



Report on the 86th Legislative Session – 2019

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Letter from the Executive Director

Dear friend of NAMI Texas,

The 86th session of the Texas Legislature brought continued progress on mental health policy. As we head into the next decade of mental health advocacy in Texas, we will look back on the current decade with immense gratitude for the considerable improvements that policymakers have made over the last several legislative sessions. We will also reflect upon the fact that the work on policies affected people with mental health conditions and their families is far from over - in fact, we must approach future legislative sessions with greater purpose and clarity, because NAMI members in Texas continue to report profound gaps and missed opportunities that affect their quality-of-life.

NAMI Texas maintained a highly active and visible presence at the Capitol throughout the session. We led or played a role in many of the successful policy proposals described in this report. Our members asked us to focus our efforts on 9 distinct mental health policy issue areas - we are proud to report that successful legislation was established in 8 of those 9 areas. We provided testimony in legislative committee over 40 times, visited countless offices, participated in weekly meetings of various coalitions, led a Mental Health Rally and Advocacy Training that was attended by over 200 people, and were quoted or published in media sources ranging from PBS member stations to statewide newspapers.

The progress made on mental health policy in this legislative session will be clear as you read through this report. There was a considerable focus on the mental health of children and youth, with the creation of the Texas Child Mental Health Care Consortium being a signature reform. Additionally, the passage of HB 18 is a truly historic and unprecedented effect to address mental health in the public school system. The funding to begin major state hospital replacements will improve both quality and access for decades to come. Another issue that emerged as a key priority for lawmakers was mental health in the context of the criminal justice system. NAMI Texas played a role in several pieces of legislation, such as SB 362, which relates to court-ordered mental health services. This session also included some significant reforms in the area of suicide prevention. We knew going into the legislative session that rising suicide rates in Texas created an important opportunity to develop meaningful legislation, such as HB 3980.

Without the support and partnership of NAMI affiliates and members around the state, we wouldn't have been nearly as successful in securing significant mental health reform in this session. Thank you so much for being part of the movement for mental health reform. If you have any questions about the contents of this report, please feel free to reach out to us. We are so excited to provide leadership on mental health policy as we head towards the 2021 legislative, and we look forward to working with you in moving our policymakers to #Act4MentalHealth.

Sincerely,

Greg Hansch
Executive Director, NAMI Texas

Executive Summary

CAPACITY, WORKFORCE, AND CONTINUUM OF CARE

The legislature made significant investments mental health services, expanded the workforce, and removed certain barriers to care. Removal of barriers include **Senate Bill 37 (Zaffirini)**, which prohibits licensure nonrenewal from licensed professionals who default on their student loans, and **House Bill 278 (Oliverson)**, which allows advanced practice registered nurses to consult with supervising physicians without meeting face-to-face.

Within the budget, Texas increased mental health capacity by increasing funding for crisis services and mental health services for adults and children, including funding to reduce waitlists. This includes significant funding for new construction in the state hospital system, including significant projects at Austin State Hospital, Rusk State Hospital, and San Antonio State Hospital. Mental health workforce training in higher education received a significant increase in funding, and Clubhouses saw continued funding at previous levels for its existing credentialed sites.

CHILD AND YOUTH MENTAL HEALTH

Texas made significant strides in the area of youth mental health. The governor declared school safety and youth mental health to be emergency items at the start of the legislative session. This culminated in two landmark school mental health bills to increase access to treatment and support, **Senate Bill 11 (Taylor)** and **House Bill 18 (Price)**, including increased teacher training on mental health and trauma-informed practices, the inclusion of mental health and suicide prevention in the school health curriculum, and strategies to increase parental awareness of how to access mental health services for their children.

Within the budget, Texas increased its funding for children's mental health services and created the Child Mental Health Consortium to improve collaboration amongst medical schools in addressing children's mental health issues. This includes the creation of a Child Psychiatry Access Program, which will increase access to child psychiatrists for families in underserved areas.

CRIMINAL JUSTICE AND JUVENILE JUSTICE

This legislative session saw a continued focus on mental health treatment as well as a stronger commitment to preventing and addressing trauma that leads to system involvement, including preventing and addressing human trafficking. Major legislation that focuses on increasing access to mental health includes **House Bill 601 (Price)**, which clarifies procedures and reporting requirements for individuals in the criminal justice system who may have a mental illness, **Senate Bill 362 (Huffman)** which provides a mechanism for diversion from the criminal justice system, and **Senate Bill 562 (Zaffirini)**, which streamlines the process for competency restoration.

Within the budget, Texas increased funding to mental health for those involved in the criminal justice system across the continuum of systems involvement. This includes maintained and increased funding for judicial education around mental health, diversion programs at every step of systems involvement, treatment within facilities, and mental health services and supports for those re-entering society.

HOUSING AND EMPLOYMENT

The Texas legislature addressed housing and employment issues by passing laws to address the specific needs of homeless youth through **House Bill 2564 (White)**, expanding employment protections for individuals with disabilities through **Senate Bill 753 (Huffman)**, and by expanding access to benefits for those with post-traumatic stress disorder through **House Bill 2143 (J. Turner)**.

Within the budget, Texas focused on increasing access to housing and employment services for those in need. The Healthy Community Collaboratives, which specifically funds housing for individuals living with mental illness, saw continued funding, and the state increased overall housing resources for those at risk of homeless, including specific funding for youth homelessness. Funding for employment training for youth and adults received increased funding, including programs specifically to increase employment for those living with disabilities.

INTEGRATION, CO-OCCURRING, AND SPECIAL POPULATIONS

This legislative session saw critical movement in the areas of addressing the needs of individuals with intellectual and developmental disabilities and individuals with substance use disorders, both groups that experience higher rates of mental health issues. Substance use disorder treatment expanded through the removal of significant barriers to treatment for medication-assisted treatment in **Senate Bill 1564 (West)** and treatment in satellite outpatient substance use disorder treatment programs in **House Bill 4298 (Murr)**. There was a specific focus on treating opioid use disorders, with **Senate Bill 340 (Huffman)** expanding access to opioid antagonists within law enforcement agencies and **Senate Bill 436 (Nelson)** requiring Department of State Health Services to develop initiatives to address opioid use disorder in pregnant women and new mothers.

Within the budget, substance abuse treatment received a considerable increase in funding, especially for parents. Veteran's mental health received continued mental health funding.

MEDICAID, INSURANCE, AND MEDICATION

This legislative session saw some movement on removing barriers to coverage and access to specific Medicaid, insurance, and medication services. This includes **House Bill 25 (M. Gonzalez)** removing transportation to appointment issues, **House Bill 3345 (Price)** removing insurance discrimination against telehealth services, and **Senate Bill 1177 (Menendez)** allowing certain community-based mental health and substance use disorder services to be covered under Medicaid. The state also saw increased health and medication transparency with **House Bill 2536 (Oliverson)** requiring information on wholesale price of drugs be released as public information and **Senate Bill 1264 (Hancock)** prohibiting surprise medical billing from out-of-network emergency care providers and requiring mediation of cost to occur between insurance company and out-of-network provider.

Within the budget, Medicaid and insurance services did not see a significant increase in funding.

MENTAL HEALTH INFORMATION DISCLOSURE

Both state and federal law require the protection of mental health information in the medical record. State law in Texas is generally more restrictive than federal law in regard to the disclosure of mental health information. This often causes providers to refuse to disclose information, even when it is in the best interest of the patient and community. Unfortunately, Texas did not pass a law this session to align with federal law on mental health information disclosures.

SUICIDE PREVENTION AND PUBLIC SAFETY

The Texas legislature made significant strides to address youth suicide and begin to address suicide as a state.

House Bill 18 (Price) and **Senate Bill 11 (Taylor)** address student suicide by requiring school districts to have plans to address suicide prevention, intervention, post-vention (community response), and student survivor re-entry into school, suicide prevention as part of the student health curriculum. Texas also worked to start addressing high suicide rates across at-risk populations and areas of the state by passing **House Bill 3980 (Hunter)** to require the Statewide Behavioral Health Coordinating Council to develop recommendations on how Texas can reduce suicide.

The state improved public safety by passing alert system bill to help families find missing adults at risk of harm and by funding the creation of a firearm safe storage and suicide prevention campaign within the Department of Public Safety.

PREVENTION AND TRAUMA

This legislative session saw tremendous strides to address trauma such as sexual violence, human trafficking, and adverse childhood experiences. This included critical first steps in addressing maternal mental health such as postpartum depression strategic plan **House Bill 253 (Farrar)**, **Senate Bill 71 (Nelson)** to expand access to sexual assault nurse examiners in rural areas and provide early screening for post-traumatic stress disorder, and the Family First Act strategic plan **Senate Bill 355 (West)**.

Within the budget, the state of Texas dramatically increased funding for human trafficking prevention as well as services within the criminal justice system for survivors of sexual assault and family violence. The state also increased and maintained funding for early childhood intervention and maternal health initiatives to prevent trauma and improve family health and well-being. Finally, Texas maintained investment in environmental health, including air quality and pollution prevention.

Capacity, Workforce, and Continuum of Care

The public mental health system - which in Texas is found in at least 18 different state agencies and various contracted partners - does not have the capacity to meet the full range of needs, including issues with waitlists, workforce shortages, and gaps in the continuum of care. **The legislature made significant investments in mental health services, expanded the workforce and access to services, and increased access to telehealth services.**

PASSED

HB 1501 (Nevarez) - Relating to the creation of the Texas Behavioral Health Executive Council and to the continuation and transfer of the regulation of psychologists, marriage and family therapists, professional counselors, and social workers to the Texas Behavioral Health Executive Council; providing civil and administrative penalties; authorizing a fee.

What does the bill do?

- Creates the Texas Behavioral Health Executive Council to regulate the licensing and professions of four major mental health provider groups - psychologists, marriage and family therapists, professional counselors, and social workers.
- Three of these professions had their boards dissolved in the 85th legislative session and were operating under limited HHSC management.
- Consolidates four boards to a single licensing agency.

What does this mean for mental health?

- More pooled resources for mental health providers and those seeking licensure.
- Single agency to report complaints and concerns regarding providers.

HB 278 (Oliverson) - Relating to the frequency and location of certain meetings required by a prescriptive authority agreement.

What does the bill do?

- Requires monthly meetings (at a minimum) between either advanced practice registered nurse or physician assistant and a physician to assess the rehabilitation progress of a patient.
- Removes requirement for face-to-face meetings.

What does this mean for mental health?

- Allowing meetings to take place long-distance will improve communication between physicians and advanced registered nurse practitioners and make it easier for advanced practice registered nurses to practice in underserved areas.

HB 4455 (Miller) - Relating to the provision of mental health services through a telemedicine medical service or telehealth service.

What does the bill do?

- Authorizes a Texas health care professional to provide a mental health service through a telemedicine or telehealth service to a patient located outside of Texas.

What does this mean for mental health?

- Increases continuity of care and access to mental health professionals for those who live out of state.

HB 2813 (Price) - Relating to the statewide behavioral health coordinating council.

What does the bill do?

- Permanently establishes a statewide Behavioral Health Coordinating Council to oversee a strategic approach plan to behavioral health services.
- Council will meet at least 4 times per year and monitor the implementation of a five-year plan, which will include developing an inventory of state-funded behavioral health programs and services.

What does this mean for mental health?

- This bill extends Texas Statewide Behavioral Health Coordinating Council, created by the legislature in 2015, and helps the state address and improve treatment services for mental health and substance use disorders.

SB 1238 (Johnson) - Relating to the admission, examination, and discharge of a person for voluntary mental health services.

What does the bill do?

- Reduces the amount of time an individual waits to receive voluntary treatment by allowing physicians the option of either examining the patient up to 72 hours before admission or immediately after admission.

What does this mean for mental health?

- Reduces wait time for individuals to receive inpatient mental health services and allows them to receive care sooner.

SB 37 (Zaffirini) - Relating to a prohibition on the use of student loan default or breach of a student loan repayment or scholarship contract as a ground for refusal to grant or renew an occupational license or other disciplinary action in relation to an occupational license.

What does the bill do?

- Removes defaulted student loans as grounds for nonrenewal of licensure.

What does this mean for mental health?

- Mental health professionals are no longer subject to the loss of their license because of student loans in default.
- Grows the network of mental health professionals that can help in the treatment and recovery of people with mental health conditions and substance use disorders.

SB 633 (Kolkhorst) - Relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties.

What does the bill do?

- Requires Health and Human Services (HHSC) to group rural local mental health authorities (LMHAs) into regional groups and develop a capacity plan for each region.
- Intends to reduce cost to local government for mental health crisis services, use of inpatient services, reduce incarceration of people with mental illness, and reduce emergency room visits.
- Requires evaluation of effectiveness of plan in reducing these outcomes and unnecessary costs.

What does this mean for mental health?

- Helps increase capacity and efficiency of rural local mental health authorities by coordinating services between rural local mental health authorities in each area of the state.
- Places focus on reducing negative outcomes often experienced by people with mental illness in rural areas.

HB 10 (S. Thompson) - Relating to the creation of the Texas Mental and Behavioral Health Research Institute.

What would the bill have done?

- Establish the Texas Mental and Behavioral Health Research Institute, which would have expanded funding for and coordinated research across state universities and other research stakeholders on treating mental health and substance use disorders.

HB 1669 (Lucio) - Relating to increasing and improving the mental health and substance use disorder workforce in this state and increasing the capacity of local mental health authorities to provide access to mental health services in certain counties.

What would the bill have done?

- Require Statewide Behavioral Health Coordinating Council to develop a comprehensive plan to increase and improve the mental health workforce.

HB 1792 (Klick) - Relating to the authority of certain advanced practice registered nurses.

What would the bill have done?

- Permit advanced practice registered nurses who meet specific requirements to work as licensed independent practitioners.

Children and Youth

Half of mental health conditions begin by the age of 14 and 75% begin by the age of 24, but these issues often go undetected and untreated until they reach a crisis point. Texas made significant strides in the area of youth mental health, including two landmark school mental health bills to increase access to treatment and support and the creation of the Children's Mental Health Consortium.

PASSED

HB 18 (Price) - Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel.

What does the bill do?

- Provides a variety of incentives and strategies to offer guidance to school districts on how to improve their response to the mental health and substance use disorder service needs of students, including:
 - School district planning for suicide prevention, intervention, and post-vention
 - Trauma-informed and grief-informed practice training for school employees
 - Mental health as part of health education for students

What does this mean for mental health?

- Transforms the school mental health landscape by improving guidance and increasing incentives for schools to invest in improving student mental health and suicide prevention.

SB 11 (Bonnen) - Relating to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium.

What does the bill do?

- Establishes the Texas Child Mental Health Care Consortium.
- Requires the integration of trauma-informed practices in each school environment and in the district improvement plan.
- Requires local school health advisory councils to develop parental awareness and engagement strategies regarding mental health, suicide, and substance abuse.
- Provides school districts with an annual "school safety" funding allotment, which allows for schools to fund student mental health and suicide prevention strategies in addition to certain approved school safety activities.
- Requires Texas Education Agency to disseminate information on mental health resources for regional education service centers.
- Requires mental health and suicide prevention as part of the health curriculum.
- Requires all school resource officers to receive de-escalation training.

What does this mean for mental health?

- Dramatically expands access to child psychiatrists and children's mental health resources through collaboration within medical schools in the consortium.
- Helps improve response to student mental health issues through educator training and processes for responding to mental health and safety concerns, including self-harm.

HB 19 (Price) - Relating to mental health and substance use resources for certain school districts.

What does the bill do?

- Requires local mental health authorities (LMHAs) to employ a mental health professional who would be housed at the regional Education Service Center and serve as a resource for school districts in their region.

What does this mean for mental health?

- Provides a significant resource for educator training and resources to improve school response around student mental health.

HB 53 (Minjarez) - Relating to the transitional living services program for certain youth in foster care.

What does the bill do?

- Adds tax filing, insurance acquisition, and civic education to life skills training for youth aging out.
- Requires transitional living services to help youth access mental health services.

What does this mean for mental health?

- Helps youth aging out of foster care learn how to access mental health services and insurance on their own, a common challenge for this group.

HB 906 (S. Thompson) - Relating to the establishment of a collaborative task force to study certain public school mental health services.

What does the bill do?

- Creates Task Force on Public School Mental Health Services to evaluate school mental health services, school employee training on mental health, and the outcomes for students receiving school mental health services in relation to rates of violent incidents, suicide, case referrals to Child Protective Services, emergency detentions, and outside referrals.
- Evaluates and collects data on the ethnicity, gender, special education status, and geographic location of individuals who receive mental health services, evaluate services and employee training, best practices for districts and schools around services and training, and disparities across different populations.
- Files a report every other year until 2025.

What does this mean for mental health?

- Task force can serve as an evaluation tool to determine the effectiveness of specific school mental health services and trainings as well as offer more demographic data on students who utilize these services and their outcomes.
- Helps improve the quality and effectiveness of school mental health services.

HB 129 (Bernal) - Relating to the assignment of certain certified or licensed professionals to certain public schools.

What would the bill have done?

- Require schools with extremely high rates of educationally disadvantaged students employ at least one professional on campus, including mental health professionals as an option.
- Offer funding for employing professionals.

HB 1335 (Price) - Relating to the establishment of school-based behavioral health centers by public schools and a grant program administered by the executive commissioner of the Health and Human Services Commission for the operation of those centers.

What would the bill have done?

- Establish a school-based behavioral health center to provide services to students and their families.
- Require the Health and Human Services Commission to administer a grant program to assist school districts with the cost of operating school-based behavioral health centers.

HB 2080 (Coleman) - Relating to family partners, family partner peer support services, and the provision of those services under the medical assistance program.

What would the bill have done?

- Create a procedure for defining family partner peer support services in statute and developing a Medicaid reimbursement code.

Integration of Care, Co-occurring Disorders, and Specialty Populations

The mental health care system and other systems are historically separate from one another, causing certain health needs of individuals with mental illness to go unaddressed. This legislative session saw critical movement in the areas of addressing the needs of individuals with intellectual and developmental disabilities and individuals with substance use disorders, both groups that experience higher rates of mental health issues.

PASSED

HB 4298 (Murr) - Relating to the licensing of satellite offices of outpatient chemical dependency care facilities.

What does the bill do?

- Exempts satellite outpatient programs from having to obtain licensure if affiliated with a licensed care facility.

What does this mean for mental health?

- Expands coverage and access of treatment for those in rural areas.

SB 340 (Huffman) - Relating to the creation of a grant program to assist law enforcement agencies with the purchase of opioid antagonists.

What does the bill do?

- Creates a grant program that will allow law enforcement agencies to apply for financial assistance purchasing opioid antagonists (naloxone, naltrexone, etc.) to treat opioid overdoses.
- Requires law enforcement agencies that receive a grant to provide data to the Criminal Justice Division of the Governor's office on the frequency of interactions the agency has with opioid-related drug overdoses.

What does this mean for mental health?

- Lifesaving measure for people with substance use disorders where measures can now be taken to help treat a drug overdose.
- More in-depth look into the extent of the opioid epidemic in Texas for future studies, laws and rehabilitation measures.

SB 436 (Nelson) - Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder.

What does the bill do?

- Requires the Department of Health & Human Services to develop and implement initiatives that would improve screening procedures to better identify and care for pregnant women with opioid use disorder.
- Requires HHS to prevent opioid-use disorder by limiting the number of opioids prescribed throughout the pregnancy and increase access to treatment for women with opioid-use disorders.
- Aims to encourage maternal bonding and interaction with newborn children

What does this mean for mental health?

- Improves continuity of care by optimizing healthcare for pregnant women with opioid dependency issues and increasing access to medicine-assisted treatment facilities for pregnant women.
- Recognition of maternal rights by allowing for continual engagement of a mother with their newborn child.

SB 1564 (West) - Relating to access to certain medication-assisted treatment.

What does the bill do?

- Eliminates the requirement that licensed health professionals (nurse practitioners, physician assistants, clinical nurse specialists, etc.) receive authorization prior to administering medication-assisted treatments for opioid or substance use disorder treatments (buprenorphine, methadone, naloxone or naltrexone) in treating opioid and substance use disorders.
- Authorizes Medicaid reimbursements to health professionals that prescribe these medications (buprenorphine, methadone, naloxone or naltrexone) for opioid or substance use disorders.

What does this mean for mental health?

- Improves access to medication assisted treatment for those living with substance use disorders through increasing the amount of health professionals who can prescribe and allowing for reimbursement when it is prescribed.
- Re-emphasizes the rehabilitative and treatment process by eliminating the bureaucratic barriers that result from the authorization requirements.

HB 3630 (Meyer) - Relating to prohibiting the use of certain aversive techniques on students enrolled in public schools.

What does the bill do?

- Prohibits the use of aversive intervention techniques (verbal abuse, physical abuse, electric shock, denial of basic resources) from being used on students.
- Requires school officials, volunteers and independent contractors of the school to be trained in how to avoid the use of violent repercussive measures in address misbehavior.

What does this mean for mental health?

- Protects students from potential mistreatment by properly training school officials on how to appropriately address misbehavior in the classroom.

NOT PASSED

HB 2707 (Price) - Relating to the expansion of the community mental health grant program to include services to and treatment of individuals with substance use disorders.

What would the bill have done?

- Expand the community mental health grant program to include treatment of substance use disorders.
- Addressing substance use disorders through the mental health grant program would have emphasized the importance of a community aspect of treatment and rehabilitation and potentially help to decrease criminal justice involvement in substance use and mental health disorders.

SB 1145 (Johnson) - Relating to reports on the prevalence of eating disorders and eating disorder-related deaths in this state.

What would the bill have done?

- Require the Department of State Health Services to prepare a legislative report on eating disorder prevalence and related deaths in the state of Texas, national trends, and state-funded treatment options available.
- Allow for the recognition and thus the treatment of eating disorders throughout the Texas region.

Medicaid, Insurance, and Medication

Access to health insurance does not always guarantee that people with mental illness get access to care. Often, our members don't get medically necessary treatments and services and report adverse outcomes because of this. The legislative session saw increased transparency around billing for medication and certain medical services as well as reduced barriers to health care around the Medicaid transportation program and insurance coverage for telehealth and community-based mental health services. Texas still has a long way to go, however, to reduce gaps in health coverage and cover specific mental health diagnoses.

PASSED

SB 1207 (Perry) - Relating to the operation and administration of Medicaid, including the Medicaid managed care program and the medically dependent children (MDCP) waiver program.

What does the bill do?

- Creates “External Medical Review” option when a doctor-ordered treatment or health service is reduced or denied by a Medicaid managed care organization.
- Make prior authorization denial notices more clear
- Requires publication of prior authorization requirements
- Requires annual review of prior authorization requirements

What does this mean for mental health?

- Gives more fair option for recourse when care is denied
- Improves transparency of prior authorization processes

SB 1742 (Menendez) - Relating to physician and health care provider directories, preauthorization, utilization review, independent review, and peer review for certain health benefit plans and workers' compensation coverage.

What does the bill do?

- Creates joint interim committee on prior authorization and utilization review, which are tactics that insurers commonly use to deny care.
- Requires utilization review be conducted by a physician in the same specialty as the physician requesting the service.
- Requires health plan directories to clearly identify which physician specialties are in-network at in-network facilities.

What does this mean for mental health?

- Increases transparency around denials or delays in care; gives advocates a chance to share their stories.
- Improves utilization review in a way that reduces the risk of arbitrary denials of care.

HB 4533 (Klick) - Relating to the administration and operation of Medicaid, including Medicaid managed care and the delivery of Medicaid acute care services and long-term services and supports to certain persons.

What does the bill do?

- Creates a pilot program through the STAR+PLUS Medicaid managed care program to evaluate the delivery of acute care and long-term services and supports to individuals with intellectual or developmental disabilities.
- Requires HHSC to develop a no-wrong-door system for grievances and expedited resolution procedure for Medicaid managed care.

What does this mean for mental health?

- Helps HHSC transition from fee-for-service to managed care system for individuals with intellectual or developmental disabilities receiving Medicaid.
- Improves the Medicaid managed care system for all by making it easier to report and resolve issues with Medicaid and increasing transparency around outcomes.

HB 25 (M. Gonzalez) - Relating to a pilot program for providing services to certain women and children under the Medicaid medical transportation program.

What does the bill do?

- Develops a pilot program that allows children to accompany their mothers, who are enrolled in STAR Medicaid, to pregnancy-care related appointments using the Medicaid Transportation Program.

What does this mean for mental health?

- Increases access to pregnancy and post-pregnancy treatment, preventing potential health complications that develop without preventative care.
- Eliminates a barrier to healthcare as it allows for greater ability to detect potential health complications related to pregnancy, including postpartum depression as more women can access their doctors by eliminating the barrier to transportation.

HB 72 (White) - Relating to the provision of Medicaid benefits to certain children formerly in the conservatorship of the Department of Family and Protective Services.

What does the bill do?

- Implements program that ensures children in foster care who are being adopted have access to Medicaid benefits and programs (STAR Health or Star Kids).

What does this mean for mental health?

- Protection of healthcare by providing continuity for children in foster care who are transitioning between foster care system into an adoptive family.

HB 2536 (Oliverson) - Relating to transparency related to drug costs.

What does the bill do?

- Requires pharmaceutical companies to submit a report to the executive commissioner on the wholesale price of drugs that are sold in Texas for public consumption.
- Requires executive commissioner to develop a website that shares this report and makes accessible to the public information on drug prices.

What does this mean for mental health?

- Transparency in pricing for medications, can help prevent price hikes on vital medications; where pharmaceutical companies will have to provide sufficient data and reasoning as to why a drug cost change in cost.

HB 3345 (Price) - Relating to health benefit coverage provided by certain health benefit plans for telemedicine medical services and telehealth services.

What does the bill do?

- Requires insurance parity between in-person and telehealth/telemedicine services in what is covered and permitted limits; insurance plans must provide the same coverage to telemedicine/telehealth as they do to coverage for health services delivered in an in-person setting.
- Insurance plans can no longer restrict telemedicine/telehealth by not covering services or reducing the coverage for telemedicine/telehealth services.

What does this mean for mental health?

- Protections from discriminatory pricing on behalf of insurance companies that can allow for a more encompassing and accessible healthcare treatment.

SB 1264 (Hancock) - Relating to consumer protections against certain medical and health care billing by certain out-of-network providers. — ‘Surprise Medical Billing’

What does the bill do?

- Prohibits surprise medical billing by requiring out-of-network providers that provided coverage in an emergency care center to bill patient at rates equivalent to their insurance coverage.
- Authorizes attorney general to enforce protections through permitting civil actions for entities or individuals that do not adhere to prohibition.
- Creates a mediation program for out-of-network providers to settle claims directly with insurance, removing the insured individual from the mediating process.

What does this mean for mental health?

- Eliminates the burden of responsibility of payment on an individual who may have sought medical treatment unknowingly out-of-network during a medical emergency.

SB 1177 (Menendez) - Relating to offering certain evidence-based services in lieu of other mental health or substance use disorder services by a Medicaid managed care organization.

What does the bill do?

- Incorporates community-based services as a form of treatment for mental health and substance use disorders for Medicaid approved coverage.
- Requires that annual data and information on how frequently each service is being used is sent to the legislature. In addition, it requires that the commission take into account the actual cost and use of services that are on the list of Medicare approved managed care.

What does this mean for mental health?

- Closes coverage gap by offering community-based services, especially for youth with mental health disorders.
- Increases the amount of services and treatment possible for people living with mental health disorders.

HB 501 (S. Thompson)/SB 314 (Zaffirini) - Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child.

What would the bill have done?

- Promote mental health parity by requiring group health plans to cover treatment for children with a serious emotional disturbance.

HB 342 (Cortez) - Relating to eligibility for the medical assistance program and enrollment in the child health plan program.

What would this bill have done?

- Increase healthcare coverage for children receiving Medicaid by decreasing the amount of eligibility and documentation checks to a yearly check-in instead of a monthly requirement.
- This promotion of healthcare coverage and retention would have helped to decrease the number of uninsured children within Texas.

HB 565 (Coleman) - Relating to healthcare coverage in this state.

What would this bill have done?

- Expand Medicaid by broadening the eligibility requirements, as well as protecting the Affordable Care Act (ACT) by requiring the inclusion of pre-existing conditions in insurance coverage.
- Require that mental health conditions and substance use disorders were covered and restrict price-gouging of treatments and services.

HB 744 (Rose)/SB 147 (Rodriguez) - Relating to the Medicaid eligibility of certain women after a pregnancy.

What would this bill have done?

- Expand Medicaid coverage for pregnant women from two months postpartum to twelve months, allowing a full year of coverage.
- This additional year of coverage would have increased continuity of care for mothers in receiving and treating postpartum complications.

HB 1511 (Coleman) - Relating to required coverage for eating disorders under group health benefit plans.

What would this bill have done?

- Require medical insurances to recognize eating disorders for coverage.
- This coverage would have included diagnosing and treatment of eating disorders.

HB 2099 (Lambert) /SB 580 (Campbell) - Relating to modification of certain prescription drug benefits and coverage offered by certain health benefit plans.

What would this bill have done?

- Prevent non-medical switching by insurance companies, which would protect individuals from losing access to their necessary medications.
- Prohibit insurance companies from increasing cost of individual's prescriptions without a reasonable explanation and notification to the individual.

HB 2231 (Oliverson, et al.)/SB 2261 (Kolkhorst) - Relating to the practices and operation of pharmacy benefit managers; providing administrative penalties

What would this bill have done?

- Prohibit pharmacy benefit managers from denying and reducing claims from pharmacy services.
- Create a pilot program that would include an oversight committee that would review cases of pharmacy benefit managers who deny a claim without reason.

HB 2453 (S. Davis) - Relating to the operation and administration of Medicaid, including the Medicaid managed care program.

What would this bill have done?

- Standardize the Medicaid Managed Care program through establishment of an ombudsman office for Medicaid providers that would oversee and resolve complaints and malpractice of Medicaid managed care organizations.
- Extend the Health and Human Services Commission responsibilities in monitoring Managed Care.
- Prohibit Managed Care organizations from block accessing to care for providers or recipients through denial of authorization or appeals.

HB 3685 (Oliverson) - Relating to pharmacy benefits through the Medicaid managed care programs.

What would this bill have done?

- Prohibit Managed Care Programs and pharmacy benefit managers from creating barriers to drug treatment/medications of medically fragile children by requiring prior authorization, would have included protections for preferred drug-list and off-label medications.
- Prohibit medical switching and step therapy of Managed Care Programs for children who receive health coverage and medications from STAR kids program.

HB 4138 (Klick)/SB 2110 (Watson) - Relating to the process for determining the Medicaid eligibility of certain former foster care youth.

What would the bill have done?

- Ensure Medicaid coverage for former foster care youth by creating a streamline process in the transition from youth Medicaid programs to adult Medicaid programs.
- The streamline process would ensure that health coverage not be interrupted during the transition through strenuous recertification and application measures.

SB 2218 (Zaffirini) - Relating to coverage for serious mental illness, other disorders, and chemical dependency under certain health benefit plans.

What would the bill have done?

- Broaden the scope of insurance coverage to include individual, blanket, and franchise insurance policies as well as group policies in covering treatments relating to mental illness and substance use disorders.

Criminal Justice and Juvenile Justice

Individuals with mental illness often find themselves involved in the juvenile justice and criminal justice systems. This legislative session saw a continued focus on mental health treatment as well as a stronger commitment to preventing and addressing trauma that leads to system involvement, including preventing and addressing human trafficking.

PASSED

SB 362 (Huffman) - Relating to court-ordered mental health services

What does the bill do?

- Streamlines, clarifies, and reorganizes civil mental health commitment law.
- Modifies the standards used to determine if a judge can order temporary outpatient mental health services in a manner that may make it easier to qualify.
- Requires the Court of Criminal Appeals to provide, at least once per year, judicial training related to court-ordered outpatient mental health services.
- Directs the Supreme to adopt rules related to streamlining court processes connected to emergency detention.

What does this mean for mental health?

- Aims to streamline transition of persons with mental illness away from the criminal justice system into proper mental health treatment

SB 562 (Zaffirini) - Relating to criminal or juvenile procedures regarding persons who are or may be persons with a mental illness or intellectual disability and the operation and effects of successful completion of a mental health court program.

What does the bill do?

- Streamlines the process of competency restoration so that individuals with mental illness who have been found incompetent to stand trial are less likely to have to wait in jail for long periods of time before receiving services.
- For people who have been found incompetent to stand trial, requires determination of dangerousness upfront before send a person to a maximum-security unit. Helps reduce backlog for waiting in jail for services.

What does this mean for mental health?

- Improves and expands access to care for individuals with mental illness who end up in the criminal justice system.

HB 812 (White) - Relating to the amount of the health care services fee paid by certain inmates.

What does the bill do?

- Reduces the cost of medical visits for those in the state prison system to \$13.55 per visit

What does this mean for mental health?

- A decrease in the cost of healthcare visits helps to eliminate a barrier to care for those imprisoned by making it more affordable to be seen by a health care provider.

HB 601 (Price) - Relating to criminal or juvenile procedures and reporting requirements regarding persons who are or may be persons with a mental illness or an intellectual disability.

What does the bill do?

- Clarifies and modifies requirements around identifying and diverting defendants in county jail systems believed to have a mental illness or an intellectual and developmental disability (IDD).
- Requires county judicial systems, when transferring individuals and their records to the Texas Department of Criminal Justice, to include any information regarding the mental health of the individual.

What does this mean for mental health?

- Earlier identification of mental health conditions or IDD in the legal process.
- Relaying of mental health record and history to Texas Department of Criminal Justice can facilitate the treatment, services and placement they receive.
- Diversion to treatment facilities instead of imprisonment or jail can help provide support and resources needed for recovery and recidivism.

HB 1342 (Leach) - Relating to a person's eligibility for an occupational license; providing an administrative penalty.

What does the bill do?

- Provides a more comprehensive review of the revocation of an occupation license from those who have been convicted in a crime not related to their occupation.
- Prevents authorities from revoking or denial of an occupational license if the criminal offense committed does not relate to the duties and responsibilities of the licensed job.

What does this mean for mental health?

- Greater workforce of mental health professionals who may have lost licensure to crime conviction.
- Re-entry into workforce for an individual who may have been convicted of a crime during an episode related to their mental health condition.

HB 650 (White) - Relating to inmates of the Texas Department of Criminal Justice.

What does the bill do?

- Requires correctional officers and anyone in the department who has contact with pregnant inmates to receive training on appropriate medical and mental health care as well as the impact of restraints, seclusion, and invasive searches on pregnant inmates.
- Requires standardized visitation policy allowing female inmates to see their minor children no less than twice per week.
- Requires pregnant inmates be provided prenatal education on appropriate care and hygiene, parenting skills, effect of substance use during pregnancy, and child medical/mental health issues.
- Limits use of restraints and invasive searches on pregnant women.
- Allows new mothers to stay with infant for first 72 hours.
- Requires department provide necessary supplements and nutritional food to pregnant inmates.
- Prohibits segregation of pregnant or recently postpartum mothers.

What does this mean for mental health?

- Decreases the likelihood of recidivism by addressing and improving treatment in prisons.
- Reduces postpartum mental health disorders and other mental health conditions with increased visit times and bonding time with their children and newborns.

HB 3227 (Howard) - Relating to the availability of and access to certain programs and services for persons in the custody of the Texas Department of Criminal Justice.

What does the bill do?

- Requires the state prison system to adopt a policy to increase the availability of peer support services. The policy must allow those who have been justice-involved to serve in the peer workforce.
- Implementation of policy that will require the state prison system to increase access to various programs such as substance use treatment, pre-release, and rehabilitation for female inmates.

What does this mean for mental health?

- An emphasis on accessibility of peer support services for those are in prison and vital services for women in prison can help increase rehabilitative process and decrease recidivism rates.

NOT PASSED

HB 1936 (Rose) - Relating to the applicability of the death penalty to a capital offense committed by a person with severe mental illness.

What would the bill have done?

- Prohibit the death penalty for someone who has schizophrenia, a schizoaffective disorder or bipolar disorder at the time of their offense.
- Prohibit the execution of those with severe mental illness to protect them from unjust punishment.

HB 2168 (Allen) - Relating to a trauma history screening for certain defendants and inmates. — HB 650 (Trauma screening for female inmates)

What would the bill have done?

- Establish trauma history screenings for criminal defendants and inmates in order to identify and address adverse childhood experiences (ACEs) or trauma that may need to be resolved in order to rehabilitate a defendant.
- Require the Texas Department of Criminal Justice (TDCJ) to screen each inmate and defendant during the diagnostic process to determine if they have experienced any trauma or ACEs.
- Refer anyone who exhibits symptoms relating to trauma or PTSD to a medical or mental health professional for proper treatment and recovery.

HB 3620 (Reynolds) - Relating to the creation of a mental health treatment for incarceration diversion pilot program.

What would the bill have done?

- Pilot program that would aim to reduce the arrest and recidivism rates of people with mental illness.

HB 3617 (Reynolds)/SB 105 (Menendez) - Relating to the creation of a mental health jail diversion and crisis stabilization unit pilot program.

What would the bill have done?

- Create a pilot program that would provide short-term treatment for an incarcerated person with mental illness in an effort to reduce recidivism rates.
- Require that upon release from jail, a person with mental illness would have access to social, clinical, housing and welfare services in beginning the treatment and rehabilitation process.

Housing and Employment

For individuals with mental illness, the basic supports of a stable home and a job can be hard to come by - this reality often leads to homelessness, jails, shelters, and hospitalizations. The Texas legislature addressed housing and employment issues by passing laws to address the specific needs of homeless youth, expanding employment opportunities and benefits of individuals with disabilities, and by expanding access to benefits for those with post-traumatic stress disorder.

PASSED

HB 4468 (Coleman): Relating to county jails and community mental health programs in certain counties.

What does the bill do?

- For counties in populations less than 250,000, this bill eases the match requirement for the Healthy Community Collaboratives program, which brings the public and private sectors together to provide services to persons experiencing homelessness, substance abuse issues, or mental illness.
- Has as a criminal justice component: there is existing law related to 24-hour mental health service access in jails, to take effect in 2020.
- Clarifies that requirement to indicate that the service can be provided in person or through telemental health and creates a loophole if a mental health provider is not available within 24 hours.

What does this mean for mental health?

- Makes it easier for smaller counties to access matching funds for programs that serve individuals experiencing homelessness, substance abuse issues, or mental illness.
- The criminal justice component gives county jails a way out of providing mental health services within 24 hours. We are opposed to this change.

HB 2143 (J. Turner) - Relating to the eligibility of a first responder for workers' compensation benefits for post-traumatic stress disorder.

What does the bill do?

- Allows first responders to apply workers' compensation benefits for post-traumatic stress disorder by citing multiple work-related events that caused their disorder instead of only a single traumatic event.

What does this mean for mental health?

- First responders experience frequent trauma as part of their work, and often develop post-traumatic stress disorder from multiple events.
- Expands access to time for recovery from mental health issues due to trauma.
- Raises awareness for PTSD and complex trauma.

HB 2564 (White) - Relating to addressing the needs of homeless youth.

What does the bill do?

- Requires Texas Department of Housing and Community Affairs to include homeless youth in their low-income housing plans to reduce homelessness.

What does this mean for mental health?

- Early intervention with homelessness reduces trauma and prevents mental health issues from worsening by providing access to resources.

SB 753 (Huffman) - Relating to wage requirements for community rehabilitation programs participating in the purchasing from people with disabilities program.

What does the bill do?

- Requires that individuals with disabilities in community rehabilitation programs receive the federal minimum wage for their work by 2021.

What does this mean for mental health?

- Helps those with disabilities earn adequate wages and be treated equally under the law.

NOT PASSED

HB 1465 (Moody) - Relating to a study on expanding recovery housing in this state.

What would the bill have done?

- Require Health & Human Services to conduct a study to evaluate the current status of and opportunities, challenges, and needs to expand recovery housing in Texas.

HB 2969 (Sanford) - Relating to prohibited adverse employment action against a first responder based on mental illness.

What would the bill have done?

- Prohibit an employer from taking any adverse employment action, including firing, suspending, or demoting, against a first responder solely because of a mental illness, barring any public safety concerns.

HB 1257 (Rosenthal) - Relating to the repeal of the prohibition against certain municipal or county regulation of the rental or leasing of housing accommodations.

What would the bill have done?

- Repeal a code that prohibits municipalities and counties from regulating rental properties to prohibit them from denying housing based on funding source (federal assistance housing program tenants).
- Allow counties to prohibit discrimination based on if a tenant is receiving housing assistance funds.

HB 3492 (Cole) - Relating to the eligibility of a first responder for workers' compensation benefits for mental trauma injuries, including post-traumatic stress disorder.

What would the bill have done?

- Lower requirements for a first responder to have to prove their post-traumatic stress disorder was caused by their work in order to receive workers' compensation benefits.
- Place burden on those providing benefits to prove the first responder's post-traumatic stress disorder was not caused by an event at work.

Suicide Prevention and Public Safety

Suicides and attempted suicides are a public health crisis in Texas. Adolescents in Texas are twice as likely to attempt suicide than the national average, and suicide is the second leading cause of death for those between the ages of 15 and 34. The Texas legislature made significant strides to address youth suicide and begin to address suicide as a state. The state improved public safety by passing an alert system bill to help families find missing adults at risk of harm and by funding a firearm safe storage campaign within the Department of Public Safety. Unfortunately, the state did not fund suicide prevention programs or pass an extreme risk protective order.

PASSED

HB 18 (Price) - Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements, counseling programs, educational programs, state and regional programs and services, and health care services for students and to mental health first aid program training and reporting regarding local mental health authority and school district personnel.

What does the bill do?

- Provides a variety of incentives and strategies to offer guidance to school districts on how to improve their response to the mental health and substance use disorder service needs of students, including:
 - School district planning for suicide prevention, intervention, and post-vention
 - Trauma-informed and grief-informed practice training for school employees
 - Mental health as part of health education for students

What does this mean for mental health?

- Transforms the school mental health landscape by improving guidance and increasing incentives for schools to invest in improving student mental health and suicide prevention.

HB 3980 (Hunter) - Relating to a requirement that the Statewide Behavioral Health Coordinating Council prepare a report regarding suicide rates in this state and state efforts to prevent suicides.

What does the bill do?

- Requires the Statewide Behavioral Health Coordinating Council to study and report on the landscape of suicide in Texas, including prevalence, laws, statewide and agency efforts to address suicide.
- Requires a report to provide recommendations to improve state agency efforts to decrease suicides.

What does this mean for mental health?

- Highlights groups and areas most at risk of suicide or suicide attempts.
- Coordinates information on state assets and gaps in suicide prevention.
- Encourages statewide investment and focus on reducing suicide through targeted interventions.

SB 11 (Bonnen) - Relating to policies, procedures, and measures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium.

What does the bill do?

- Establishes the Texas Child Mental Health Care Consortium.
- Requires the integration of trauma-informed practices in each school environment and in the district improvement plan.
- Requires local school health advisory councils to develop parental awareness and engagement strategies regarding mental health, suicide, and substance abuse.
- Provides school districts with an annual “school safety” funding allotment, which allows for schools to fund student mental health and suicide prevention strategies in addition to certain approved school safety activities.
- Requires Texas Education Agency to disseminate information on mental health resources for regional education service centers.
- Requires mental health and suicide prevention as part of the health curriculum.

What does this mean for mental health?

- Dramatically expands access to child psychiatrists and children’s mental health resources through collaboration within medical schools in the consortium.
- Helps improve response to student mental health issues through educator training and processes for responding to mental health and safety concerns, including self-harm.

HB 1769 (Bonnen) - Relating to the creation of a statewide alert system for certain missing adults and to a study of the alert system.

What does the bill do?

- Creates a statewide alert system, similar to the Amber Alert system, for missing adults who are believed to be in imminent danger of bodily injury or death.
- Includes a process for determining eligibility and distribution of system.

What does this mean for mental health?

- This may help locate adults who are experiencing serious mental illness and are at risk of serious harm to self.

HB 4429 (Blanco) - Relating to mental health first aid training for veterans and immediate family members of veterans.

What does the bill do?

- Requires the mental health program for veterans to include mental health first aid training to veterans and their families.
- Requires local mental health authorities to report how many veterans and their families complete mental health first aid each year.

What does this mean for mental health?

- This requirement will increase access to education and support around mental health for veterans, a group at higher risk of experiencing mental health issues, and their families.

HB 3235 (Ramos) - Relating to staff development requirements for public educators regarding suicide prevention training.

What would this bill have done?

- Required teachers to receive evidence-based training on suicide prevention every other year.
- Currently only a requirement for new teachers.

HB 131 (Moody)/SB 157 (Rodriguez) - Relating to extreme risk protective orders and the prosecution of the criminal offense of unlawful transfer of a firearm; creating a criminal offense.

What would this bill have done?

- Created a legal procedure for temporarily limiting access to firearms for individuals at risk of harm to self or others, including those at risk of suicide.

HB 471 (Thierry) - Relating to required suicide prevention training for certain health care practitioners.

What would this bill have done?

- Required medical and mental health care practitioners to complete suicide prevention training as part of licensure renewal.

Mental Health Information Disclosures

Both state and federal law require the protection of mental health information in the medical record. State law in Texas is generally more restrictive than federal law in regard to the disclosure of mental health information. This often causes providers to refuse to disclose information, even when it is in the best interest of the patient and community.

Texas did not pass a law this session to align with federal law on mental health information disclosures.

NOT PASSED

HB 3519 (Allison) - Relating to disclosure of confidential patient information by a physician or mental health professional.

What would this bill have done?

- Authorized health professionals to disclose to third parties limited information when doing so is in the best interest of the individual receiving care.
- Reflected federal HIPAA regulations and guidance on communication between providers and third parties.
- Removed unnecessary barriers to family involvement.

Prevention and Trauma

There are a variety of social, economic, and physical environments that can harm the mental health of individuals and communities. Because these factors do not affect everyone equally, well-documented mental health disparities and inequities exist in our society. This legislative session saw tremendous strides to address trauma such as sexual violence, human trafficking, and adverse childhood experiences.

PASSED

HB 253 (Farrar) - Relating to a strategic plan to address postpartum depression.

What does the bill do?

- Requires Health & Human Services Commission to develop statewide strategic plan to address postpartum depression every five years.
- Requires strategic plan to include peer support, funding community treatment, and building provider networks.

What does this mean for mental health?

- Helps Texas raise awareness on postpartum depression and increase access to treatment and support providers.
- De-stigmatizes and provides a specialized focus on the mental health needs of mothers.

SB 71 (Nelson) - Relating to the establishment of a statewide telehealth center for sexual assault forensic medical examination.

What does the bill do?

- Creates statewide telehealth center for sexual assault nurse examiners to expand access to their expertise to underserved areas.

What does this mean for mental health?

- Provides trauma-informed resources to underserved areas.
- Includes screening and early intervention for post-traumatic stress disorder.

SB 72 (Nelson) - Relating to the establishment and duties of the human trafficking prevention coordinating council.

What does the bill do?

- Creates statewide human trafficking prevention coordinating council.
- Requires council to develop five-year strategic plan to prevent human trafficking in state, including asset inventory of current programming and strategies to improve coordination across agencies.

What does this mean for mental health?

- Initiation of can lead to well-researched solution and prevention strategy in addressing and ending prevalence of human trafficking.

SB 355 (West) - Relating to developing a strategic plan regarding implementation of prevention and early intervention services and community-based care and conducting a study regarding the resources provided to foster parents.

What does the bill do?

- Requires the Department of Family and Protective Services to develop a strategic plan to implement the federal Family First Act.
- Family First Act is a federal law that requires certain standards for residential treatment centers, increased focus on prevention and early intervention programming, and programming for special foster care populations.

What does this mean for mental health?

- New federal law is a major opportunity to shift foster care towards prevention and early intervention around abuse and neglect, including increased access to treatment for mental health and substance use disorders.
- Strategic plan is necessary to ensure Texas meets federal requirements for funding.

NOT PASSED

HB 2618 (Walle)/SB 2301 (Powell) - Relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.

What would this bill have done?

- Create a peer support pilot program located in federally qualified health centers to serve women who are at risk of or who have developed a perinatal mood and anxiety disorder.

HB 517 (Israel)/HB 1190 (Hernandez) - Relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child; providing penalties.

What would this bill have done?

- Define mental health providers who attempt to engage in conversation therapy for LGBTQ youth as engaging in unprofessional conduct and subject to discipline from regulatory boards.

HB 822 (Parker)/SB 1353 (Powell) - Relating to addressing adverse childhood experiences and developing a strategic plan to address those experiences.

What would this bill have done?

- Require Health and Human Services to collaborate with other named state agencies to study data on cause and effect of adverse childhood experiences, evaluate gaps in services, identify best practices, and develop a five-year strategic plan to prevent and address adverse childhood experiences

2020-2021 Budget Summary

CAPACITY, WORKFORCE, AND CONTINUUM OF CARE

This legislative session saw significant investment in the state hospitals. The **state hospital system** received an increase of 2.7% in funding in the base budget, but the supplemental budget includes additional funding to do new construction at three state hospitals. The **Rusk State Hospital** will receive \$90 million to construct a 100-bed unit, the **Austin State Hospital** will receive \$165 million to construct a 240-bed replacement campus, and the **San Antonio State Hospital** will receive \$190.3 million for a replacement campus.

In the base budget, **community mental health services for adults** saw an increase of 8.7% in funding in the base budget and crisis services saw an increase of 5.5% in funding. Of these funds, about 6% (\$23 million) were appropriated specifically to address the avoid future waitlists and increase outpatient mental health treatment capacity at local mental health authorities.

The **Mental Health Loan Repayment Program** received about \$1 million in funding (no increase). The state appropriated \$6 million (no increase) in Psychiatry and Behavioral Sciences Research. Additionally, the **mental health workforce training program** in higher education saw 68.3% funding increase.

Clubhouses received approximately \$1.7 million - the same amount as last session. The **Community Mental Health Grant Program** established in 2017 received a funding increase of \$10 million.

CHILDREN AND YOUTH

In the base budget, **community mental health services for children** saw an increase of 11% in funding in the base budget. Of these funds, about \$4 million each year was appropriated specifically to address the avoid future waitlists and increase outpatient mental health treatment capacity at local mental health authorities. In the supplemental budget, Health & Human Services received additional funds for community mental health services for children. The Texas Higher Education Coordinating Board received \$99 million to start the **Child Mental Health Consortium**.

HB 19 Contingency Rider - Sec. 18.09. Contingency for House Bill 19. Contingent on the enactment of House Bill 19 or similar legislation relating to mental health and substance use resources for certain school districts, \$2,300,000 in General Revenue Funds is appropriated to the Health and Human Services Commission in Strategy D.2.2, Community Mental Health Svcs - Children, in each fiscal year of the biennium to provide grants to support 20 non-physician mental health professionals, one per education service center (ESC) region, at local mental health authorities.

In the area of foster care, approximately \$10.8 million was appropriated for **relinquishment prevention slots**, which will help families pay for residential treatment programs without having to place their children into foster care.

Social service and counseling program **Communities in Schools** received a significant increase in funding. \$1.1 billion was appropriated to provide resources for **students who experience mental or physical disabilities in schools**, with \$20 million set aside specifically for **Early Childhood Intervention** programs. \$100 million was appropriated within the supplemental budget specifically for school safety.

INTEGRATION, CO-OCCURRING DISORDERS, AND SPECIALTY POPULATIONS

Substance abuse services received a considerable increase of 22.2% in funding in the base budget, including additional funding to address the substance abuse treatment waitlist for pregnant women and women with dependent children. About \$13.6 million has been appropriated each year for substance abuse treatment for families involved in the Child Protective Services system. For those incarcerated, **substance abuse treatment within prison** received \$32.7 million (no change) in funding.

\$1 million in new funds were appropriated to provide grants to county jails for the administration of medication-assisted treatment for opioid and alcohol dependence.

The budget continues funding for mental health for veterans, with \$10 million for the **Mental Health Program for Veterans** and \$20 million for the **Mental Health for Veterans Grant Program**. The **Integrated Care Study for Veterans with Post-Traumatic Stress Disorder** received \$2 million in funding (no change).

MEDICAID, INSURANCE, AND MEDICATION

Leadership continued its practice of not funding anticipated growth in Medicaid costs. Additionally, the Legislature mandated that \$350 million in savings be found in the Medicaid program. Efforts to increase Medicaid payment rates faltered.

Resources for navigating insurance saw steady funding this session. Funding for Medicaid Contracts and Administration saw no significant change in funding. Funding for **consumer outreach and information** saw no change in state funding, but funding to **respond to complaints** increased by 8.8%.

CRIMINAL JUSTICE

The state continued investment in addressing the nexus between mental illness and the criminal justice system. This includes a \$12.5 million funding increase for the Mental Health Grant Program for Justice-Involved Individuals. and 10.7% increase in funding for **mental health services grants**, and a 4.6% increase in funding for **mental health services** within the juvenile justice system. Texas saw continued **education funding** of \$449,500 (no change) **for judges** around the mental health needs of individuals involved with the criminal justice system.

Texas continued its investment in pretrial diversion services with a 1.6% increase in funding for **Diversion Programs**. The state appropriated \$2.5 million each year for **Indigent Defense with Mental Illness** (no change), significantly increased its investment in **Pretrial Diversion** by 63%, and appropriated \$19.5 million (no change) for **Commitment Diversion Initiatives**.

Texas also continued funding and guidance to help individuals who are re-entering the community. Texas appropriated \$1 million across the biennium for the **Mental Health Peer Support Re-entry Program** (no change) and \$500,000 each year for **Reentry Services Pilot Programs**. Around \$2.4 million per year was also appropriated for the **expansion of mental health caseloads in rural areas**. \$1 million was appropriated to provide a 90-day supply of medication to people who have been charged with a crime and are being returned from the state hospital to criminal court.

The Texas Department of Criminal Justice is required to conduct a study on the effectiveness of its Mental Health Therapeutic Diversion Program, which is intended to reduce the use of solitary confinement.

HOUSING AND EMPLOYMENT

The state appropriated no more than \$25 million across the biennium for the **Healthy Community Collaboratives**, a program that helps with housing to individuals with mental illness. **Programs for rehabilitating and placing people with disabilities in competitive employment** received over \$300 million each year.

The state broadly increased funding to programs that increase employment and reduce homelessness. The **Federal Rental Assistance through Section 8 Vouchers program** and the **Housing Resource Center** saw increases of about 31% in funding. \$1.5 million each year was appropriated specifically to address **youth homelessness**. Employment training programs also saw an increase, with **the Workforce Innovation & Opportunity Act (WIOA) for Adults/Dislocated Adults** receiving an increase of 19.3% and its **youth counterpart** seeing a 38.3% increase in funds.

SUICIDE PREVENTION AND PUBLIC SAFETY

The state did not set aside funding for suicide prevention but did fund the **Statewide Safe Gun Storage Campaign** for \$500,000 each year, which will create a public awareness campaign around safe firearm storage and suicide prevention within the Department of Public Safety. Part of the budget dedicated to operating Texas.gov includes adding the information for the phone number and website for the National Suicide Prevention Lifeline and Veterans Crisis line.

PREVENTION AND TRAUMA

This session saw a greater focus on human trafficking and trauma, with around \$22 million appropriated for **Human Trafficking Prevention and Enforcement** across the biennium. \$10 million was appropriated for **basic civil legal services for victims of sexual assault**, and \$51.5 million was appropriated for **improving crime lab services to prioritize testing of sexual assault kits**.

Investing in maternal health and child abuse prevention can reduce trauma and mental health issues for families later in life. The Department of State Health Services received \$3.5 million each year to address maternal mortality and morbidity. The **Texas Home Visiting Program and Nurse Family Partnership programs** received a total of \$5.5 million each year. This program is intended to help families with young children and babies receive the skills they need to thrive and avoid future system involvement or trauma.

The environment has a major impact on the health and well-being, including mental health, of communities. Texas invested \$6.6 million each year in **environmental health**, about \$3 million each year for **pollution prevention and recycling programs**, and \$230 million across the biennium for **air quality assessment and planning**.

2020-2021 Key Budget Items Appendix

Article II: Health & Human Services

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
DFPS Strategy B.1.6: PAL Purchased Services	9,243,710	9,243,710	-6%
DFPS Strategy B.1.7: Substance Abuse Purchased Services	13,597,190	13,597,190	59%
DSHS Strategy B.1.1: Maternal and Child Health	56,828,169	56,828,169	13%
DSHS Strategy B.1.2: Children with Special Health Care Needs.	9,186,445	9,186,446	-3%
DSHS Strategy C.1.2: Environmental Health	6,684,514	6,606,862	3%
Strategy B.1.1: Medicaid Contracts and Administration	608,438,761	642,382,680	-0.6%
Strategy D.2.1: Community Mental Health Svcs - Adults	382,072,316	382,027,886	8.70%
Strategy, D.2.2 Community Mental Health Svcs - Children	92,317,798	92,317,798	11%
Strategy D.2.3: Community Mental Health Crisis Svcs	171,631,873	171,631,873	5.5%
Strategy D.2.4: Substance Abuse Services	242,176,073	222,187,221	22.2%
Strategy G.2.1, Mental Health State Hospitals	442,728,813	456,009,662	2.7%
Strategy G.2.2, Mental Health Community Hospitals.	135,190,351	135,430,101	11%
Strategy L.1.1: HHS System Supports	125,521,481	105,058,526	12%

Article III: Education

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
TEA Strategy A.2.3: Resources for Mentally/Physically Disabled Students.	1,116,105,233	1,116,105,231	3.6%
TEA Strategy A.2.4: School Improvement and Support Programs.	272,150,761	272,150,759	81%
TEA Strategy B.2.2: Health and Safety	13,246,603	11,246,603	3.7%
TEA Strategy B.2.4: Educational Resources for Prison Inmates.	56,269,951	53,786,956	5.5%
HECB Strategy F.1.8: Mental Health Loan Repayment Program,	1,062,500	1,062,500	0%
HECB Strategy F.1.10: Child Mental Health Care Consortium	49,500,000	49,500,000	New program
PVAMU Strategy C.3.1: Juvenile Crime Prevention Center	1,361,281	1,361,281	0%
UTH Strategy E.3.1: Psychiatry and Behavioral Sciences Research	6,000,000	6,000,000	0%
UTH Strategy E.3.2: Veterans PTSD Study,	2,000,000	2,000,000	0%
UTHCT Strategy D.1.1: Mental Health Workforce Training Programs.	6,730,000	6,730,000	68.3%

Article IV: The Judiciary

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
CCA Strategy B.1.1: Judicial Education	15,226,882	12,156,882	64%
TJC Strategy D.1.1: Texas Indigent Defense Commission	49,717,856	44,717,856	42.2%

Article V: Public Safety and Criminal Justice

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
TDCJ Strategy A.1.2: Diversion Programs	125,284,508	125,284,508	1.62%
TDCJ Strategy A.1.4: Treatment Alternatives to Incarceration Program.	10,773,975	10,773,976	0%
TDCJ Strategy C.1.8: Managed Health Care-Unit and Psychiatric Care	320,701,293	320,701,293	4.30%
TDCJ Strategy C.1.10: Managed Health Care-Pharmacy	72,440,252	72,440,252	18.90%
TDCJ Strategy C.2.3: Treatment Services	31,575,657	31,135,747	13.70%
TDCJ Strategy C.2.5: Substance Abuse Treatment - In-Prison Treatment and Coordination.	32,709,542	32,709,545	0%
TJJJ Strategy A.1.1: Prevention and Intervention.	3,012,177	3,012,177	0%
TJJJ Strategy A.1.3: Community Programs	44,679,895	44,679,896	
TJJJ Strategy A.1.5: Commitment Diversion Initiatives	19,492,500	19,492,500	0%
TJJJ Strategy A.1.7: Mental Health Services Grants	14,178,353	14,178,351	10.70%
TJJJ Strategy B.1.7: Psychiatric Care	942,670	922,851	-13.90%
Military Strategy C.1.3: Mental Health Initiative	1,010,450	988,650	4.57%

Article VI: Natural Resources

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
Agriculture Strategy C.1.2: Nutrition Assistance for At-Risk Children and Adults (State).	15,391,265	15,391,265	10.60%
Environmental Quality Strategy A.1.1: Air Quality Assessment and Planning	120,333,947	110,049,229	-30%
Environmental Quality Strategy C.1.3: Pollution Prevention, Recycling and Innovative Programs.	2,979,091	2,979,091	16%
Environmental Quality Strategy D.1.2: Hazardous Materials Cleanup	26,372,114	24,411,396	8%

Article VII: Business and Economic Development

Budget Strategy	2020 Funding \$	2021 Funding \$	% Difference from 18-19 Budget
TDHCA Strategy A.1.5: Federal Rental Assistance through Section 8 Vouchers.	7,245,661	7,245,661	31.70%
TDHCA Strategy B.1.1: Housing Resource Center.	1,112,283	1,115,298	31.30%
TDHCA Strategy C.1.1: Administer Poverty-related Funds through a Network of Agencies.	49,450,467	49,450,467	3.20%
TDHCA Strategy C.2.1: Administer State Energy Assistance Programs.	158,325,355	158,325,355	32.80%
TWC Strategy A.1.1: Workforce Innovation & Opportunity Act (WIOA) Adult/Dislocated Adults.	142,536,445	137,452,939	19.30%
TWC Strategy A.1.2: Workforce Innovation and Opportunity Act (WIOA) Youth.	64,565,403	64,565,403	38.30%
TWC Strategy A.2.1: Rehabilitate & Place People with Disabilities in Competitive Employment.	320,822,383	307,105,488	6.10%

Article VIII: Regulatory

Budget Strategy	2020 Funding	2021 Funding	% Difference from 18-19 Budget
HPC Strategy A.1.1: Member Agency Coordination and Support.	1,121,744	1,139,239	4.40%
TDI Strategy A.1.1: Educate Consumers and Industry by Providing Outreach and Information.	9,892,158	9,892,158	-0.01%
TDI Strategy A.2.1: Respond Promptly and Act on Complaints.	2,925,840	2,925,840	8.80%
OPIC Strategy A.1.1: Participate in Rate, Rulemaking, Judicial, and Legislative Proceedings.	\$850,579	\$850,580	0%
OPIC Strategy B.1.1: Provide Consumers with Information to Make Informed Choices.	\$191,670	\$191,670	0%