

NAMI Texas 84th Legislative Session Summary Article

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The 84th session of the Texas Legislature was a busy time for lawmakers, their staff, and mental health advocates. After a productive 83rd session, progress continued to occur as stakeholders worked together to identify and address gaps in the laws related to mental health in Texas. As NAMI Texas and our affiliates look to the future for a new set of opportunities, it is important to consider what occurred in 2015 to build upon our successes, learn from our failures, and reassess our approach to the challenging, important work of mental health advocacy.

We made a great deal of progress this year. Out of the 140 bills that we tracked, nearly 50 went to the Governor's desk. Over 60% of the bills that we supported passed both chambers. We played an active role in killing at least two bad bills. Several initiatives that we spearheaded made it all the way to the Governor, and our advocacy partners relied on us to be leaders on at least 5 coalition priorities. We testified in dozens of hearing, made hundreds of phone calls and sent hundreds of emails to the Capitol, and visited every last legislative office in the Capitol numerous times. The NAMI voice was heard loud and clear this legislative session and we are a respected stakeholder in the Texas legislative community.

Among the highlights from the 84th session is an approximate \$150 million dollar increase in funding for mental health services over the previous biennium. With mental health services in Texas being chronically underfunded, this issue is a perennial concern for NAMI Texas and it is encouraging to see substantial increases during the last two legislative sessions. NAMI Texas was vocal about the need for higher funding levels for outpatient services, alternatives to hospitalization, and inpatient services. Also, NAMI Texas spearheaded an unprecedented effort to establish state funding for recovery-focused Clubhouses – the Legislature and Governor agreed to provide \$1.3 million in funding. Another notable item in the budget is \$32 million to allow for an expansion of Medicaid Home and Community Based Services to include a forensically-involved population. This is a substantial improvement to the system of care and NAMI Texas with closely involved with the effort to fund it. There were numerous other budget items and riders related to mental health that passed and we'll be placing a full recap on the NAMI Texas website.

State agencies in Texas go through a periodic Sunset review to determine the need for continued existence. In this past legislative session, several state agencies of interest went through Sunset review. There were about 10 Sunset bills that we were tracking and conducting advocacy on. A core theme of Sunset health and human services outcomes is *consolidation*. Here are a few key changes to know: mental health client services are transferring from DSHS to HHSC by September 2016; state hospitals and DSHS regulatory functions are transferring to HHSC by September 2017; prevention and early intervention services are transferring to DFPS; supported employment services are transferring to TWC; most advisory committees are being reorganized; a Transition Legislative Oversight Committee will be established to oversee the changes, and a study on the continuing need for DSHS and DFPS will be completed by September 2018.

It was clear going into the session that the well-documented mental health workforce shortage would be something worked on by the Legislature. Bills passed include SB 239 (creating a student loan repayment assistance program for mental health professionals), SB 18 (establishing a permanent fund supporting graduate medical education), SB 295 (requiring the state to track information about medical students and how often they stay in Texas after school), HB 1924 (expanding the authority of a licensed psychologist to delegate psychological tests or services to pre-doctoral interns), and HB 1430 (raising awareness of mental health career possibilities among students). Also, an amendment to one of the Sunset bills will help Licensed Marriage and Family Therapists receive reimbursement for their services.

Texas has one of the nation's largest veteran populations and there is a growing recognition that the state needs to better address the mental health needs of those who have served our country. Bills passed include SB 55 (establishing a grant program for the purpose of supporting community mental health programs providing services and treatment to veterans with mental illness), HB 19 (strengthening the Military Veteran Peer Network by enhancing mental health intervention services for veterans, establishing preventative family crisis support services for veterans and military families, and requiring the state to support the local collaboration of both mental health services and preventative family crisis support services), HB 1338 (requiring the state to establish and maintain a training program for peace officers that provides information on veterans with combat-related trauma, post-traumatic stress, post-traumatic stress disorder, or a traumatic brain injury), HB 3404 (requiring the state to study the possibility of providing integrated care to veterans with PTSD), SB 1304 (creating a women veterans mental health initiative within the existing mental health intervention program for veterans), SB 1305 (creating a rural veterans mental health initiative as part of the mental health intervention program for veterans), SB 1308 (providing veterans services information to veterans who receive a driver's license or personal identification certificate), and HB 1762 (create a health care advocacy program to resolve access issues raised by Texas veterans at VA healthcare facilities).

The policymakers of Texas continue to show an awareness of the importance of early intervention, prevention, and harnessing family support. Bills passed include SB 133 (specify that the educators provided training in mental health first aid through an existing grant program are school district employees and school resource officers), SB 125 (require a child in the custody of the state to receive a developmentally appropriate comprehensive assessment within a reasonable period of time), SB 1117 (requiring the state to assist youth transitioning out of foster care with housing needs), SB 1889 (prohibit the state making a finding of abuse or neglect against a person in a case in which DFPS is named managing conservator of a child who has a severe emotional disturbance only because the child's family is unable to obtain mental health services for the child), HB 2684 (requiring the state to develop a model training curriculum for school district peace officers and school resource officers, and for districts with 5,000 or more students to adopt policies requiring the completion of the curriculum), HB 440 (clarifying that modifications for physical education should be provided for all public education students who have disabilities, including mental and emotional health or intellectual or developmental disabilities), SB 674 (facilitating appropriate educator training in steering children in need of care for a mental illness or an addictive disorder toward treatment), and HB 2186 (requiring suicide prevention training to be provided on an annual basis, as part of a new employee orientation, to all new school district and open enrollment charter school educators and to existing school district and open enrollment charter school educators on a schedule adopted by the state). Also, with mental illness so

commonly emerging in the young adult years, it is critical to have proactive interventions that link people directly to care. Bills passed include SB 1624 (requiring a general academic teaching institution to provide to each entering full-time undergraduate, graduate, or professional student information about available mental health and suicide prevention services offered by the institution or by any associated organizations or programs and about early warning signs that are often present in and appropriate intervention for a person who may be considering suicide) and HB 197 (requiring certain public institutions of higher education to create a web page on the institution's website dedicated solely to information regarding the mental health resources available to students at the institution).

Successful efforts were made in this legislative session to address several issues related to consumer rights that were long overdue for reform. Bills passed include SB 1129 (requires the method of restraint used in transporting a person to a mental health facility to permit the person to sit in an upright position without undue difficulty unless the person is being transported by ambulance), HB 2216 (prohibits a driver's license application, other than a general inquiry as to whether the applicant has a mental condition that may affect the applicant's ability to safely operate a motor vehicle, from including an inquiry regarding the mental health of the applicant, including an inquiry as to whether the applicant has been diagnosed with, treated for, or hospitalized for a psychiatric disorder), and HB 2708 (deletes text from rules regarding relative-led driver's education course that reads "disabled because of mental illness"). One important employment-related bill that passed is SB 1664 (initiating the Texas ABLE Act, through which individuals with disabilities and their families create tax-free savings accounts to cover qualified expenses without the fear of losing eligibility for Medicaid). As for housing, bills passed include HB 1428 (preventing persons with disabilities from ever risking a loss by participating in the state's Homebuyer Assistance Program) and HB 1510 (limiting liability of landlords for renting to a person with a criminal record).

Through our *Stepping Up Initiative* and other endeavors, NAMI Texas and our affiliates have committed to address the criminal justice system involvement of individuals with mental illness. Bills passed in this area include SB 578 (increasing the accessibility of information to help with the reentry and reintegration of prison inmates), SB 1507 (establishing the position of Forensic Medical Director at the Department of State Health Services), HB 211 (establishing reasonable time frames for the resumption of criminal proceedings following competency restoration), HB 549 (requiring the state to adopt reasonable rules and procedures establishing minimum standards for prisoner visitation that provide each prisoner at new county jails with a minimum of two in-person, noncontact visitation periods per week of at least 20 minutes duration), HB 1083 (requiring mental health assessment of prison inmates before placement in solitary confinement and alternative placement if deemed that solitary confinement would be detrimental to inmate mental health), and HB 1908 (improving continuity of care planning for criminal offenders with serious and persistent mental illness).

Several bills that we worked in support of were vetoed by the Governor. We will evaluate the Governor's justification and reassess our approach going into the next session. Vetoed bills include SB 359 (would have authorized licensed hospitals to adopt and implement a policy providing for a 4-hour hold of a person who voluntarily presents for treatment but then expresses a desire to leave before the examination or treatment is completed and who the facility has reason to believe that the person has a mental illness and because of that mental illness there is a substantial risk of harm to the person or to

others unless the person is immediately restrained), HB 1855 (crisis intervention training for corrections officers), and HB 225 (would have granted drug overdose victims and bystanders who call for help a defense to prosecution for minor drug-related offenses under limited circumstances).

Overall, it was a great session for mental health and we're going to keep up the momentum in the interim. Thank you for your work!