarding criminal defendants who are or may be persons with a mental illness or an intellectual disability.	<p>Addresses a multitude of areas related to the individuals with mental illness or individuals with IDD who are involved in the criminal justice system. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill.</p> <ul style="list-style-type: none"> <li>• Requires a magistrates who is given credible information indicating that a person before them is living with a mental illness or is a person with an intellectual disability, the magistrate would be required to start the proceedings</li> <li>• Shortens the time frame for sheriffs, including municipal jailers, to provide notice to magistrates about a mental health condition or intellectual disability, requiring that information be given within 12 hours, rather than 72 hours</li> <li>• Shortens the time frame for local mental health and local IDD authorities to provide additional information to a magistrate after an assessment</li> <li>• Expands the places where courts could order individuals to have exams, either at the jail or another place deemed appropriate by a LMHA</li> <li>• The maximum time people could be ordered to a facility for an exam is changed from 21 days to 72 hours</li> <li>• Expands the options that trial courts have after receiving a mental health or intellectual disability assessment of a person to include referring the person to a state specialty court, including a mental health court</li> <li>• Amends the current directive to magistrates to release certain people, unless good cause was shown to do otherwise</li> <li>• Amends the list of violent offenses that may disqualify a person living with a mental illness or intellectual disability from being released on personal bond; requires a prohibition on assault offenses apply only to those whose assault charge or conviction involved family violence</li> <li>• Directs that courts require individuals charged with class B misdemeanors who have been determined incompetent to stand trial be committed to a jail-based competency restoration program, be released on bond and ordered to participate in an outpatient restoration program, or committed to a facility for an initial restoration period. The commitment to a facility would only occur if no jail-based or outpatient competency restoration programs are available</li> <li>• Requires that individuals charged with class A misdemeanors or higher could be committed to a jail-based competency restoration program, or committed for an initial restoration period to a facility, or released on bail if certain conditions were met</li> <li>• Requires that individuals can only be committed to jail-based competency restoration if the services would begin within 72 hours of arriving</li> <li>• Allows counties to jointly develop and implement a jail-based competency restoration program</li> <li>• Establishes criteria for providers of jail-based competency services and their programs, including criteria that a program must operate in a space</li> </ul>

		<p>separate from that used for the general population of the jail, ensure the coordination of general health care, provide mental health and substance use treatment, and supply clinically appropriate medications as applicable and in accordance with other laws governing court-ordered medication.</p> <ul style="list-style-type: none"> <li>• Requires HHSC to adopt the rules for a county to develop and implement a jail-based competency restoration program by November 1, 2017.</li> <li>• Defines “competency restoration” as treatment or education for restoring a person’s ability to consult with their lawyer with a reasonable degree of rational understanding and a rational and factual understanding of the court proceedings</li> <li>• Requires that sheriffs ensure that individuals are provided with the types and dosages of medication that had been prescribed to the person</li> <li>• Establishes a new priority for trial court dockets, requiring that criminal cases that involve people whose competency to stand trial has been restored must be given preference over other civil or criminal matters, except for trials involving children younger than 14 years old</li> <li>• Requires that magistrates would have to submit monthly reports to the Office of Court Administration (OCA) on the number of assessments regarding competency to stand trial. The information required would be on a new form approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). Courts no longer would have to forward certain competency-related reports to TCOOMMI.</li> <li>• Requires OCA to provide courts with information on best practices to address the needs of people living with mental illness in the court system</li> <li>• Requires OCA to collect and report on information for fiscal year 2018 about specialty courts and the outcomes for people living with mental illness</li> </ul> <p><i>*Note: Some sections of HB 12 (Price) were included in SB 1326 (Zaffirini/Price).</i></p>
<b>SB 1849</b>	<p>Coleman/Whitmire - Relating to interactions between law enforcement and individuals detained or arrested on suspicion of the commission of criminal offenses and the confinement or release of those individuals prior to prosecution.</p> <p><i>Known as “The Sandra Bland Act”</i></p>	<p>Addresses a multitude of areas related to the Texas Commission on Jail Standards (TCJS). Following are brief descriptions of a few of the changes related to mental health, but this is not a complete summary of the provisions of the bill:</p> <ul style="list-style-type: none"> <li>• For certain offenses and certain situations officers must make a good faith effort to divert individuals with mental illness or substance use to treatment</li> <li>• Creates Regional Rural Community Collaboratives to be funded by HHSC which include local law enforcement agencies.</li> <li>• Requires TCJS to create minimum standards to ensure continuity of medication</li> <li>• Requires certain jail safety standards for all inmates through new technology, such as automated electronic sensors to ensure timely and accurate cell checks, tele-mental health, and telehealth</li> <li>• Requires data collection in jails to report to TCJS uses of force, sexual assaults, and attempted suicides</li> <li>• Increases mental health training for new officers to 40 hour.</li> <li>• Requires officers get general de-escalation training</li> <li>• Requires eight hours of Mental Health training for County Jailers</li> <li>• Creates a Jail Administrator exam</li> </ul>
<b>SB 1576</b>	<p>Perry/King - Relating to the civil commitment of sexually violent predators, the operation of the</p>	<p>Makes changes to the Texas Civil Commitment Office (TCCO), which receives administrative support from HHSC, including:</p> <ul style="list-style-type: none"> <li>• Prohibits the introduction of drugs, alcohol, or weapons to at the Texas Civil Commitment Center (TCCC)</li> </ul>

	Texas Civil Commitment Office, and certain related offenses	<ul style="list-style-type: none"> <li>• Authorizes the use of mechanical or chemical restraints in extreme circumstances</li> <li>• Increases the penalties for assaults on TCCO staff by individuals in the TCCC</li> <li>• Amends the current law relating to the civil commitment of individuals in TCCC</li> </ul>
<b>SB 613</b>	Whitmire/Davis, Sarah - Relating to services provided by the Health and Human Services Commission to sexually violent offenders who are incompetent to attend sex offender treatment.	Requires HHSC to provide mental health treatment to individuals living with mental illness if the mental illness prevents the person from participating in sex offender treatment. HHSC is required to provide mental health services until the individual is able to effectively participate in the sex offender treatment program.
<b>HB 337</b>	Collier/Menendez- Relating to the continuation of certain public benefits, including medical assistance benefits, for individuals after release from confinement in jail	Requires HHSC to suspend, rather than automatically terminate, a person's Medicaid services while they are confined in a county jail: <ul style="list-style-type: none"> <li>• If an individual has not been convicted of a crime, HHSC must suspend their Medicaid benefits</li> <li>• If an individual has been convicted of a crime, HHSC may terminate their Medicaid benefits</li> <li>• If the Medicaid benefits have been suspended or terminated, they must be reinstated no later than 48 hours after HHSC has been notified of the person's release from the jail</li> </ul>
<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 12</b>	Price - Relating to individuals who are or may be persons with a mental illness or an intellectual disability and who are or have been involved with the court system and to the eligibility for medical assistance of certain mentally ill inmates	<p>HB 12 was an omnibus mental health and criminal justice bill. Following are brief descriptions of a few of the changes that were included, however, this is not a complete summary of the provisions of the bill:</p> <ul style="list-style-type: none"> <li>• Would have revised the process of gathering and assessing information about an individual who has been arrested and who may have a mental illness or intellectual disability</li> <li>• Would have changed the statutes covering the release on personal bonds</li> <li>• Would have established a statewide jail-based competency restoration program</li> <li>• Would have established a program to give grants to local collaboratives to reduce recidivism, arrests, and incarceration of people living with mental illness</li> <li>• Would have reduced waiting times for forensic commitment to a state hospital of persons living with mental illness</li> </ul> <p><i>A number of sections of HB 12 were amended onto SB 1326 (Zaffirini/Price) and SB 292 (Huffman/Price).</i></p>

### **Juvenile Justice Legislation**

Without prevention and appropriate treatment, youth who are living with a mental illness can get caught in the cycle through the juvenile justice system. According to HHSC, roughly 50% of justice-involved youth have been identified as having a need for mental health treatment, while 80% have been identified as having a need for substance use treatment.<sup>12</sup> There is also a high prevalence of trauma for justice-involved youth. Between 75% and 93% of youth entering the juvenile justice system annually in the U.S. have experienced trauma.<sup>13</sup> Effective assessment and comprehensive responses to justice-involved youth with mental health needs can help break the juvenile justice cycle and produce healthier young people.<sup>14</sup> Legislators recognized the need for legislative action to improve the existing juvenile justice system. Efforts to improve cross-agency communication included HB 1521 (White/Whitmire), which requires DFPS and the Texas Juvenile Justice Department (TJJD) to share information on youth involved with the system who are or who have been in foster care. Further, HB 932 (Johnson/West) requires TJJD to determine during the admissions process whether a justice-involved youth has ever been part of the foster care system. While there was significant movement in the House, HB 122 (Dutton), which would have raised the age of criminal responsibility from 17 to 18 years of age, failed to pass.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 1521</b>	White - Relating to the exchange of certain information between DFPS and the Texas Juvenile Justice Department	Requires DFPS, or providers contracted with DFPS, at the request of TJJD to share information, within 14 days of the request, about certain youth that is “necessary to improve or maintain community safety” or that assists TJJD in the continuity of care or providing services to a youth involved in multiple systems.
<b>HB 156</b>	Raymond - Relating to establishing a pilot program in designated public high schools in certain municipalities for placements of students in Junior Reserve Officers’ Training Corps programs as an alternative to placement	Establishes a pilot program in South Texas wherein students may choose to enroll in Junior Reserve Officers’ Training Corps (JROTC) rather than alternative school or juvenile justice alternative education programs. In order to be eligible, the student must be enrolled in a high school that: <ul style="list-style-type: none"> <li>• Has a population of 200,000 or more</li> <li>• Is located on an international border, and</li> <li>• Has more than 20% of the population ages 18-24 who have not graduated from high school</li> </ul> No more than two high schools may be designated for this program. A student may not be placed in the program for more than one year, unless the board of trustees determines otherwise.
<b>HB 932</b>	Johnson/West- Relating to the collection of information concerning the number of juvenile offenders committed to the Texas Juvenile Justice Department who have been in foster care	Requires TJJD to determine during the admissions process whether a child has at any time been in foster care. The intake form must detail: <ul style="list-style-type: none"> <li>• Whether the child is currently in foster care, and</li> <li>• If applicable, the number of times the child has previously been placed in foster care</li> </ul> DFPS has 14 days after receiving the information request from the local juvenile probation department to provide the requested information.  TJJD, DFPS, and local juvenile probation departments must collaborate to create a method or methods for departments statewide to be able to access this information. Requires TJJD to submit a report to the legislature, including committees with jurisdiction over the agency, detailing this method by no later than March 1, 2018.

		Requires the department to submit a report to the governor, lieutenant governor, speaker of the house, and relevant standing committees no later than January 31 of each even-numbered year. The report must include information on the total number and percentage of children in TJJ custody during the preceding two years who have at any time been in foster care.
<b>HB 1204</b>	White/West – Relating to an alternative to adjudication for certain children who engage in conduct in need of supervision or delinquent conduct	<p>Requires the person conducting the preliminary investigation into an alleged offense by a child under 12 years of age to refer the case to a community resource coordination group (CRCG), a local-level interagency staffing group, or other community juvenile service provider if:</p> <ul style="list-style-type: none"> <li>• There is probable cause to believe the child engaged in delinquent conduct</li> <li>• The case does not require referral to the prosecuting attorney</li> <li>• The child and family are not currently receiving services from a CRCG or other group and would benefit from services</li> </ul> <p>If the case is referred, requires CRCGs and other groups to make recommendations to the juvenile probation department for appropriate services for the child and family. Requires the probation officer to:</p> <ul style="list-style-type: none"> <li>• Create and coordinate a service plan for the child or family that includes the service recommendations from the CRCG or other group, provided the child and the child’s parent, guardian, or custodian voluntarily consent</li> <li>• Allows the probation officer to hold the child’s case open for no more than three months to monitor adherence to the plan of care</li> <li>• The probation officer may refer the child to the prosecuting attorney if they fail to successfully participate</li> </ul> <p>Requires juvenile boards to establish policies that prioritize:</p> <ul style="list-style-type: none"> <li>• Diversion of children younger than 12 from referral to a prosecuting attorney</li> <li>• Limiting the detention of children younger than 12 to circumstances of last resort</li> </ul>
<b>SB 1304</b>	Perry/White – Relating to confidentiality, sharing, sealing, and destruction of juvenile records	<p>Streamlines the process of handling juvenile records as well as strengthens the rules surrounding privacy relating to access to these records. Delineates requirements for taking photographs and fingerprints of juveniles:</p> <ul style="list-style-type: none"> <li>• Law enforcement may photograph or fingerprint a child who is not in custody or who has not been referred to juvenile court if the parent or guardian voluntarily consents in writing.</li> <li>• Allows law enforcement to obtain a photograph of a child from a juvenile probation department if certain circumstances are met.</li> </ul> <p>Expands who has access to a child’s records to include a person or entity to whom they are referred for treatment or services, provided said agency has entered into a written confidentiality agreement.</p> <p>Requires records and information concerning a child be kept separate from adult information. If stored electronically, the system for accessing these records must be distinct from the system for accessing adult records.</p>
<b>SB 1548</b>	Menendez – Relating to post-discharge services offered by a juvenile board or juvenile probation dept. to a child	Allows juvenile probation departments to provide “post-discharge services” such as mentoring, job-training, and mental health or substance use treatment for up to six months after a youth is discharged from probation, regardless of the age of the youth, only if the youth consents to services.

Failed to Pass	Author(s) and Description	Summary
<b>HB 122</b>	Dutton - Relating to the age of criminal responsibility and to certain substantive and procedural matters related to that age	Would amend the Family Code to raise the age of criminal responsibility from 17 to 18 years of age. Crimes alleged to have occurred before the age of 18 would be placed under the jurisdiction of a juvenile court.

### Veterans

Texas has the second largest state-wide population of veterans, only behind California, with approximately 1.7 million veterans living in Texas.<sup>15</sup> Approximately 50% of returning service members who need treatment for a mental health condition seek it. Among veterans who do receive mental health care, only slightly more than half receive adequate treatment.<sup>16</sup> While veterans have the option to seek services through the Veterans Administration (VA), long wait lists and significant travel distances can create barriers for veterans across the state particularly in rural areas. Last session the 84<sup>th</sup> legislature paid significant attention to veterans' mental health, passing SB 55 (Nelson/King, Susan) to fund the Texas Veteran + Family Alliance (TV+FA), a public-private partnership for veterans and their families. This session Rider 128 directs HHSC to allocate \$20 million to the TV+FA.

Other notable efforts to impact veterans' mental health include SB 27 (Campbell/Blanco) which creates the National Center for Warrior Resiliency at The University of Texas Health Science Center at San Antonio to research combat-related post-traumatic stress and comorbid conditions. SB 578 (Lucio/Gutierrez) requires HHSC to collaborate with other state and federal agencies to create a veteran suicide prevention plan and SB 591 (Lucio/Blanco) requires the Texas Veterans Commission (TVS) to conduct a community outreach campaign related to existing services for veterans, including mental health services.

Passed	Author(s) and Description	Summary
<b>SB 27</b>	Campbell/Blanco - Relating to the mental health program for veterans.	<p>Allows the University of Texas Health Science Center at San Antonio to create the National Center for Warrior Resiliency. The purposes for the center include:</p> <ul style="list-style-type: none"> <li>• Researching combat-related PTSD and comorbid conditions</li> <li>• Providing clinical care to enhance the psychological resiliency of military personnel and veterans</li> </ul> <p>Allows the Board of Regents of the University of Texas System to solicit, accept, or administer gifts and grants from public or private sources for the center.</p> <ul style="list-style-type: none"> <li>• Defines "peer service coordinator" in code as a person who recruits and retains veterans, peers, and volunteers to participate in the mental health program for veterans and related activities</li> <li>• For the mental health program for veterans, changes "volunteer" to "peer service" in statute related to training and technical assistance</li> </ul>
<b>SB 578</b>	Lucio/Gutierrez - Relating to the creation by the Texas Veterans Commission of a veteran suicide	<p>Requires HHSC to create a comprehensive veteran suicide prevention action plan in collaboration with the both state and federal veterans-focused agencies and organizations.</p> <p>The action plan must:</p> <ul style="list-style-type: none"> <li>• Identify opportunities for raising awareness and providing resources for veteran suicide prevention</li> </ul>

	prevention action plan	<ul style="list-style-type: none"> <li>• Identify opportunities to increase access to veteran mental health services</li> <li>• Identify funding resources to provide accessible, affordable mental health services</li> <li>• Provide measures to expand public-private partnerships</li> <li>• Provide for proactive outreach measures</li> <li>• Provide for peer-to-peer service coordination</li> <li>• Address suicide prevention regarding justice-involved veterans</li> </ul>
<b>SB 591</b>	Blanco/Lucio - Relating to a community outreach campaign to increase awareness of veterans' benefits and services.	Requires the Texas Veterans Commission (TVC) to conduct a community outreach campaign to provide information and increase awareness of existing benefits and services available to veterans, including mental health services.
<b>HB 865</b>	Blanco/Rodriguez - Relating to establishing a veterans services coordinator for the Texas Department of Criminal Justice and a veterans rehabilitation dorm program for certain state jail defendants confined by the department	Requires TDCJ to create a Veterans Services Coordinator to respond to the needs of veterans who are under the supervision of TDCJ, including veterans who are on parole or mandatory supervision. <ul style="list-style-type: none"> <li>• Requires TDCJ, in coordination with the TVC, to create and administer a veterans' re-entry dorm program, which is a voluntary rehabilitation and transition program for veterans who are incarcerated in state jail facilities and have a brain injury, mental health condition, including PTSD, or substance use or have been a victim of certain military sexual trauma</li> <li>• The program must be available to male and female veterans, coordinate and provide available services and programming approved by TDCJ, and coordinate with community-based veterans peer support services when a veteran exits the program</li> </ul>

### **Education**

The mental health needs of children do not disappear when the child walks through the door to school. Approximately 23,000 students across the state receive special education services for “emotional disturbance,” which includes mental health conditions along with the impaired ability to function at school and at home.<sup>17</sup> The Select Committee on Mental Health recognized the importance of early intervention for child and adolescent mental health. The select committee recommended expanding innovative public school-based programs that prioritize prevention and early intervention, as well as increase school employee training on suicide and mental health. Efforts during this legislative session mainly focused on prevention and intervention for students. HB 11 (Price) was a comprehensive approach toward mental health services and education in public schools. HB 11 passed out of the House Public Health Committee, but did not receive a vote on the House floor. Some sections of HB 11 were amended onto other bills. Additionally, if passed, HB 3887 (Coleman) would have required trauma-informed training for school personnel. Legislation aimed at higher education, however, did pass. HB 2895 (Price/Seliger) requires each public higher education institution to maintain a link to mental health resources on their home page.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>SB 179</b>	Menéndez/Minjarez- Relating to harassment, bullying, and cyberbullying of a	SB 179 is a comprehensive bill aimed at cyberbullying for public school students or minors. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill: <ul style="list-style-type: none"> <li>• Defines both bullying and cyberbullying in the Education Code</li> </ul>

	<p>public school student or minor and certain mental health programs for public school students; increasing a criminal penalty</p> <p><i>Known as "David's Law"</i></p>	<ul style="list-style-type: none"> <li>• Requires the board of trustees of each school district to adopt a cyberbullying policy, in addition to existing bullying policy; the policy must prohibit certain behaviors and establish certain procedures concerning bullying and cyberbullying</li> <li>• Requires each school district to establish a district-wide policy to assist in the prevention and mediation of bullying incidents between students when the incident interferes with a student's educational opportunities or substantially disrupt the orderly operation of a classroom, school, or school-sponsored or school-related activity</li> <li>• Authorizes a student to be removed from class and placed in a disciplinary alternative education program or expelled under certain circumstances</li> <li>• Authorizes the principal of public school, or someone appointed by the principal, to make a report to any school district police department or the police department of the local municipality that a student engaged in an act of cyberbullying</li> <li>• Allows continuing education requirements for classroom teachers and principals to include instruction on grief and trauma; and how evidence-based, grief-informed, and trauma-informed strategies support the academic success of students affected by grief and trauma</li> <li>• Requires TEA to coordinate with HHSC to establish and maintain an internet website to provide resources for school district or charter school employees regarding working with students experiencing a mental health condition; the information must include grief and trauma informed practices, building skills related to managing emotions, positive relationships, and responsible decision-making, positive behavior interventions and supports, and a safe and supportive school climate</li> <li>• Requires that a school counselor's duties include serving as a non-partial, non-reporting resource for interpersonal conflicts and discord between two or more students, including accusations of cyberbullying</li> </ul>
<p><b>SB 748</b></p>	<p>Zaffirini/Allen, Alma - Relating to transition planning for a public school student enrolled in a special education program</p>	<p>Amends the Education Code to bring special education transition planning into compliance with federal requirements, as well as to be more specific as to what is required. The student's admission, review, and dismissal (ARD) committee must consider:</p> <ul style="list-style-type: none"> <li>• If the student is younger than 18, appropriate involvement in transition planning by their parents and other persons invited to participate by: <ul style="list-style-type: none"> <li>○ The student's parents, or</li> <li>○ The school district in which the student is enrolled</li> </ul> </li> <li>• If the student is at least 18, involvement in the transition and future by their parents and other persons, if: <ul style="list-style-type: none"> <li>○ They have the student's consent to participate under a supported-decision making agreement</li> </ul> </li> <li>• Appropriate post-secondary education options, including preparation for post-secondary coursework (the code previously only required consideration of "any" postsecondary education options)</li> <li>• An appropriate functional vocational evaluation</li> <li>• Appropriate employment goals and objectives</li> <li>• Appropriate independent living goals</li> <li>• Appropriate circumstances for facilitating a referral of the student or their parents to a governmental agency for services or public benefits, including referral to the agency responsible for placing the student on the waitlist for waiver services</li> </ul> <p>If the student is at least 18, the ARD must also consider:</p>



		<ul style="list-style-type: none"> <li>• The availability of age-appropriate instructional environments, including community settings or environments that prepare the student for: <ul style="list-style-type: none"> <li>○ Postsecondary education or training</li> <li>○ Competitive integrated employment</li> <li>○ Independent living</li> </ul> </li> <li>• This must be done in coordination with their transition goals and objectives</li> </ul> <p>Requires the ARD committee to consider the use and availability of appropriate:</p> <ul style="list-style-type: none"> <li>• Supplementary aids, services, classes, and other opportunities to assist them in developing decision-making skills, and</li> <li>• Supports and services to foster their independence and self-determination, including a supported decision-making agreements</li> </ul> <p>The TEA commissioner must develop a list of services and public benefits available (such as the 1915(c) waivers) and post them on the agency’s website.</p> <p>School district transition and employment specialists must provide information and resources about all of the aforementioned transition topics. Updates the code to reflect the HHSC post-transformation landscape, requiring transition specialists to ensure collaboration with the Texas Workforce Commission.</p> <p>The commissioner must review the minimum training guidelines for district employment and transition specialists at least once every four years, and update if necessary. They must solicit input from stakeholders.</p> <p>Requires the transition and employment guide to be written in plain language and include information on:</p> <ul style="list-style-type: none"> <li>• The option for students to be placed on a waiting list with a governmental agency for public benefits, such as the 1915(c) waivers and Social Security</li> <li>• Guardianship and alternatives to guardianship, including a supported decision-making agreement</li> </ul> <p>No later than one year before the 18<sup>th</sup> birthday of a student with a disability, the school district at which they are enrolled must:</p> <ul style="list-style-type: none"> <li>• Provide the student and parents: <ul style="list-style-type: none"> <li>○ Written notice regarding the transfer of rights under Section 29.017 of the Education Code</li> <li>○ Information and resources about guardianship, alternatives to guardianship (including supported decision-making), and other supports and services that may enable independent living</li> </ul> </li> </ul> <p>The commissioner must develop a model form for school districts to use in notifying students and parents of the above requirements, and post it on the TEA website. The form must include information and resources described above (i.e., information on supported decision-making, guardianship, Medicaid waiver programs, etc.).</p>
<b>SB 1533</b>	Rodriguez/Zaffirini – Relating to mental health first aid training for university employees	<p>Requires DSHS to make grants available to provide an approved mental health first aid (MHFA) training program at no cost to university employees, as well as clarifies who is currently eligible for the training program to include both school district employees and school resource officers.</p> <p>Authorizes an LMHA to contract with a regional education service center to provide an MHFA training program to university employees.</p>

		Requires that no later than September 30 <sup>th</sup> of each year, an LMHA must report on the number of university employees who have received the MHFA training.
<b>SB 2080</b>	Taylor/Guillen - Relating to a requirement that school districts and open-enrollment charter schools report certain information regarding children with disabilities who live in residential facilities	Requires each school district and open-enrollment charter school to include in their PEIMs report the number of children with disabilities living in a residential facility who are required to be tracked by the Residential Facility Monitoring (RFM) System and receive education services from the district or school.
<b>HB 2895</b>	Price - Relating to the requirement that certain public institutions of higher education post mental health resources on the institution's Internet website.	Requires each public higher education institution to maintain a link on their website home page to a webpage that is solely dedicated to mental health resources, regardless of whether the resources are available at the institution or in the community.  Requires the president or the president's designee to certify to the Texas Higher Education Coordinating Board that the institution is complying with the requirements
<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
<b>HB 11</b>	Price - Relating to consideration of the mental health of public school students in school planning, educator training requirements, curriculum requirements, educational programs, state and regional programs and services, and health care.	Would have addressed a multitude of areas related to mental health and public education. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill: <ul style="list-style-type: none"> <li>• Required public school districts create plans that include positive behavior services and supports</li> <li>• Required educator certification include training on effective strategies for teaching and intervening with students with mental health or substance use needs, training on grief and trauma, counseling for students with mental health or substance use needs</li> <li>• Required TEA to include information on the website about interventions for, treatment and management of mental health and substance use conditions</li> <li>• Required schools to include instruction on mental health and substance use as a component of existing health curriculum</li> <li>• Allowed school districts to establish a school-based health center to provide physical health care services along with mental health and substance use services</li> </ul> <i>Some sections from HB 11 were amended onto SB 179 (Menendez/Minjarez).</i>
<b>HB 3887</b>	Coleman - Relating to trauma training for public school personnel.	Would have required HHSC, in coordination with TEA and regional education service centers, to include in an existing list of recommended best-practice based programs, trauma-informed training for counselors, teachers, nurses, administrators, and other staff, including law enforcement officers and social workers who interact with students.  The training would have included components to: <ul style="list-style-type: none"> <li>• Recognize students displaying signs of physical or emotional trauma</li> <li>• Intervene effectively with students who may need additional services, including a notice and referral to a parent or guardian so that appropriate</li> </ul>

		<p>action may be taken, such as seeking mental health or substance use services for the student</p> <p>Would have required each school district to provide trauma-informed training for teachers, counselors, principals, and all other appropriate personnel.</p>
<b>HB 3369</b>	<p>Huberty - Relating to the statewide plan for special education and assistance to public school districts in providing special education programs.</p>	<p>Would have required regional education service centers to update core services to include specially-designed assistance for school districts determined to be in need of intervention based on TEA's most recent determinations regarding their special education programs.</p>

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<sup>3</sup> Ibid.

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