



Hogg Foundation for Mental Health

Texas 87th Legislative Session Summary of Mental Health and Substance Use-Related Legislation

The Hogg Foundation for Mental Health offers the following summary of legislation that impacts the mental health and well-being of Texans. Included in this summary is legislation that was passed by the legislature and either signed by the governor, became law without his signature, or vetoed, as well as legislation that failed to pass that addresses issues we believe are important to mental health advocates, legislators, and legislative staff. Some of the bills listed are directly related to mental health and substance use systems and services, while others are related to the social and political determinants of mental health directly impacting individuals and communities. This includes legislation that focus on our values of diversity, equity, and inclusion. To review the full text of legislation or to learn more, please visit the Texas Legislature Online website at www.capitol.state.tx.us. Users can search for legislation using keywords, bill numbers, and other terms.

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Mental Health and Substance Use Funding Legislation

General Appropriations – SB 1 (Nelson/Bonnen)

Special Note: On June 21, 2021, the governor vetoed Article X in SB 1. Article X funds the Texas Legislature. A special session of the Texas Legislature has been called to begin on July 8, 2021.

Article II – Health and Human Services Commission (HHSC) Mental Health and Substance Use Funding

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. The governor has line-item veto authority.

Budget Strategy	HB 1 FY 2020/21	SB 1 FY 2022/23	Difference
D.2.1 Community Mental Health – Adults	\$764,100,202	\$785,705,000	\$21,604,798
D.2.2 Community Mental Health – Children	\$184,635,596	\$187,879,512	\$3,243,916
D.2.3 Community Mental Health Crisis	\$343,263,746	\$231,398,300	(\$111,865,446)
D.2.4 Substance Abuse Services	\$464,363,294	\$496,360,084	\$31,996,790
D.2.5 Behavioral Health Waivers	\$104,599,388	\$58,874,900	(\$45,724,488)
D.2.6 Community Mental Health Grants	*	\$145,000,000	\$145,000,000
G.2.1 State Mental Health Hospitals**	\$898,738,475	\$965,484,056	\$66,745,581
G.2.2 Community Mental Health Hospitals	\$270,620,452	\$307,010,202	\$36,389,750

*Funding for Community Mental Health Grants was included in the previous budget in Strategy D.2.3., Community Mental Health Crisis Services.

**Cost of operations (this does not include construction and planning costs for facilities; these costs are included in the supplemental appropriations).

Article II – HHSC Mental Health and Substance Use-Related Riders

Budget riders are legislative directives that instruct agencies on how to spend certain appropriated funds. Riders do not typically provide additional or new funding.

Article II HHSC Rider #	Description
9	Increase Consumer Directed Services – directs HHSC to educate STAR+PLUS home- and community-based services consumers on the Consumer Directed Services option to increase the percentage of individuals who choose this option. HHSC is responsible for collecting annual data from each Managed Care Organization (MCO) and compiling a report which will be made public and given to the Texas Council on Consumer Direction.
12	Medically Dependent Children Program (MDCP) and Youth Empowerment Services (YES) Waivers – includes funding for MDCP and Youth Empowerment Services (YES) waiver services for clients enrolled in the STAR Kids program. This does not create an entitlement to waiver services.
27	Medicaid Program Efficiencies – directs HHSC to develop and implement initiatives to create program efficiencies in the Medicaid and CHIP managed care and fee-for-service delivery models to minimize beneficiary and provider abrasion or reduce unnecessary administrative and operational costs at HHSC.
28	Applied Behavioral Analysis – allocates \$5,255,298 in GR and \$8,178,489 in Federal Funds in FY 22 and \$22,893,966 in GR and \$35,728,373 in Federal Funds in FY 23 to strategy A.1.2 (Medicaid Client Services, Disability-Related), and \$2,905,103 in GR and \$4,521,028

Article II HHSC Rider #	Description
	in Federal Funds in FY 22 and \$12,655,670 in GR and \$19,750,467 in Federal Funds in FY 23 to strategy A.1.5, (Medicaid Client Services, Children), for applied behavioral analysis (ABA) services for autism for HHSC to implement ABA services no later than February 1, 2022.
30	Rates: Intermediate Care Facilities and Certain Waiver Providers – directs HHSC to maintain the rate increases authorized by the 86 th legislature and collaborate with stakeholders to evaluate the rate setting methodology for these programs.
32	STAR Health Psychiatric Rate Evaluation – directs HHSC to complete an evaluation of the rate methodology and payment rate for psychiatric services provided to children enrolled in STAR Health. Requires a report no later than September 1, 2022. The evaluation must be conducted in coordination with a work group comprised of relevant stakeholders.
33	Claims for Behavioral Health Services – directs HHSC to authorize providers to submit claims for services through August 31, 2023 for reimbursement of certain behavioral health services delivered by telemedicine, telehealth, or telephone (audio only), including Psychiatric Diagnostic Evaluation; Psychotherapy; Peer Specialist Services; Screening, Brief Intervention, and Referral to Treatment; Substance Use Disorder Services; Mental Health Rehabilitation; and Mental Health Targeted Case Management.
34	Institutions of Mental Disease (IMD) Exclusion Waiver – directs HHSC (if determined cost effective) to submit an 1115 waiver application to CMS for providing services during short-term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as an IMD.
36	Medicaid Managed Care Denial and Appeals Process – directs HHSC to conduct a study of the denial and appeals process for the STAR Kids, STAR Health, and STAR+PLUS Programs. Requires a report no later than December 1, 2022.
37	1115 Transformation Waiver – directs HHSC to seek a renewal or extension of the current Section 1115 Texas Healthcare Transformation and Quality Improvement Program Waiver from the CMS.
38	Study on Home and Community-Based Services (HCS) Waiver Program – directs HHSC to conduct a study on the provision of services under the Home and Community-based Services (HCS) waiver program to individuals with an intellectual or developmental disability who have high behavioral and medical needs and submit a report no later than September 1, 2022.
39	Medicaid Provider Rate Increases – It is the intent of the Legislature that when Medicaid provider rates are increased as a result of a legislative appropriation, managed care organizations reimburse the full amount of the appropriated funds to providers, to the extent allowed by federal laws and regulations.
41	IDD Waiver Interest Lists – allocates \$60,000 in GR and \$60,000 in Federal Funds in FY 22 for HHSC to revise the Questionnaire for Long-term Services and Supports (LTSS) Waiver Program Interest Lists. Also allocates \$87,422 in GR and \$87,422 in Federal Funds in each fiscal year for HHSC to administer the revised questionnaire developed to all individuals on IDD waiver interest lists.
46	Contingency for Behavioral Health Funds – Instructs the comptroller to not allow the expenditure of certain funds if the planned expenditure does not satisfy the requirements of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.
47	Mental Health Outcomes and Accountability – requires HHSC to place 10 percent of the funds allocated to Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) at risk. Allows HHSC to recoup funds for failure to achieve outcome targets set by HHSC.

Article II HHSC Rider #	Description
48	Mental Health Appropriations and Federal Matching Opportunities – requires that HHSC include in contract provisions for mental health services (adults, children, and crisis services) that funds be used as much as possible to draw down additional federal dollars through the 1115 Transformation Waiver or other federal matching opportunities. Requires a legislative report December 1 of each fiscal year. Does not relieve LMHAs or LBHAs of any HHSC contract requirements.
49	Mental Health Peer Support Re-entry Program – allocates up to \$1 million in GR for the biennium to maintain a mental health peer support re-entry program that uses certified peer support specialists to ensure individuals transition from the county jail into clinically-appropriate community-based care. Requires a report by December 1, 2022.
50	Reporting of Waiting Lists for Mental Health Services – directs HHSC to submit a report on the current waiting list and related expenditure data for community mental health services for adults, community mental health services for children, forensic state hospital beds, and maximum security forensic state hospital beds. Data shall be submitted November 1 and May 1 of each fiscal year.
51	Mental Health Program for Veterans – allocates \$5 million in GR each fiscal year for the purpose of administering the mental health program for veterans. Requires a legislative report December 1 of each fiscal year.
52	Consolidated Reporting of Opioid-Related Expenditures – directs HHSC to submit a report of annual expenditures from the previous fiscal year for all opioid abuse and misuse-related programs at HHSC, DFPS, and DSHS no later than October 1 of each year.
53	<p>Community Mental Health Grant Programs – informational listing identifying:</p> <ul style="list-style-type: none"> • \$10 million in GR each fiscal year for a grant program for mental health services for veterans and their families; • \$25 million in GR each fiscal year for a grant program reducing recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment; • \$5 million in GR each fiscal year for a grant program reducing recidivism, arrest, and incarceration among individuals with mental illness and to reduce wait time for forensic commitment in the most populous county; • \$20 million in GR each fiscal year for the community mental health grant program; and • \$12.5 million in GR each fiscal year to provide grants for Healthy Community Collaboratives. <p>Requires HHSC to submit a report by November 1, 2022.</p>
54	Additional Mental Health Community Hospital Beds for Urban and Rural Areas – allocates is \$15 million in GR for additional state-purchased inpatient psychiatric beds in rural areas and \$15 million in GR for additional state-purchased inpatient psychiatric beds in urban areas.
55	Federal Funds Reporting Requirement – identifies amounts allocated from the federal Block Grants for Community Mental Health in the amounts of \$48,793, 205 to Strategy D.2.1, Community Mental Health Services – Adults, \$14,887,104 to Strategy D.2.2, Community Mental Health Services – Children, and \$1,055,580 to Strategy D.2.4, Substance Abuse Services. Requires HHSC to provide additional information for the Monthly Financial Report required by Rider 133 if projected expenses and allocated funds from the Community Mental Health federal funds differ more than \$1 million.
56	Opioid Treatment Program Central Registry: Dosing Information – requires HHSC to evaluate the feasibility and costs associated with including patient dosage information in the opioid treatment program central registry. Requires a report by September 1, 2022.

Article II HHSC Rider #	Description
57	Study on Step-down Housing – directs HHSC to study the efficacy and efficiency of the step-down services in diverting individuals from the state mental health hospital inpatient system into the community. Requires a report by September 1, 2022.
58	Study Related to 9-8-8 Implementation – requires HHSC to study the adequacy and efficacy of existing National Suicide Prevention Lifeline (NSPL) infrastructure in Texas to determine state preparedness to comply with federal National Suicide Hotline Designation Act of 2020 (S. 2661). Requires a report by September 1, 2022.
59	Substance Abuse Prevention and Treatment Block Grant – requires HHSC to produce an annual report on the uses of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) funds received by HHSC, including supplemental and one-time awards by December 1 of each fiscal year.
71	Postpartum Depression Screening and Treatment Report – directs HHSC, in coordination with DSHS, to submit a report on prevalence, screening, and treatment of postpartum depression no later than October 1, 2022.
75	Autism Program Provisions – requires expenditures for the Autism Program, Strategy D.1.6., to be used only for children enrolled in the focused program, and requires HHSC to provide support to the Texas Autism Research and Resource Center.
80	Funding for Child Advocacy Center Programs and Court Appointed Special Advocate Programs – identifies \$17,484,082 in GR, \$5,114,922 in GR – Dedicated to Victims Crime Account No. 0469, and \$13,948,063 in federal funds each fiscal year for contracting with a statewide organization for training, technical assistance, evaluation, and fund administration for local children’s advocacy center programs. Identifies \$10,835,578 in GR, \$5,114,922 in GR – Dedicated to Victims Crime Account No. 0469, and \$13,500 from the license plate trust fund account no. 0802 each fiscal year for contracting with a statewide organization for training, technical assistance, and evaluation for the benefit of a local volunteer advocate program. Requires HHSC to submit a report December 1 of each fiscal year of expenditures.
84	Unexpended Balances: Intellectual and Developmental Disabilities (IDD) Crisis Funding – identifies \$14 million in GR each fiscal year allocated for crisis intervention and respite services, that if unexpended and unobligated balances remain as of August 31, 2022, are appropriated for the same purposes for the FY 23.
85	Crisis Intervention and Respite Services – allows HHSC to identify and use any available SSLC space for crisis respite services to individuals with IDD provided by HHSC, the local intellectual and developmental disability authority, or other entity that operates a crisis respite program under contract with HHSC.
88	Behavioral Support Specialists at State Supported Living Centers – requires San Angelo SSLC and Mexia SSLC to provide behavioral support specialists to assist the alleged offender residents with any specialized educational needs.
92	State Hospital and State Supported Living Center Workforce – directs HHSC to evaluate compensation levels, turnover and vacancy rates and patterns, use of contractors and position type, and recruiting efforts at the state hospitals and state supported living centers. Requires a report by August 31, 2022.
93	Expenditure Reporting at the State Hospitals – requires HHSC to report monthly expenditures for each State Hospital no later than April 1 and October 1 of each fiscal year.
100	Step-down Housing Pilot for Individuals with Serious Mental Illness – allows HHSC to allocate up to \$12,700,000 from available federal funds for a step-down transition program for long-term patients of the state mental health hospitals on an SSLC campus. Requires HHSC to develop an operational plan to establish a transition program that

Article II HHSC Rider #	Description
	provides collaborative services from interdisciplinary teams from HHSC, in addition to community partners such as the LMHAs/LIDDAs by August 31, 2022.

Article II – Special Provisions

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

Special Provision #	Description
Sec. 16	Prohibition on the Use of Appropriations for the Private Operation of a State Hospital – prohibits the state from soliciting bids for the private operation of a state hospital without approval from the Legislative Budget Board.

Article III – Texas Education Agency (TEA) Student Well-Being and School Climate-Related Funding

Note: TEA does not have a dedicated strategy for student mental health, well-being, or school-climate. The amounts shown below reflect funds dedicated to a program that address these integral components to student learning and school environment. The amounts below reflect only the program, not the Strategy in its entirety as the Strategies are far more encompassing.

Program/Support	HB 1 FY 2020/21	SB 1 FY 2022/23	Difference
Amachi Texas – included in Strategy A.2.2 Achievement of Students at Risk (program to mentor youth of incarcerated parents in coordination with Big Brother/Big Sister Lone Star and other community-based resources for training, services, and funding)	\$4,000,000	\$5,000,000	\$1,000,000
Disability Community-Based Support – included in Strategy A.2.3 Students with Disabilities	\$1,974,600	\$1,974,600	\$0
School Safety Allotment – included in Strategy A.1.1 Foundation School Program	\$100,000,000	\$100,000,000	\$0
Communities in Schools – included in Strategy A.2.4 School Improvement & Support	\$61,043,632	\$61,043,632	\$0
Best Buddies – included in Strategy A.2.4 School Improvement and Support	\$500,000	\$500,000	\$0
Customized School Safety Programming – included in Strategy B.2.2 Health and Safety	\$2,000,000	\$2,000,000	\$0

Article III – TEA Student Well-being and School Climate-related Riders

Article III TEA Rider #	Description
3	School Safety Allotment – allocates \$9.72 per student in average daily attendance, estimated to be \$50,000,000 in each fiscal year, for the School Safety Allotment.

Article III TEA Rider #	Description
16	Non-educational Community-based Support Services – allocates \$987,300 each fiscal year to non-educational community-based support services for certain students with disabilities.
17	Professional Development for the Provision of Access to the General Curriculum for Students with Disabilities in the Least Restrictive Environment – directs TEA to use 10.5% of federal discretionary funds awarded through IDEA during the biennium for capacity building, including professional development and support, for school districts to provide learning in the least restrictive environment for students with disabilities and Multi-Tiered Systems of Support (MTSS) for struggling learners in general education. Requires legislative reports no later than August 21, 2022 and 2023.
22	Communities in Schools – allocates \$30,521,816 in GR and \$3,898,450 in Temporary Assistance for Needy Families (TANF) funds in FY 22 and \$30,521,816 in GR and \$3,898,450 in TANF funds in FY 23 to the Communities in Schools Program. Additionally, \$943,892 in TANF funds each fiscal year will be allocated for administrative purposes of the program. Transfer of GR funds for providing administrative support may not exceed \$100,000 for the 2020-21 biennium.
33	Early Childhood Intervention – allocates \$16,498,102 each fiscal year from the Special Education allotment to be set aside and transferred to HHSC to support ECI eligibility and comprehensive and transition services. Directs TEA to enter into an MOU with HHSC no later than October 1, 2022.
34	Funding for Regional Education Service Centers – allocates \$11,875,000 each fiscal year to be distributed to ESCs for providing professional development and other technical assistance services to school districts, with additional distributions to school districts serving fewer than 1,600 students. A legislative report on expenditures, savings, services, staff, programs, and funding transferred from TEA is due no later than December 1st of each even numbered year.
42	Student Success Initiative/Community Partnerships – allocated \$5,245,000 each fiscal year to school districts in the most struggling neighborhoods and with high percentages of students struggling with state assessments to implement a comprehensive program by leveraging academic, community, and governmental supports.
49	Amachi Texas – allocates \$2,500,000 in GR each fiscal year to the Amachi Texas program to mentor youth of incarcerated parents in coordination with Big Brother/Big Sister Lone Star and other community-based resources for training, services, and funding.
66	Best Buddies – allocates \$250,000 each fiscal year to support the Best Buddies program
67	Funding for Special Education Strategic Plan FTEs – allocates 54.0 FTEs for the implementation of the Special Education Strategic Plan.
68	Report on the Effectiveness of Certain TEA Programs – directs TEA to study the effectiveness of programs that receive funding and are administered by non-governmental organizations; report to the finance and education committees in the House and the Senate, the Governor, and the LBB no later than May 1, 2022.
71	Funding for Customized School Safety Programming – TEA Commissioner shall allocate \$1 million in GR each fiscal year to a non-governmental organization with an established safe school institute to provide customized school safety programming.
74	Athletic Programs for Students with Disabilities – allocated \$1.9 million each fiscal year to provide grants for organizations that provide comprehensive early child development to adult transition programs with data-based health, social, leadership, transition and athletic programs for students with intellectual disabilities.
79	COVID-19 Funding to School Districts reporting – requires TEA to report the value and uses of COVID-19 related federal funds provided to each school district and charter school

Article III TEA Rider #	Description
	to the Governor, LBB, and any appropriations-related legislative committees on December 1 and June 1 of each fiscal year.
83	Telehealth programs – requests TEA to use funds appropriated to study implementing telehealth programs to schools without a full-time nurse on site to be submitted no later than September 1, 2022 with results and legislative recommendations.

Article III – Higher Education Mental Health and Well-Being-Related Funding

Note: These Institutions of Higher Education do not always have dedicated strategies for mental health and well-being. The amounts shown below reflect funds dedicated to a program that address these integral components to student learning and campus environment.

	HB 1 FY 2020/21	SB 1 FY 2020/22	Difference
Higher Education Coordinating Board (HECB)			
Mental Health Professionals Loan Repayment Program – included in Strategy C.1.3 Educational Loan Repayment	\$2,125,000	\$2,071,876	(\$53,124)
Family Practice Rural and Public Health Rotations – included in Strategy D.1.1 Family Practice Residency Program	\$239,910	\$227,914	(\$11,996)
D.1.7 Child Mental Health Care Consortium	\$99,000,000	\$118,508,272	\$19,508,272
G.1.2 Autism Grant Program	\$7,710,000	\$7,410,000	(300,000)
Texas State University (TSU)			
C.2.3 School Safety Center	\$10,990,944	\$10,990,944	\$0
The University of Texas Health Science Center at Tyler (UT Tyler)			
D.1.1 Mental Health Workforce Training Programs	\$13,460,000	\$13,460,000	\$0

Article III – Higher Education Mental Health and Well-Being-Related Riders

Article III Rider #	Description
HECB # 29	Family Practice Rural and Public Health Rotations – allocates \$113,957 each fiscal year for one month rural or public health rotations for family practice residents.
HECB #44	Autism Grant Programs – directs HECB to distribute funding to autism research centers that provide behavioral health services and trainings. Allocates \$2,055,000 per fiscal year for parent-directed treatment to serve 750 children; \$950,000 each fiscal year for Board-certified Behavioral Analysts Training for teachers and paraprofessionals to serve 2,547 children; \$700,000 each fiscal year for research and evaluation of treatment models; and \$150,000 each fiscal year for administrative support.
HECB #51	Texas Child Mental Health Care Consortium (TCCMHC) – allocates \$59,254,136 each fiscal year to be used for the following programs of the TCCMHC: <ul style="list-style-type: none"> • Child Psychiatry Access Network (CPAN): \$15,797,037 • Texas Child Access Through Telemedicine: \$25, 273,565 • Workforce Expansion: \$6,962,325 • CAP Fellowships: \$4,110,234 • Coordinated Research: \$5,000,000 • Central Operation Support Hub: \$1,135,975

	<ul style="list-style-type: none"> • External Evaluation: \$375,000 • Administration: \$600,000
HECB #56	Informational Listing for Education Loan Repayment Program – identifies \$1,035,938 each fiscal year to the mental health loan repayment program.
UT Health Science Center at Tyler, #7	Mental Health Workforce Training for Underserved Areas – allocates \$6,730,000 in GR each fiscal year to support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.
UT Health Science Center at Tyler, #8	Contingency for Behavioral Health Funds – requires behavioral health funds to satisfy the requirements of the Statewide Behavioral Health Strategic Plan.

Article III – Special Provisions Relating Only to State Agencies of Higher Education

Special Provision #	Description
Sec. 24	Participation in Drug Development Research Projects – prohibits public universities receiving state funding, including grants or gifts, from conducting a drug development research protocol involving an individual receiving mental health services under a protective custody order. This provision is not intended to limit or prohibit treatment.

Article IX – Contingencies and Other Special Provisions (Nelson/Bonnen)

Contingency riders are legislative directives that instruct agencies on how to spend certain appropriated funds if/when legislation passes. Contingency riders typically do not provide additional or new funding. Special Provisions are instructions included in the appropriations bill that apply to multiple agencies within one or multiple articles. Typically, these provisions are used to restrict the amount and conditions under which appropriations may be expended.

Special Provision #	Description
Sec. 10.01	Full Application for Health Coverage – requires all state agencies that have children in their custody (to the fullest extent permitted by federal law and regulations), to apply for Medicaid or CHIP, unless the children have otherwise been provided health insurance.
Sec. 10.04	<p>Statewide Behavioral Health Strategic Plan and Coordinated Expenditures</p> <ul style="list-style-type: none"> • <u>Informational Listing of Behavioral Health and Substance Abuse Services Appropriations</u> across state agencies totaling \$2,155,962,181 for FY 22 and \$2,182,712,914 for FY 23. A breakdown of expenditures by article and agency can be found on page IX-55 of SB 1. • <u>Statewide Behavioral Health Coordinating Council (SBHCC)</u> – 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 who have a mental health condition, including individuals living with alcohol or drug addiction. • <u>Statewide Behavioral Health Strategic Plan</u> – The purpose of the SBHCC shall be to implement the five-year Statewide Behavioral Health Strategic Plan and provide annual reports including the progress of implementation no later than December 1 of each fiscal year. <ul style="list-style-type: none"> ○ Collaborating with the Board of Pharmacy and Medical Board, the SBHCC shall create a sub-plan related to substance abuse.

Special Provision #	Description
	<ul style="list-style-type: none"> • <u>Coordination of Behavioral Health Expenditures</u> – The SBHCC shall submit a coordinated statewide expenditure proposal for each agency to the executive commissioner of HHSC and the LBB. The Comptroller of Public Accounts shall not allow the expenditure of GR-related funds 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. • <u>Report on Suicide and Suicide Prevention</u> – The SBHCC shall provide updates to the report required from HB 3980 (86th) on suicide and suicide prevention in the state to include data and recommendations specific to veterans and foster youth, submitted no later than September 1, 2022 to the LBB and Governor's Office.
Sec. 13.01	Federal Funds/Block Grants – specifies funds received from the federal American Rescue Plan Act of 2021 are excluded from appropriations made by SB 1.
Sec. 17.05	Agency Coordination for Youth Prevention and Intervention Services – directs DFPS, TJJD, TEA, and the Texas Military Department to coordinate juvenile delinquency prevention and dropout prevention and intervention service delivery. Requires a report no later than October of each year.
Sec. 17.17	Reporting: Texas Opioid Settlement Receipts – requires any state agency or institute of higher education to notify the LBB, speaker, Lt. governor, house appropriations and senate finance committees within 15 days of any fund disbursement for any opioid-related litigation involving the State of Texas in the state or federal court during the fiscal year.
Sec. 17.18	Information Listings of Pro-rate Share of Texas Opioid Settlement Receipts Received by Municipal Areas and Regions – provides the pro-rate share each municipal area and region is expected to receive as a result of the 15% allocation agreed upon during the opioid settlement agreement. Listing can be found on pages IX-86 through IX-108 of SB 1.
Sec. 17.21	Informational Listing: Federal Elementary and Secondary School Emergency Relief Funds – information listing of the Elementary and Secondary School Emergency Relief (ESSER) funds appropriated under the federal Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021, and the American Rescue Plan (ARP) Act of 2021 that are directly available to school districts and open-enrollment charter schools during school years 2020-21 through 2022-23 (CRRSA) and 2023-24 (ARP).
Sec. 17.32	Rusk State Hospital Building #5 Demolition – identifies \$3 million in strategy G.4.2 of Article II, HHHSC to demolish building #5 at Rusk State Hospital as well as increase the capital budget authority of HHSC in FY 22 in relation to the demolition.
Sec. 18.01	Contingency for House Bill 5 – allocates \$5 million in GR in FY 22 to the Broadband Development Fund and increases FTEs by 5 each fiscal year. <i>HB 5 passed</i>
Sec. 18.03	Contingency for House Bill 18 – allocates \$18,317,096 in GR for FY 22 and \$14,273,041 in GR for FY 23 to HHSC for establishing a prescription drug savings program for certain uninsured individuals, increases the FTEs by 8.4 FTEs in each fiscal year, and increased HHSC's capital budget authority by \$11,762 in FY 22 and \$8,000,000 in FY 23. <i>HB 18 passed</i>
Sec. 18.07	Contingency for House Bill 133, House Bill 98, House Bill 146, or Senate Bill 121 – adjusts appropriations to HHSC to provide Medicaid coverage to women enrolled in the program during pregnancy to extend coverage for 6 months after delivery or miscarriage. <i>HB 133 passed.</i>
Sec. 18.15	Contingency for House Bill 1525 – major school finance legislation; details on appropriations directives are available on page IX-119 through IX-121 in SB 1. <i>HB 1525 passed.</i>
Sec. 18.18	Contingency for House Bill 1802 – provides funding for HHSC to conduct a study on the use of alternative therapies for treating post-traumatic stress with funds appropriated in Strategy D.2.1, Community Mental Health Services -Adults. <i>HB 1802 passed.</i>

Special Provision #	Description
Sec. 18.39	Contingency for Senate Bill 672 or House Bill 2834 – directs HHSC use funds appropriated in Goal A, Medicaid Client Services, to provide Medicaid coverage of certain collaborative care management services. <i>SB 672 passed.</i>
Sec. 18.65	Contingency for Senate Bill 1896 – contingent on the creation of an Office of Community-based Care Transition, transfers \$6,972,110 in GR, \$717,460 in federal funds, and 73 FTEs in each fiscal year from DFPS to the Office. Allocates \$12,077,270 in GR in FY 22 and \$9,824,146 in GR in FY 23 for temporary emergency placements. <i>*SB 1896 passed</i>

HB 2 (Bonnen/Nelson) – Supplemental Appropriations Bill

Funding for important mental health and substance use services was included in the supplemental appropriations bill. The supplemental appropriations bill addresses additional funding needs of the current biennium (fiscal year ending August 31, 2021).

Item	Amount	Description
Section 10 – Building for Texas Health and Human Services Commission.	\$23,689,160	Funds to address deferred maintenance needs at state supported living centers and state hospitals, including: <ul style="list-style-type: none"> • Repairs and renovations for fire, electrical and plumbing systems; • Anti-ligature remediation; and • Roofing of state buildings.
Section 13 – TEA, Special Education Support and Maintenance of State Financial Support	\$33,302,428 \$74,626,551 \$44,000,000	Offsets federal funds withheld as a result of state’s failure to maintain financial support during FY 12 Settling with federal government for state’s failure to maintain financial support for special education during FY 17-18 Provides funding for public schools to students receiving special education services.
Section 64 – HHSC, State Hospitals	\$124,000,000 \$152,400,000 \$44,750,000 \$133,334	Complete construction of 240-bed replacement campus at Austin State Hospital Complete construction of 200-bed replacement campus at San Antonio State Hospital Pre-planning and planning efforts of a new state hospital in the Dallas-Fort Worth area, including acquisition of land FTE to oversee construction projects

General Mental Health and Substance Use

While many legislative distractions arose during the 87th session, mental health and substance use systems and services remained a priority for many legislators. Continued attention to the public behavioral health systems is critical to ensure the mental health and wellness of Texans.

Passed	Author(s) and Description	Summary
HB 549	Thompson/Zaffirini — Relating to exemptions from liability for certain professionals for the disclosure of certain mental health information.	Creates exemptions from civil, criminal, or administrative liability for mental health professionals who disclose a patient’s confidential information to medical, mental health, or law enforcement personnel when probable immediate physical or emotional harm to themselves or physical harm to others is determined. Does not create a duty to disclose confidential information to which the exemption applies.
HB 2595	Price/Nelson — Relating to a parity complaint portal and educational materials and parity law training regarding benefits for mental health conditions and substance use disorders to be made available through the portal and otherwise; designating October as mental health condition and substance use disorder parity awareness month.	Requires HHSC to develop a parity complaint portal for health benefit plan members to submit complaints of suspected violations of parity. The portal must provide updates on complaint review process, and educational information relating to mental health and substance use; requires the development of education materials and parity law training session; HHSC is required to appoint a liaison for the complaint portal; requires a report September 1 of each year; also, designates October as Mental Health Condition and Substance Use Disorder Parity Awareness Month.
HB 2822	Hull/Buckingham — Relating to the availability of antipsychotic prescription drugs under the vendor drug program and Medicaid managed care.	Requires HHSC to allow nonpreferred antipsychotic medication included on the vendor drug formulary to be prescribed without a prior authorization in the Medicaid managed care program if a 14-day trial of a preferred medication was unsuccessful, the medication was prescribed previously with a prior authorization, or the dose has been modified.
SB 184	Johnson/Thompson — Relating to reports on the prevalence of eating disorders and eating disorder-related deaths in this state.	Requires DSHS to: <ul style="list-style-type: none"> • Collaborate with HHSC to study the prevalence of eating disorders and eating disorder-related deaths and prepare a report no later than December 1, 2023; and • Study eating disorders among youth in the state and prepare a report no later than December 1, 2024.
SB 454	Kolkhorst/Lambert — Relating to mental health services development plans as updated by the Health and Human Services Commission and local mental health authority groups.	Requires HHSC to require quarterly meetings of LMHAs to collaborate on planning and implementing regional strategies to reduce costs to local governments, transportation to mental health facilities, incarceration in county jails, and, emergency room utilization. Requires HHSC and LMHA groups to update their development plan required by SB 633 (86 th) and be published no later than December 1 of each year.
SB 640	Menendez/Cortez — Relating to a study on the interoperability needs and technology readiness of behavioral health service providers in this state.	Requires HHSC to study the interoperability needs and technology readiness of behavioral health service providers in the state and submit report no later than August 31, 2022.

Passed	Author(s) and Description	Summary
SB 1921	Lucio/Guillen — Relating to Medicaid reimbursement for the provision of certain behavioral health and physical health services.	Requires HHSC to reimburse public or private healthcare providers for behavioral health or physical health services prior to individuals' enrollment in Medicaid through a fee-for-service delivery model and ensure reimbursement through a managed care model after confirmation of individuals' enrollment into Medicaid.

Failed to Pass	Author(s) and Description	Summary
SB 147/ HB 1991	Powell/Thierry — Relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.	Would have required HHSC to establish five maternal mental health peer support pilot programs to provide peer support services at FQHCs. The five programs would have been established in mental health professional shortage areas or areas with high rates of maternal mortality and morbidity, and at least one rural county and one county with a population of at least 500,000.
SB 2051/ HB 2504	Menendez/Gonzalez — Relating to health benefit plan coverage of prescription drugs for serious mental illnesses.	Would have limited the ability of health plans that provide coverage for prescription drugs from certain step-therapies designed to delay provision of certain drugs.

Health Equity and Disparities

The COVID-19 pandemic and social unrest around racism exposed to the need for policy changes that address health and other inequities in Texas. Ultimately, the goal should be for all state agencies to review new policy initiatives, rules, statutes, programs and services through an equity lens to ensure that existing disparities are addressed and that new disparities are not being created.

Passed	Author(s) and Description	Summary
N/A	N/A	<i>Special note: Although legislation to create an Office of Health Equity at the Health and Human Services Commission did not pass (see HB 4139 below), the Texas Department of State Health Services will be using \$45 million in federal funding to create an Office of Health Equity, Policy, and Performance. The office will work with state and local public health entities to identify and address disparities in health outcomes among different populations.</i>

Failed to Pass	Author(s) and Description	Summary
HB 38/SB 77	Reynolds/Miles — Relating to discrimination on the basis of hair texture or protective hairstyle associated with race	Would have prohibited public schools and institutions of higher education from adopting discriminatory policies against hair texture or protective hairstyles associate with race.
HB 155/SB 75	Rose/Miles — Relating to the office of minority statistics and engagement in the Department of Family and Protective Services.	Would have required DFPS to establish an Office of Minority Statistics and Engagement to address racial/ethnic disproportionality in the child welfare system, and submit an annual report.

Failed to Pass	Author(s) and Description	Summary
HB 194	Thierry — Relating to continuing education in cultural competence and implicit bias for certain physicians.	Would have required physicians practicing general practice, pediatrics, obstetrics, and gynecology to complete continuing medical education in cultural competence and implicit bias as outlined by rules created by the Texas Medical Board.
HB 407 and HB 560	Hernandez & Israel — Relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child.	Would have defined unprofessional conduct for mental health providers as attempts to change a child's sexual orientation/behavior/gender identity, or attempts to eliminate or reduce the child's sexual or romantic attractions/feelings toward individuals of the same sex.
HB 710/ SB 108	Coleman/ West — Relating to statements on the impact of legislation on childhood racial disparity.	Would have required state agencies to prepare childhood racial disparity impact statements for bills directly impacting the agency at the request of the lieutenant governor or speaker.
HB 4111	Talarico — Relating to the employment of diversity, equity, and inclusion officers by school districts.	Would have required school districts with more than 5,000 students to employ a diversity, equity, and inclusion officer that leads district efforts to establish and sustain a culture of diversity, equity, and inclusion for all students by addressing systemic inequities that lead to differences in student achievement.
HB 4139	Coleman — Relating to the Office for Health Equity.	Would have required HHSC to establish an Office for Health Equity to develop and implement health initiatives that decrease or eliminate health access disparities.
SB 399	Lucio — Relating to the criteria for review by the Sunset Advisory Commission of a state agency.	Would have required the Sunset Advisory Commission to assess agency efforts to reduce racial disparities during performance reviews.

Community Impact and Well-Being

Many issues facing the legislature do not at first glance appear to be directly related to mental health and/or substance use, but do, however, impact community mental health and wellness. Significant legislation passed that directly affects an individual's sense of safety, thereby affecting the community's wellness.

Passed	Author(s) and Description	Summary
HB 1900	Goldman/Huffman — Relating to municipalities that adopt budgets that defund municipal police departments.	Defines "defunding municipality" as a city with a population of more than 250,000 that is determined by the criminal justice division of the governor's office to have adopted a budget that reduces funding to their police department from the prior fiscal year. Allows the state to appropriate a portion of sales tax to the Texas Department of Public Safety from cities determined as a defunding municipality.
HB 1927	Schaefer/Schwertner — Relating to the carrying of a firearm by a person 21 years of age or older and who is not otherwise prohibited from possessing the firearm	Allows individuals 21 and older who are not prohibited by other state or federal laws from possessing a firearm, to carry the firearm open or concealed without obtaining a license. Requires DPS to prepare a report on license applications no later than February 1 of each year and provide a course on firearm safety and handling on their website free of charge.

Passed	Author(s) and Description	Summary
	and to criminal offenses otherwise related to the carrying of a firearm.	
HB 3088	Coleman/Kolkhorst — Relating to the administration of county mental health grant services established by the Health and Human Services Commission.	Amends the matching fund requirements for communities that receive a grant under the community mental health grant program, the Texas Veterans + Family Alliance grant program, the mental health grant program for justice-involved individuals, and the grant program for the establishment and expansion of community collaboratives to: 25% of the grant for counties with a population less than 100,000 and 50% of the grant for counties with a population more than 100,000 but less than 250,000.
HB 3979	Toth/Creighton — Relating to the social studies curriculum in public schools.	Omnibus social studies curriculum bill, among its provisions: <ul style="list-style-type: none"> • Requires the SBOE to adopt TEKS that develop students' civic knowledge, including a number of specific issue areas and writings; • Prohibits teachers from being compelled to discuss current events; • Prohibits teachers from requiring or providing extra credit for activism, advocacy, or participation in an internship/practicum involving social or public policy advocacy; • Prohibits engaging in training, orientation, or therapy that presents any form of race or sex stereotyping or blame on the basis of race or sex; and • Prohibits state agencies or schools to require an understanding of the 1619 project.
SB 69	Miles/White — Relating to prohibiting the use of certain techniques when using force to make an arrest or search.	Prohibits police officers from using neck restraints during searches or arrests unless it is necessary to prevent seriously bodily injury or death of the officer or another person. Requires officers to intervene in witnessing another officers' use of excessive force and deliver a report to a supervisor.

Failed to Pass	Author(s) and Description	Summary
HB 105/ SB 136	Ortega/Johnson — Relating to the use of promotoras and community health workers in Medicaid managed care.	Would have required HHSC to allow Medicaid MCOs to categorize health care services provided by promotoras or community health workers under the STAR Medicaid managed care program as quality improvement costs instead of administrative costs.
HB 441	Zweiner — Relating to the criminal and licensing consequences of certain marihuana possession and drug paraphernalia possession offenses.	Would have reduced the penalty for possession of one ounce or less of marijuana to a Class C Misdemeanor, remove the 180-day driver's license suspension, require law enforcement to issue citations instead of arresting individuals, and allow the expungement of related records for first-time offenses.
HB 662	Collier — Relating to the administration of the homeless housing and services program by the Texas Department of	Would have included programs to prevent homelessness resulting from displacement due to economic development activities in the programs administered by TDHCA to municipalities with populations of more than 285,000.

Failed to Pass	Author(s) and Description	Summary
	Housing and Community Affairs.	
HB 1050/ SB 539	Romero/Blanco — Relating to a study on employing mental health professionals or mental health response teams to assist when responding to a behavioral health-related emergency call.	Would have required HHSC to study the availability, outcomes, and efficacy of using mental health response teams to reduce incarcerations of individuals with mental health conditions, substance use conditions, and IDD. Required a report of the results of the study, legislative recommendations, and significant insights on the operations and outcomes of mental health response team.
HB 3109	Coleman — Relating to identifying and addressing social determinants of health in Medicaid managed care contracts.	Would have required HHSC to add requirements in contracts for Medicaid MCOs to: perform social determinant of health (SDOH) screenings for members, coordinate with local community services and other government agencies to help address SDOHs, and require designated SDOH specialists in each service area.
SB 7	Hughes/Cain — Relating to “election integrity and security,” including by preventing fraud in the conduct of elections in this state; increasing criminal penalties; creating criminal offenses.	This was an extensive 226 page voting omnibus bill impacting voter registration, early voting, polling places, mail-in voting, and much more. See https://lrl.texas.gov/scanned/87ccrs/sb0007.pdf#navpanes=0 <i>While this legislation did not pass, on June 22, 2021, the governor announced a special session to begin on July 8, 2021. The election bill will be included in the governor’s call as a priority item to be considered.</i>

Medicaid

Medicaid continues to be a primary funding mechanism for mental health services, through both Medicaid state plan services and Medicaid waiver services. Approximately 90 percent of Texas Medicaid services are now delivered through managed care organizations, also known as “health plans.” Consequently, legislation and administrative rules addressing how managed care is operationalized in Texas have significant impact on the delivery of mental health services in our state. While Medicaid coverage was extended to six months for women post-birth or miscarriage, many advocates hoped for more action addressing the high number of uninsured individuals in Texas.

Passed	Author(s) and Description	Summary
HB 133	Rose/Kolkhorst — Relating to the provision of certain benefits under Medicaid and the Healthy Texas Women program, including the transition of case management for children and pregnant women program services and Healthy Texas Women program services to a managed care program.	Requires HHSC to transition case management for children and pregnant women program services and Healthy Texas Women program services to a Medicaid managed care model, and extends Medicaid coverage for pregnant women to 6 months post-birth or miscarriage.

Passed	Author(s) and Description	Summary
SB 672	Buckingham/Bonnen — Relating to Medicaid coverage of certain collaborative care management services.	Requires HHSC to provide reimbursement to providers participating in Medicaid that provide behavioral health services through a collaborative care management model to children and adults.
HB 1664	White/Eckhardt — Relating to the reinstatement of eligibility for medical assistance of certain children placed in juvenile facilities.	Requires Medicaid coverage to be reinstated for a child in a juvenile facility if the child is hospitalized or receives care in an inpatient setting.
HB 2658	Frank/Kolkhorst — Relating to the Medicaid program, including the administration and operation of the Medicaid managed care program.	<p>Omnibus bill making a number of changes to Medicaid program. Provisions that impact the mental health and well-being of Texans requires HHSC to:</p> <ul style="list-style-type: none"> • Collaborate with the Intellectual and Developmental Disability System Redesign Advisory Committee to study creating an online portal for individuals to request placement on a Medicaid waiver program interest list and submit a report no later than January 1, 2023; • Develop a procedure to verify member or parent/legal guardian is informed on consumer direction model and each Medicaid MCO implement it; • HHSC must adopt and monitor minimum performance standards for nursing facility providers that participate in STAR+Plus; • HHSC must collaborate with Medicaid MCOs to implement medication therapy management services; • Provide reimbursement for preventative dental care services for individuals with disabilities in the STAR+PLUS program; • Allow school districts to seek a waiver for reimbursement for services provided to students who do not have a parent/guardian able to provide consent through the SHARS program; and • Allow children enrolled in Medicaid to remain eligible for services continuously during the first of the two consecutive 6-month periods of eligibility.

Failed to Pass	Author(s) and Description	Summary
HB 389 Also: HB 398, SB 38, SB 118, and SB 119	Israel — Relating to the expansion of eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act.	<p>Would have expanded Medicaid eligibility to any person who applied and where federal matching funds were available. Required a report on the uninsured population, state health care costs from general revenue, local health care costs, and uncompensated and charity care for hospitals.</p> <p><i>Note: Numerous Medicaid expansion bills were filed.</i></p>
HB 4053	Meza — Relating to the expansion of eligibility for Medicaid to certain persons diagnosed with certain mental health disorders for whom federal matching money is available.	Would have expanded Medicaid eligibility to individuals diagnosed with bipolar disorder, dysthymia, schizophrenia, or severe chronic depression, and whose family income did not exceed 133 percent of FPL.

Failed to Pass	Author(s) and Description	Summary
SB 91	Menendez — Relating to coverage for serious mental illness under certain group health benefit plans.	Would have added post-traumatic stress disorder as a diagnosis included in the definition of serious mental illness as a required benefit provided by group health plans.
SB 171	Blanco — Relating to a report regarding Medicaid reimbursement rates and access to care.	Would have required HHSC to submit a report on reimbursement rates, supplemental payment amounts, and access to care in the Medicaid program.
SB 218/ HB 4144	Johnson/Coleman — Relating to coverage for certain services relating to postpartum depression under the medical assistance and CHIP perinatal programs.	Would have required: <ul style="list-style-type: none"> • The CHIP perinatal program to cover services for postpartum depression for one year post-birth; • HHSC to provide Medicaid coverage for one year post-birth; and • Medicaid to cover services for postpartum depression for women for one year post-birth.

Education and Learning Environments

The 2019-2020 school year presented additional challenges for students and school personnel as a result of the COVID-19 pandemic. Those challenges will continue to evolve during subsequent school years resulting in the need to continue to support the health and well-being of those students and school personnel. While not fully addressed during this session, it is important that Texas focus on giving schools the support and resources needed to address the impact of the pandemic on student and staff mental health and well-being, inclusive of glaring disparities. This will help to address learning loss and ensure neither unidentified mental health conditions nor trauma resulting from the pandemic is perceived as “bad” behavior that leads to an increased number of students being removed from classrooms.

Passed	Author(s) and Description	Summary
HB 159	Gonzalez/Lucio — Relating to improving training and staff development for primary and secondary educators to enable them to more effectively serve all students.	Requires the SBOE to require educator development and training requirements that improve educators’ ability to teach students with disabilities.
HB 785	Allen/Zaffirini — Relating to behavior improvement plans and behavioral intervention plans for certain public school students, and notification and documentation requirements regarding certain behavior management techniques.	Among its provisions, requires a behavioral intervention or improvement plan as part of a student’s IEP to be reviewed at least annually by the ARD Committee; schools to review or consider recommending a BIP for a child with a disability in certain disciplinary actions; and creates new notification requirements of the use of restraint, time-out, or certain disciplinary actions against a child with a disability.
HB 1525	Huberty/Taylor — Relating to the public school finance system and public education.	Omnibus school finance bill addressing gaps and issues identified after the implementation of HB 3 (86 th). Some of the provisions in the bill impacting school and student mental health and well-being include: <ul style="list-style-type: none"> • Establishes programs to support students overcoming the COVID-19 pandemic;

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> • Requires TEA to provide an allotment to address unreimbursed costs due to COVID and for intensive educational supports for students; • Requires TEA to provide technical assistance to schools to ensure internet access to students; • Requires TEA to provide updates on their response to COVID-19, including federal funds distribution; • Requires schools designated as a resource campus to employ at least one licensed professional for the social and emotional needs of students and staff, and implement a positive behavior program and a family engagement plan; • Allow compensatory education allotment funds to be used for social-emotional learning programs; • Allow school safety allotment funds to be used for individuals trained in restorative discipline and justice practices, and programs focused on restorative justice practices, culturally relevant instruction, and providing mental health support; and • Establishes the Texas Commission on Special Education Funding.
SB 36	Zaffirini/Turner — Relating to creation of a higher education task force focused on mental health services and the offense of hazing.	<p>Establishes a Collaborative Task Force on Higher Education Mental Health Services to study and evaluate mental health services provided to students at institutions of higher education, including students who have experienced hazing. Requires a report no later than December 1, 2024 and abolishes the task force September 1, 2025.</p> <p><i>Vetoed by the governor on June 20, 2021.</i></p>
SB 123	Johnson/Turner — Relating to instruction in positive character traits and personal skills in public schools.	Requires the State Board of Education to integrate social emotional learning skills into TEKS for existing character traits instruction programs in kindergarten through 12th grade.
SB 168	Blanco/Ordaz Perez — Relating to emergency school drills and exercises conducted by public schools.	<p>Requires TEA, The Texas School Safety Center, and the state fire marshal to provide best practices for conducting emergency school drills and exercises. Requires school districts to:</p> <ul style="list-style-type: none"> • Notify students, parents, and staff of any active threat exercises; • Develop the content of threat exercises with school administrators, teachers, school-based mental health professionals, and law enforcement officers, with input from parents and students; and • Support the well-being of student before, during, and after active threat exercises; and collect data on the efficacy, impact, and feedback related to the exercises.
SB 179	Lucio/Huberty — Relating to the use of public school counselors' work time.	Requires school districts to adopt a policy requiring school counselors to spend 80% of their work time on duties included in the comprehensive school counseling program.
SB 1109	West/Anchia — Relating to requiring public schools to provide instruction and	Requires students to receive instruction on the prevention of child abuse, family violence, and dating violence – at least once in middle school and twice in high school.

Passed	Author(s) and Description	Summary
	materials and adopt policies relating to the prevention of child abuse, family violence, and dating violence.	<i>Vetoed by the governor on June 18, 2021.</i>
SB 2050	Menendez/Allison — Relating to bullying and cyberbullying in public schools.	Requires TEA to: <ul style="list-style-type: none"> • Adopt minimum standards for school district policies on bullying prevention that include an emphasis on school climate and relationships; • Require district to collect student surveys on bullying and cyberbullying; and • Require districts to report bullying and cyberbullying incidents through PEIMS.

Failed to Pass	Author(s) and Description	Summary
HB 28/ HB 226/ SB 253	Neave/Bernal/Menendez — Relating to social work services in public schools.	Would have defined “social work services” in the Texas Education Code and allowed social workers to provide these services to students and schools.
HB 62	Talarico — Relating to the use of disciplinary alternatives to suspension by a school district and the creation of the restorative justice coordinating council.	Would have required public and charter schools to develop a positive behavior and restorative justice program as an alternate to suspensions for all grade levels. Would have established the restorative justice coordinating council to assist school districts and TEA in developing restorative justice programs and trainings.
HB 332/ SB 2004	Talarico/Lucio — Relating to expanding the compensatory education allotment to allow funds to be used to implement social-emotional learning programs. <i>Passed as an amendment onto HB 1525.</i>	Would have allowed for compensatory education allotment to be used for programs building skills related to managing emotions, establishing and maintaining positive relationships, and making responsible decisions.
HB 1114/ SB 325	Thierry/West — Relating to providing mental health services and mental health education to public school students at school-based health centers.	Would have allowed public and charter schools to provide mental health services for students and families through school-based health centers.
HB 2975	Hull — Relating to prohibiting the physical restraint of certain public school students by peace officers and school security personnel under certain circumstances.	Would have prohibited peace officers from restraining or using a chemical irritant spray on students 10 years of age or younger unless they posed a serious risk of harm to self or others.
HB 3485	Goodwin — Relating to information reported through the Public Education Information Management System and to parents regarding disciplinary	Would have required school districts to annually report incidents of corporal punishment, reports to local law enforcement, suspensions disaggregated by the frequency, changes in school placement, discretionary and mandatory expulsions inclusive of zero-tolerance policy removals, citations, arrests, and referrals to truancy courts, all

Failed to Pass	Author(s) and Description	Summary
	measures used by a school district or open-enrollment charter school.	disaggregated by race, ethnicity, gender, receiving special education services, and in conservatorship of DFPS.
SB 96	Menendez — Relating to the provision of on-campus mental health services by a school district and reimbursement under Medicaid for certain services provided to eligible students.	Would have allowed school districts to contract with LMHAs to provide mental health services on a campus of the district. Would allow school districts to enroll as Medicaid providers and receive reimbursement for provision of mental health services provided to students with parent or guardian permission.
SB 1521	Zaffirini/Turner — Relating to creating a mental health task force to study mental health services provided at institutions of higher education. <i>Passed as amendment onto SB 36.</i>	Would have established a Collaborative Task Force on Higher Education Mental Health Services to study and evaluate mental health services provided at institutions of higher education.
SB 2063	Menendez — Relating to public school discipline policies, practices, and procedures regarding student substance use and substance abuse prevention and intervention and mental health training for campus behavior coordinators.	Would have implemented district practices to address supporting rather than disciplining students using substances when appropriate, including encouraging school districts to adopt policies that provide support and services as opposed to punitive, exclusionary discipline.

Mental Health and Substance Use Workforce

Ensuring a strong mental health and substance use workforce in Texas continues to be a challenge. Several factors contribute to the ongoing crisis, including the refusal of many providers to accept Medicaid patients, an aging workforce, inadequate reimbursement rates, and insufficient cultural diversity. During the interim prior to the 87th session, the HHSC Behavioral Health Workforce Workgroup was formed to review prior workforce studies and reports, analyze recommendations included in those reports, and develop a report with recommendations to focus on moving forward. The report, *Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward*, (December 2020) can be found at <https://www.hhs.texas.gov/reports/2021/01/behavioral-health-workforce-workgroup-report-2020>.

Passed	Author(s) and Description	Summary
HB 2093	Cortez/Blanco — Relating to including certain licensed physician assistants in the definition of non-physician mental health professional for purposes of certain provisions applicable to non-	Includes physician assistants with expertise in psychiatry or currently working in a mental health facility as a “non-physician mental health professional.”

Passed	Author(s) and Description	Summary
	physician mental health professionals.	

Failed to Pass	Author(s) and Description	Summary
HB 706/ SB 909	Moody/Powell — Relating to the provision of counseling services by certain providers under Medicaid and reimbursement for those services.	Would have required HHSC to provide licensed marriage and family therapists, licensed professional counselors, and licensed clinical social workers Medicaid reimbursement rates equal to psychiatrists and psychologists for health care services and Medicaid reimbursement rates equal to 70% of psychiatrists and psychologists for counseling services.
SB 1564	Lucio — Relating to a comprehensive plan for increasing and improving the workforce in this state to serve persons with mental health and substance use issues.	Would have required the statewide behavioral health coordinating council to develop a comprehensive plan to increase and improve the workforce in this state to serve persons with mental health and substance use issues for HHSC to implement.

Telemedicine, Telehealth, and Broadband Expansion

The COVID-19 pandemic drastically increased the usage of telehealth/telemedicine services. Discussion on permanent expansion of these services, reimbursements by Medicaid, and expansion of broadband coverage to allow for the viable use of services continued during the 87th legislative session.

Due to the significant mental health and substance use workforce shortages in Texas, expanding availability of services through telemedicine and telehealth is seen as an important component to improving access to supports for those who need mental health and substance use supports. HHSC currently reviews eligibility of services through telehealth on a service-by-service basis which is resource draining and often requires a year or more for final approval and implementation. The hope is that actions taken during the session will streamline the process and create more efficient channels for individuals to access mental health and substance use services through technology.

Passed	Author(s) and Description	Summary
HB 4	Price/Buckingham — Relating to the provision and delivery of health care services under Medicaid and other public benefits programs using telecommunications or information technology and to reimbursement for some of those services.	Comprehensive bill allowing for telemedicine, telehealth, or other telecommunications services to be used by Medicaid recipients, child health plan program (CHIP) enrollees, and other individuals receiving benefits under a public benefits program if cost and clinically effective. Services covered include: preventative health/wellness, case management, behavioral health, and others. Audio-only technology may be used for behavioral health. A Medicaid managed care organization (MCO) can reimburse providers for home telemonitoring services. In addition to telemedicine, telehealth services are added to benefits that a health plan provider must permit in providing covered benefits to children. Allows outpatient chemical dependency treatment via telehealth. For complete details on this bill see: https://capitol.texas.gov/BillLookup/History.aspx?LegSess=87R&Bill=HB4

Passed	Author(s) and Description	Summary
HB 5	Trent/Nichols — Relating to the expansion of broadband services to certain areas.	Amends composition of governor’s Broadband Development Council. Amends duties of the council to include broader research and monitoring requirements. Defines “broadband services.” Establishes the Broadband Development Office within the Comptroller’s office. Requires the Broadband Development Office to create a map classifying each area of Texas as an eligible or ineligible area based on percentage of access to broadband. The office must also establish a program to award grants, low interest loans, and other financial incentives to expand access to eligible areas. The office is directed to develop a statewide plan to expand access and affordability. Also establishes the Broadband Development Office board of advisors. For complete details on this bill see: https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB00005F.pdf#navpanes=0
SB 40	Zaffirini/Price — Relating to the use of telehealth in health professional programs administered by the Texas Department of Licensing and Regulation.	Addresses licensing requirements related to the expansion of telehealth services.

Failed to Pass	Author(s) and Description	Summary
HB 745	Guerra — Relating to the establishment of telehealth programs by public schools.	Would have allowed school districts to establish telehealth programs for students and employees to receive telehealth services during the school day at no cost.
HB 980/ HB 522/ HB 515/ SB 228	Fierro/Johnson/Oliverson/ Blanco — Relating to the reimbursement and payment of claims by certain health benefit plan issuers for telemedicine medical services and telehealth services.	Would have required health benefit plans to reimburse physicians and other health professionals, including mental health professionals, for telemedicine/telehealth services on the same basis and at least at the same rate as in-person services. Health benefit plans would have been prohibited from requiring documentation for telemedicine/telehealth services beyond the documentation required for in-person services.

Substance Use

Across the country, mounting evidence points to a continued and exacerbated substance use and overdose epidemic as a result of COVID-19, and Texas is not an exception. Conditions that often increase the risk of substance use, relapse, or overdose have been heightened by the pandemic, including isolation, stress, job loss, and other financial hardships. While some steps were taken to address overdoses and recovery housing, much more work is needed to move system responses to substance use from punitive to supportive.

Passed	Author(s) and Description	Summary
HB 707	Moody/Blanco — Relating to a study on expanding recovery housing in this state.	Requires HHSC to study the current status, opportunities, challenges, and needs to expand recovery housing and submit a report no later than December 1, 2022.

Passed	Author(s) and Description	Summary
HB 1694	Raney/Schwertner — Relating to a defense to prosecution for certain offenses involving possession of small amounts of controlled substances, marihuana, dangerous drugs, or abusable volatile chemicals, or possession of drug paraphernalia for defendants seeking assistance for a suspected overdose.	Creates a defense to prosecution for certain offenses involving possession of substances and paraphernalia when an individual seeks emergency assistance for a suspected overdose. In order to qualify, the individual must: <ul style="list-style-type: none"> • Be the first person to request assistance; • Remain on scene until assistance arrives; and <ul style="list-style-type: none"> ○ Cooperate with medical assistance and law enforcement; or ○ Be the individual experiencing the overdose. The defense to prosecution is not available if: <ul style="list-style-type: none"> • At the time of seeking medical assistance; <ul style="list-style-type: none"> ○ The individual was being arrested; ○ A search warrant was being executed for the individual or place; or ○ The individual was committing another offense. • The individual was previously convicted of or placed on deferred adjudication for substance use-related offenses; • The individual has previously used the defense to prosecution; and • At any time during the preceding 18-month period, the actor has requested emergency assistance in response to a possible overdose.
SB 1827	Huffman/Holland — Relating to the creation of the opioid abatement account, an opioid abatement trust fund, and a statewide opioid settlement agreement.	Omnibus bill that focuses on ensuring funds awarded to Texas through any lawsuits against opioid manufacturers are spent to remediate the opioid crisis. Includes: <ul style="list-style-type: none"> • Codifying the Texas Opioid Abatement Fund Council that was agreed upon by the Office of the Attorney General and Texas municipalities; • Creates an Opioid Abatement Account that requires state agencies to use any funds for prevention, overdose prevention, training, treatment for youth and adults, medicated assisted treatment, provider education and tools, treatment alternatives, and addressing individuals in the criminal justice system; • Creates the Opioid Abatement Trust Fund, which includes allocating \$5 million to the Texas Access Justice Foundation to provide legal services to indigent individuals impacted by opioid use; and • Requires a report submitted by the council by October 1 of each year.
SB 2013	Hinojosa/Allison — Relating to a study on administrative penalties assessed against a substance use disorder service provider and to requiring the Health and Human Services Commission to provide administrative penalty schedules on the commission's Internet website.	Requires HHSC to study administrative penalties against substance use disorder service providers and post on its website current administrative penalty schedules for substance use service providers.

Failed to Pass	Author(s) and Description	Summary
HB 544	Minajarez — Relating to creating a voluntary certification for recovery housing.	Would have required HHSC to adopt minimum standards for voluntary recovery housing certification, prohibit recovery homes from engaging in patient brokering or misleading marketing practices, state funded and licensed facilities and professionals to refer to certified recovery homes.
HB 705/ SB 1915	Moody/Blanco — Relating to the provision of recovery community organization peer-to-peer services under Medicaid.	Would have included Recovery Community Organizations as a provider type in order to receive Medicaid reimbursement for the provision of peer support services.
HB 1178	Crockett — Relating to removing criminal penalties for the possession of drug paraphernalia under the Texas Controlled Substances Act.	Would have removed the Class C Misdemeanor penalty for the offense of drug paraphernalia.
HB 1640	Sherman — Relating to a medication-assisted treatment program established by the Texas Department of Criminal Justice for inmates with opioid use disorders.	Would have required TDCJ to establish a medication-assisted treatment (MAT) program that provides medication in conjunction with counseling services and provide continuity of care during the individuals release or discharge into the community.
HB 3331	Murr — Relating to solicitation of patients and other prohibited marketing practices and the establishment of the task force on patient solicitation.	Would have established a Task Force on Patient Solicitation to study and make recommendations on preventing substance use facilities from engaging in prohibited solicitation violations, and implemented enforcement mechanisms and stronger penalties.
HB 4055	Meza — Relating to reporting and investigating certain cases of child abuse or neglect involving a pregnant woman's use of a controlled substance.	Would have exempted professionals providing prenatal, mental health, or other medical care to a pregnant woman who discloses use of a controlled substance from reporting to DFPS if the woman has enrolled into or completed substance use treatment or if the professional determines there is no immediate risk of harm to the child.

Children's Mental Health and Child Welfare

The COVID pandemic has exacerbated existing child/youth mental health conditions and has created new concerns for children. The period of isolation, virtual education environments, increased family financial and emotional stress, and more contributes to the need to pay particular attention to the mental health needs of our children. Increased funding for the Texas Child Mental Health Care Consortium along with passage of certain bills can help keep a needed focus on our children.

Passed	Author(s) and Description	Summary
HB 3041	Frank/Kolkhorst — Relating to the provision of certain services by the Department of Family and Protective Services as an alternative to	Requires DFPS to establish two pilot programs for providing courts the option to connect a family with evidence-based prevention services rather than placement in foster care.

Passed	Author(s) and Description	Summary
	removing a child and certain procedures with respect to children in the managing conservatorship of the department.	
HB 3121	Turner/Lucio — Relating to a voluntary quality standards certification process for certain private residential psychiatric treatment facilities that provide treatments and services to youth; imposing fees; authorizing civil and administrative penalties.	Requires HHSC to develop and implement a voluntary quality certification process for psychiatric residential youth treatment facilities.
SB 642	West/Hinojosa — Relating to the provision of mental health services for certain children at risk of relinquishment.	Eliminates the requirement of conducting an abuse investigation before allowing a child to participate in the child relinquishment avoidance program, unless there is an allegation of abuse/neglect. Requires HHSC to develop an emergency eligibility process for admission into the program. Requires development and implementation of comprehensive guidance for providers and families. This information must be posted on the agency's website.
SB 904	Perry/Lopez — Relating to requiring trauma training for certain attorneys.	Requires certain attorneys ad litem to receive training in various areas including child trauma, attachment, adverse childhood experiences, and trauma-informed interventions.
SB 1575	Kolkhorst/Oliverson — Relating to assessment and oversight of children placed by the Department of Family and Protective Services in a residential treatment center.	<p>Within 60 days of a child's placement into a qualified residential treatment program (QTRP) by DFPS, requires a court to consider whether that placement is optimal for the child; determine whether the child's needs can be met through placement in a foster home; and approve/disprove a placement.</p> <p>Requires DFPS to provide information to the court that demonstrates QTRP is the most effective level of care in the least restrictive environment, consistent with short and long-term goals for the child, the treatment and services being received, and DFPS efforts for foster home placement or return home.</p> <p>Requires the Supreme Court of Texas Children's Commission and DFPS to establish a work group to examine best practices related to residential treatment center placements and submit a report by October 2022.</p>
SB 1896	Kolkhorst/Frank — Relating to the regulation of child-care facilities.	<p>Omnibus CPS bill that among its provisions focused on mental health and well-being, include:</p> <ul style="list-style-type: none"> • Prohibits a child to stay overnight in a DFPS office; • Requires HHSC, DFPS, and single source continuum contractors (SSCCs) to develop a plan to increase placement capacity that includes evaluating contracting with RTCs and mental health facilities for crisis stabilization and other temporary placements not to exceed 72 hours;

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> Establishes the Joint Legislative Oversight Committee on Community-Based Care Transition; Requires HHSC to annually evaluate the use of STAR Health benefits; Requires contracts for Medicaid MCO in the STAR Health program to ensure a network of mental and behavioral health providers; Requires foster care residential placements to have a suicide prevention, intervention, and postvention plan and yearly training for staff; and Requires HHSC, DFPS, and SSCCs to establish guidelines to improve telehealth in the STAR Health program for behavioral health care for children placed in managing conservatorship.
SB 2081	Menendez/Talarico — Relating to class size limits for prekindergarten classes provided by or on behalf of public schools.	Limits the size of a prekindergarten class to 22 students.

Failed to Pass	Author(s) and Description	Summary
HB 168	Gonzalez — Relating to the regulation of child-care facilities and registered family homes providing services to children with disabilities or special needs.	<p>Would have:</p> <ul style="list-style-type: none"> Prohibited discrimination based on race or disability status by child-care facilities (facilities) and family homes (homes); Required facilities and homes to promote inclusivity and integration, and allow ECI providers access to the children to provide services; Required HHSC to include child mental health training in minimum training standards; and Required facilities and homes to report suspensions and expulsions to HHSC, inclusive of reason, race, and disability status.
HB 240/SB 51	Thompson/Zaffirini — Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child.	Would have required group health benefit plans to provide coverage for serious emotional disturbance for children.
HB 1413/ SB 662	Romero/Powell — Relating to the adoption of rules regarding the provision of peer support services to persons older than a certain age and the provision of those services under Medicaid.	Would have required HHSC to adopt rules that authorize the provision of peer support services to individuals 14 years and older.
HB 4265/ SB 2104	Rose/Zaffirini — Relating to the provision of peer services, including family partner peer support	Would have included peer support services provided by certified family partners as a Medicaid reimbursable service.

Failed to Pass	Author(s) and Description	Summary
	services by family partners, and the provision of those services under Medicaid.	
SB 1646/ HB 4014	Perry/Hefner — Relating to the definition of abuse of a child.	Would have amended the definition of child abuse to include services or medical procedures related to gender affirming care.

Criminal Justice

The intersection of mental health and criminal justice continues to be a priority for counties, law enforcement, the judicial system, and more. The creation of the Judicial Commission on Mental Health has intensified efforts to increase the awareness of the need to address this intersection, as well as initiate policy changes to improve services and supports for individuals with mental health and substance use conditions involved in the criminal justice system.

Passed	Author(s) and Description	Summary
HB 787	Allen/Miles — Relating to conditions of community supervision prohibiting contact with certain persons.	Prohibits conditions of community supervision from prohibiting an individual from contacting or interacting with individuals with criminal justice involvement, including those on supervision or parole, in the context of an organization or membership that addresses criminal justice issues, offers training and programs to formerly incarcerated individuals, or advocates for criminal justice reforms. <i>Vetoed by the governor on June 18, 2021.</i>
SB 49	Zaffirini/Murr — Relating to procedures regarding defendants who are or may be persons with a mental illness or intellectual disability	Revises the criminal trial and sentencing procedures for defendants who may have a mental illness or intellectual disability. Revises competency restoration programs, and sets out provisions related to outpatient treatment program participation.
SB 64	Nelson/White — Relating to a peer support network for certain law enforcement personnel.	Requires the Texas Commission on Law Enforcement to develop a peer support network in both urban and rural jurisdictions for police officers that includes peer-to-peer support, training, technical assistance, and licensed mental health professionals. Requires a report no later than December 1 of each year.
SB 1359	Hughes/White — Relating to adoption by law enforcement agencies of a mental health leave policy for peace officers.	Requires all law enforcement agencies to adopt a policy allowing for the use of mental health leave by peace officers who experience a traumatic event on the job.

Failed to Pass	Author(s) and Description	Summary
HB 88/ SB 161/ SB 1224	Thompson/West/Zaffirini — Relating to interactions between law enforcement and individuals detained or arrested on suspicion of the	Known as the George Floyd Act, this bill included many provisions addressing law enforcement interactions with communities and peace officer liability for deprivation of certain rights and privileges. Some of the provisions included in the bill:

Failed to Pass	Author(s) and Description	Summary
	commission of criminal offenses, witnesses to the commission of those offenses, and other members of the public.	<ul style="list-style-type: none"> • Required peace officers to intervene and provide aid immediately to anyone needing medical attention as a result of force by another officer; • Prohibited use of force that impedes breathing or blood circulation, due to pressure applied to someone's throat/neck or due to blocking of the nose or mouth; • Required de-escalation trainings and policies regarding the use of force for law enforcement and certain legal protections for officers would have been removed; • Implemented a progressive disciplinary matrix for municipal officers who commit violations; • Required officers to identify themselves before taking actions unless impracticable; and • Restricted fine-only offense arrests. <p>To read the full text of the bill go to: https://capitol.texas.gov/tlodocs/87R/billtext/pdf/HB00088I.pdf#navpanes=0</p>
HB 140	Rose — Relating to the applicability of the death penalty to a capital offense committed by a person with severe mental illness.	Would have prohibited an individual with severe mental illness to be sentenced to death for a capital offense.
HB 3075	Coleman — Relating to the collection and reporting of certain information regarding mental health jail diversion.	Would have required officers who arrest an individual suspected of having a mental illness or intellectual disability (ID) to report to their law enforcement agency (LEA) certain information, including the reason for arrest, any effort made to divert to treatment, and reason for restraint or physical force. LEAs would be required to complete comparative analyses of the reports and submit to Texas Commission on Law Enforcement (TCOLE), and, if applicable, the governing body of each county or municipality. Would have expanded the data required to be included in counties' monthly report of county jail population demographics to TCOLE to include those believed to have a mental illness or ID.
HB 4299	Dean — Relating to a study by the Texas Commission on Law Enforcement on mental health services provided to peace officers in this state.	Would have required TCOLE to study and submit a report on the provision, availability, and accessibility of mental health services for peace officers.
SB 1346	Eckhardt — Relating to the creation of the office of forensic services within the Health and Human Services Commission	Would have created an Office of Forensic Services within HHSC to provide input into policy, service delivery, funding, and rulemaking regarding the provision of forensic services. The goal would have been to ensure a comprehensive, integrated, and strategic systems-level approach to forensic services.

Juvenile Justice

Addressing youth involvement in the criminal justice system continues to be an area that needs improvement. Several bills were filed that attempted to address the age of juvenile jurisdiction and the age of adult criminal jurisdiction. While none of these bills passed, the issue continues to deserve the attention of legislators and policymakers.

Passed	Author(s) and Description	Summary
HB 1193	Wu/Whitmire — Relating to the jurisdiction of a juvenile court over certain persons and to the sealing and nondisclosure of certain juvenile records.	Would have allowed records of youth with determinate sentence to be sealed and not made public. <i>Vetoed by the governor on June 18, 2021.</i>

Failed to Pass	Author(s) and Description	Summary
HB 3315	Crockett — Relating to the creation of a pretrial intervention program for certain youth offenders; authorizing a fee.	Would have required the commissioners court or the community supervision and corrections department of a county to establish a youth pretrial intervention program to include access to substance use and mental health services, as an optional alternative for non-violent, first-time charges or arrests for certain Class B misdemeanors or higher offenses.
HB 3660/ SB 512	White/Perry — Relating to youth diversion programs for children accused of certain fine-only offenses and related criminal justice matters.	Would have required juveniles who commit Class C Misdemeanors (other than traffic offenses) to be diverted from criminal prosecution unless they are older than 15 and have two previous unsuccessful diversions. Each justice and municipal court would be required to adopt a youth diversion plan inclusive of strategies used to implement youth diversion.
HB 4371	Allen — Relating to juvenile justice reform, including the age of a child at which a juvenile court may exercise jurisdiction over the child and the age of criminal responsibility.	Omnibus juvenile justice reform legislation that would have raised the age of juvenile jurisdiction from 10 to 13, raised the age of adult criminal jurisdiction from 17 to 18, and established community reinvestment funds within counties able to provide services as an alternative to juvenile detention, including mental health services.

Suicide Prevention

Rising suicide rates in Texas represent a growing concern for the state. While the rate is highest in middle-aged and elderly White males in rural communities, suicide impacts all demographics uniquely. People with physical and mental disabilities, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual) youth, and people of color all face particular barriers that discourage them from seeking mental health treatments. Additionally, the COVID-19 pandemic is expected to amplify mental health conditions such as suicide.

Passed	Author(s) and Description	Summary
HB 4074	Hunter/Menendez — Relating to the collection and use of suicide data by the	Requires the statewide behavioral health coordinating council to include statewide suicide prevention efforts in its 5-year plan and create a suicide prevention subcommittee.

Passed	Author(s) and Description	Summary
	statewide behavioral health coordinating council.	
SB 279	Hinojosa/Bucy — Relating to the inclusion of suicide prevention information on certain student identification cards issued by a public school or public institution of higher education.	Requires student identification cards issued by a public school for students 6 th grade and higher to have the contact information for the National Suicide Prevention Lifeline and the Crisis Text Line. Requires student identification cards issued by an institution of higher education to have the contact information for the National Suicide Prevention Lifeline and Crisis Text Line, and may have the campus police, campus health clinic, and local suicide prevention hotline information.

Failed to Pass	Author(s) and Description	Summary
HB 1144	Ramos — Relating to staff development requirements for public educators regarding suicide prevention and other mental health training.	Would have required school educators to receive suicide prevention training at least once every two years.
HB 2878/ SB 1742	Goodwin/Whitmire — Relating to extreme risk protective orders.	Would have allowed an extreme risk protective order (ERPO) to be filed, which would temporarily prevent an individual deemed dangerous to themselves or others from possessing a firearm. Any license to carry a handgun would also be suspended. An ERPO could be filed by family, a household member or a police officer. A court could order for an initial surrendering of firearms under an “ex parte”, however a hearing must be held in order for a one-year ERPO to be issued or denied. The respondent may question the order after 90 days, and an ERPO can be renewed for one year at a time following another hearing. Information on the respondent would be submitted to DPS and the FBI. Providing false information when requesting an order would be a class B misdemeanor.
HB 2954/ SB 980	Thompson/Powell — Relating to a suicide prevention, intervention, and postvention program for certain public elementary school campuses.	Would have required HHSC and TEA to establish a suicide prevention, intervention, and postvention program for optional implementation at elementary schools that have experienced suicide loss or have risk of suicide among students.
SB 2070	Menendez — Relating to the duties of the statewide behavioral health coordinating council regarding suicide prevention, intervention, and postvention policies and procedures.	Would have required state agencies serving on the Statewide Behavioral Health Coordination Council to adopt model suicide prevention, intervention, and postvention policies.
SB 4041	Neave — Relating to a suicide prevention policy in residential child-care	Would have required foster care residential placements to have a suicide prevention, intervention, and postvention plan and yearly training for staff.

Failed to Pass	Author(s) and Description	Summary
	facilities and child-placing agencies. <i>Passed as an amendment onto HB 1896</i>	

Veterans

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. To support our military men and women, Texas continued funding veteran mental health programs and continues to support military families through mental health education.

Passed	Author(s) and Description	Summary
HB 1802	Dominguez/Campbell — Relating to a study on the use of alternative therapies for treating post-traumatic stress disorder	Requires HHSC to collaborate with Baylor College of Medicine and a military veterans hospital or hospital that provides medical care to veterans to study the efficacy of alternative therapies (including the use of MDMA, psilocybin, and ketamine) to treat post-traumatic stress disorder. Quarterly reports are required and a report of the results of the study is due no later than December 1, 2024.
HB 3821	Hunter/Menendez — Relating to employing and training mental health professionals for the mental health program for veterans.	Transfers the authority to coordinate the mental health program for veterans from DSHS to HHSC and requires HHSC to employ and train mental health professionals to assist in the administration of the program.

Failed to Pass	Author(s) and Description	Summary
HB 697	Rosenthal — Relating to requiring entities that provide mental health services to veterans to provide military cultural competency training to personnel to accept a grant from a state agency.	Would have required HHSC and DSHS to ensure state agencies are unable to receive a grant to provide mental services to veterans unless demonstrating military cultural competency training is required of personnel who provide the services.
HB 2356	Neave — Relating to a veteran suicide tracking system and required reporting of veteran suicides by certain persons.	Would have required TVC and the U.S. Department of Veterans Affairs to develop and maintain a tracking system of veteran suicides in Texas, determine the number of those veterans who received services from the VA, and provide an annual report.
HB 2903	Raymond/Zaffirini — Relating to an educational training guide for family members and caregivers of veterans who have mental health disorders.	Would have required DSHS and TVC to post educational training guide for family members and caregivers of veterans who have mental health disorders on their websites.