



# Hogg Foundation for Mental Health

## Texas 86<sup>th</sup> Legislative Session: Summary of Mental Health and Substance Use-Related Legislation

During the 86<sup>th</sup> legislative session, mental health and substance use continued to garner significant attention, with school safety/mental health and opioid use high on the policy agenda. The Texas Legislature continued to invest resources to improve access to supports and services, address the mental health workforce shortage, and improve the quality of behavioral health services needed by Texans. The investment made to continue the redesign and construction of inpatient mental health services is another indicator of the legislative commitment to ensure that critical mental health services needed by Texans are available.

The following is a summary of key mental health and substance use-related legislation considered during the 86<sup>th</sup> legislative session. For more information, please contact Colleen Horton, Director of Policy, [colleen.horton@austin.utexas.edu](mailto:colleen.horton@austin.utexas.edu) or Shannon Hoffman, Policy Program Specialist, [Shannon.hoffman@austin.utexas.edu](mailto:Shannon.hoffman@austin.utexas.edu).

To learn more about legislation filed during the 86<sup>th</sup> legislative session, please visit the Texas Legislature Online website at [www.capitol.state.tx.us](http://www.capitol.state.tx.us). Users can search for legislation using key words, bill numbers, and other terms.

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## Mental Health and Substance Use Funding Legislation

### **General Appropriations – HB 1 (Zerwas/Nelson)**

#### **Article II, Health and Human Services Commission (HHSC) Mental Health and Substance Use Funding**

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

Budget Strategy	SB 1 FY 2018/19	HB 1 FY 2020/21	Difference
D.2.1 Community Mental Health – Adults	\$703,362,864	\$764,100,202	\$60,737,338
D.2.2 Community Mental Health - Children	\$166,373,576	\$184,635,596	\$18,262,020
D.2.3 Community Mental Health Crisis	\$325,430,552	\$343,263,746	\$17,833,194
D.2.4 Substance Abuse Services	\$380,160,933	\$464,363,294	\$84,202,361
D.2.5 Behavioral Health Waivers	\$103,351,236	\$104,599,388	\$1,248,152
G.2.1 State Mental Health Hospitals	\$875,536,372	\$898,738,475	\$23,202,103
G.2.2 Community Mental Health Hospitals	\$243,830,476	\$270,620,452	\$26,789,976

#### **Article II, HHSC Mental Health and Substance Use-Related Riders**

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

Article II HHSC Rider #	Description
13	<b>Increase Consumer Directed Services</b> – directs HHSC to educate STAR+PLUS home- and community-based services consumers on the Consumer Directed Services option to increase the percentage of individuals who choose this option. HHSC is responsible for collecting annual data from each Managed Care Organization (MCO) and compiling a report which will be made public and given to the Texas Council on Consumer Direction.
14	<b>Community Integration Performance Indicators</b> - allows HHSC to collect data for community integration outcomes to include measures of opportunity, community participation, community presence, well-being, and recovery for STAR+PLUS and STAR KIDS programs. Requires that annual data be published online.
18	<b>Medically Dependent Children Program (MDCP)</b> – includes funding for MDCP and Youth Empowerment Services (YES) waiver services for clients enrolled in the STAR Kids program. This does not create an entitlement to waiver services.
20	<b>Expansion of Community-Based Services</b> – appropriates \$66,661,790 in all funds for reducing interest lists for 60 MDCP, 240 Community Living and Support Services, 1,320 Home and Community-based slots, and 8 Deaf-Blind Multiple Disabilities waiver slots, with end-of-year targets for FY 21. The plan for increasing enrollment is due by October 1, 2019, with progress reports due by March 1, 2020, September 1, 2020, and March 1, 2020.
24	<b>General Revenue Funds for Medicaid Mental Health and Intellectual Disability Services</b> - provides governance relating to the appropriate use, classification, and expenditure of funds for mental health and intellectual disability services including, but not limited to, funds appropriated to mental health and Local Intellectual and Developmental Disability Authorities (LIDDA). Also certifies match for certain inpatient mental health Medicaid services.

Article II HHSC Rider #	Description
32	<b>Intensive Behavioral Intervention</b> – contingent on HHSC adding intensive behavioral intervention as a Medicaid benefit, this allows for the expenditure of appropriated funds for those services for individuals with autism under the age of 20.
33	<b>Managed Care Organization Services for Adults with Serious Mental Illness</b> – directs the commission to identify data by MCO for recipients of STAR+Plus with serious mental illness (SMI) to evaluate any inappropriate variation in delivery of service to individuals with SMI. Requires HHSC to identify performance measures to hold MCOs accountable for outcomes related to Medicaid spending. Also requires a legislative report by August 31, 2020.
34	<b>Evaluation of Opioid Drug Prescribing Practices Under Medicaid</b> – directs HHSC to evaluate the prescribing practices for opioid drugs under Texas Medicaid and assess to ensure practices align with CDC guidelines. Requires a legislative report by September 1, 2020.
38	<b>Cost Effectiveness of Delivery System Reform and Incentive Payment Program</b> – directs HHSC to submit report on outcomes of providers in the DSRIP program for demonstration years 7 and 8 by December 1, 2020.
41	<b>Regional Advisory Council Diversion Evaluation</b> – directs HHSC to evaluate the feasibility of requiring trauma service area regional advisory councils to implement a program to allow emergency medical services providers to transport medically stable psychiatric emergency detention patients to the most appropriate setting. Requires a legislative report by October 1, 2020.
42	<b>Medicaid Waiver Program Interest Study</b> – direct HHSC to collaborate with the Intellectual and Developmental Disability System Redesign Advisory Committee to conduct a study of interest and waiting lists for waiver programs, submit a legislative report by September 1, 2020, and update the Statewide IDD Strategic Plan to align with the Statewide Behavioral Health Strategic Plan.
51	<b>Contingency for Behavioral Health Funds</b> – prohibits expenditure of mental health appropriations if the LBB provides notification to the Comptroller if an agency's planned expenditure does not satisfy the requirements of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.
52	<b>Client Services</b> – states it is the intent of the legislature that HHSC and DFPS enter into a memorandum of understanding for the provision of outpatient substance use treatment services by HHSC to referred DFPS clients.
53	<b>Screening for Offenders with Mental Impairment</b> – directs HHSC and community centers to identify offenders with mental impairments in the criminal justice system, collect and report prevalence data, and accept and disclose information relating to special needs offenders.
54	<b>Mental Health Outcomes and Accountability</b> – requires HHSC to place 10 percent of the funds allocated to Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs) at risk. Allows HHSC to recoup funds for failure to achieve outcome targets set by HHSC.
55	<b>Mental Health Appropriations and the 1115 Medicaid Transformation Waiver</b> – requires that HHSC include in contract provisions for mental health services (adults, children, and crisis services), and that funds be used as much as possible to draw down additional federal dollars through the 1115 Transformation Waiver or other federal matching opportunities. Requires a legislative report every December 1 <sup>st</sup> of each fiscal year.
56	<b>Healthy Community Collaboratives</b> – directs HHSC to allocate up to \$25 million of amounts appropriated over the biennium to fund grants to Healthy Community Collaboratives. Also allows for up to \$10 million of these funds to be allocated to collaboratives in rural areas contingent on the availability of the required matching funds. Requires a legislative report by December 1, 2020.

Article II HHSC Rider #	Description
57	<b>Mental Health Peer Support Re-entry Program</b> – directs HHSC to allocate up to \$1 million in general revenue (GR) for the biennium to maintain a mental health peer support re-entry program. Requires these programs use certified peer support specialists to ensure inmates successfully transition from jail into clinically appropriate community-based care. Requires a legislative report by December 1, 2020.
58	<b>Semiannual Reporting of Waiting Lists for Mental Health Services</b> – requires HHSC to submit semiannual reports to the LBB and the governor providing data on waiting lists and related expenditures for community adult mental health services, community children’s mental health services, forensic state hospital beds, and maximum-security hospital beds.
59	<b>Mental Health Program for Veterans</b> – allocates \$5 million in GR each fiscal year for the purpose of administering the mental health program for veterans. Requires a legislative report December 1 <sup>st</sup> of each fiscal year.
60	<b>Synar Results Notification for Local Communities</b> – directs HHSC, or contractor, to use funds from budget strategy D.2.4, Substance Abuse Services, to notify the Comptroller of Public Accounts tobacco law enforcement grantee and the local sheriff department when tobacco products are sold to an underage purchaser per the federal Synar Amendment.
61	<b>Mental Health for Veterans Grant Program</b> – allocates \$20 million in GR in FY 2020 to operate a grant program to support community mental health programs providing services and treatment to veterans and their families. Requires a legislative report by December 1, 2020.
62	<b>Mental Health Grant Program for Justice-Involved Individuals</b> – allocates \$25 million in GR each year of the biennium for administering the grant program to reduce recidivism, arrests, and incarceration among individuals with mental illness and to reduce wait times for forensic commitment. Also directs that \$5 million in GR each year be allocated to the Harris County jail diversion program. Requires each grantee to report twice annually to the Statewide Behavioral Health Coordinating Council.
63	<b>Increased Access to Community Mental Health Services</b> – allocates \$23,416,350 in GR and \$1,667,735 in federal funds each fiscal year to address waitlists and to increase capacity of outpatient mental health services at LMHAs and LBHAs.
64	<b>Substance Abuse Treatment Services</b> – allocates \$677,004 in GR in FY 20 and \$4,322,996 in GR in FY 21 to provide rate increases for substance abuse treatment services. Additionally allocates \$23,634,844 in FY 20 to reduce waitlists for pregnant women and women with children treatment programs.
65	<b>Funding for Mental Health Programs</b> – allocates \$871,348 in GR each fiscal year to fund clubhouses at FY 19 levels. Additionally allocates \$5,446,612 in GR each fiscal year for funding to prevent child relinquishment due to the need for intensive mental health treatment, with \$328,131 in GR for program support and administration.
66	<b>Consolidated Reporting of Opioid-Related Expenditures</b> – directs the Executive Commissioner of HHSC to submit a legislative report of annual expenditures from the previous fiscal year for all opioid abuse and misuse-related programs at HHSC, DFPS, and DSHS no later than October 1 <sup>st</sup> of each year.
67	<b>Proposal to Enhance Efficiency of Substance Abuse Treatment Services</b> – directs HHSC to develop a proposal to improve administration of substance abuse treatment services and expand capacity of services. In developing the proposal, HHSC shall consult with providers, the Behavioral Health Advisory Committee and the Statewide Behavioral Health Coordinating Council and submit a report to the Governor, the LBB, and the human services committees in the House and Senate. Requires a legislative report by December 1, 2020.

Article II HHSC Rider #	Description
68	<b>Unexpended Balance Authority within the Biennium for the Community Mental Health Grant Program</b> – allocates \$20 million in GR each fiscal year for the Community Mental Health Grant Program and allows unexpended funds from FY 20 to be used in FY 21 for same purposes.
69	<b>Study on Substance Abuse Treatment Services</b> – directs HHSC to evaluate reimbursement methodology and rates for substance use treatment services, and submit a legislative report no later than November 1, 2020.
94	<b>Pediatric Health Tele-Connectivity Resource Program for Rural Texas</b> – allocates \$1,210,808 in GR and \$1,289,193 in federal funds in FY 20 and \$1,234,177 in GR and \$1,265,823 in federal funds to establish a tele-connectivity resource program for rural Texas.
103	<b>Behavioral Support Specialists at State Supported Living Centers</b> – directs San Angelo and Mexia State Living Centers to provide behavioral health supports to any residents with specialized education needs.
108	<b>State Hospital and State Supported Living Center Workforce</b> – directs HHSC to evaluate workforce conditions and patterns at state hospitals and SSLCs and submit a legislative report no later than August 1, 2020.
109	<b>Expenditure Reporting at the State Hospitals</b> – directs HHSC to provide monthly state hospital expenditure data to the LBB on a biannual basis no later than April and October 1 <sup>st</sup> of each fiscal year.
110	<b>State Supported Living Centers Planning</b> – directs HHSC to develop a plan to maximize resources at SSLCs and submit it to the legislature no later than December 1, 2020.
113	<b>Lock-In for Controlled Substances</b> – directs the Office of Inspector General and MCOs to maintain a lock-in program for controlled substance to prevent substance abuse.

### **Article II, Special Provisions Relating to all HHS Agencies**

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

Special Provision #	Description
Sec. 19	<b>Prohibition on the Use of Appropriations for the Private Operation of a State Hospital</b> – prohibits the state from soliciting bids for the private operation of a state hospital without approval from the Legislative Budget Board.
Sec. 24	<b>Patient or Client Assistance</b> – allows compensation to be paid to patients or clients of a state hospital or SSLC who assist in the operation of the facility as part of their therapy.
Sec. 32	<b>Foster Care Methodology</b> –increased access to Medicaid benefits including mental health rehabilitation and targeted case management is required to be included in the issues considered in new foster care rate methodology.

### **Article III - Texas Education Agency (TEA) School Climate/Safety Funding**

Following the shooting at Santa Fe High School, the Governor announced school safety as an emergency item and prioritized mental health as a component of securing schools’ safety. While these strategies aren’t exclusively for funding mental health services, funds for programs and services located within these strategies directly affect school climate and can improve student and teacher well-being and safety.

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

### Article III, TEA School Climate/Safety Related Riders

Article III TEA Rider #	Description
16	<b>Non-educational Community-based Support Services</b> – allocates \$987,300 each fiscal year to non-educational community-based support services for certain students with disabilities.
17	<b>Professional Development for the Provision of Access to the General Curriculum for Students with Disabilities in the Least Restrictive Environment</b> – directs TEA to use 10.5 percent of federal discretionary funds awarded through IDEA during the biennium for professional development and support for school districts to provide learning in the least restrictive environment for students with disabilities and Response to Intervention processes. Requires legislative reports no later than August 21, 2020 and 2021.
22	<b>Communities in Schools</b> - allocates \$30,521,817 in GR and \$3,898,450 in Temporary Assistance for Needy Families (TANF) funds in FY 20 and \$30,521,815 in GR and \$3,898,450 in TANF funds in FY 21 to the Communities in Schools Program. Additionally, \$943,892 in TANF funds each fiscal year will be allocated for administrative purposes of the program. Transfer of GR funds for providing administrative support may not exceed \$100,000 for the 2020-21 biennium.
34	<b>Funding for Regional Education Service Centers</b> – allocates \$11,875,000 each fiscal year to be distributed to each ESC for providing professional development and other technical assistance services required to school districts, with additional distributions to school districts serving less than 1,600 students. A legislative report on expenditures, savings, services, staff, programs, and funding transferred from TEA is due no later than December 1 <sup>st</sup> of each even-numbered year.
50	<b>Amachi Texas</b> – allocates \$2 million in GR each fiscal year to the Amachi Texas program to mentor youth of incarcerated parents in coordination with Big Brother/Big Sister Lone Star and other community-based resources for training, services, and funding.
71	<b>Best Buddies</b> – allocates \$250,000 each fiscal year to support the Best Buddies program.
74	<b>Report on the Effectiveness of Certain TEA Programs</b> - directs TEA to study the effectiveness of programs that receive funding and are administered by non-governmental organizations; report to the finance and education committees in the House and the Senate, the Governor, and the LBB no later than May 1, 2020.
79	<b>Funding for Customized School Safety Programming</b> - TEA Commissioner shall allocate \$1 million in GR each fiscal year to a non-governmental organization with an established safe school institute to provide customized school safety programming.

**Article III – Higher Education School Climate/Safety Funding**

	<b>HB 1 FY 2020/21</b>
<b>Higher Education Coordinating Board (HECB)</b>	
F.1.8 Mental Health Professionals Loan Repayment Program	\$2,125,000
F.1.10 Child Mental Health Care Consortium	\$99,000,000
<b>Texas State University (TSU)</b>	
C.1.2 School Safety Center	\$10,990,944
C.1.3 Advanced Law Enforcement Rapid Response Training (“ALERRT”)	\$ 4,000,000
<b>Texas Tech University Health Sciences Center (TTUHSC)</b>	
D.4.1 Rural Health Care –Telemedicine Wellness Intervention Triage and Referral (“TWITR”) Project	\$5,000,000
<b>The University of Texas at Tyler (UT Tyler)</b>	
D.1.1 Mental Health Workforce Training Programs	\$13,460,000

**Article III, Higher Education School Climate/Safety Contingency Riders**

<b>Article III Rider #</b>	<b>Description</b>
HECB #56	<b>Mental Health Loan Repayment Program</b> – allows unexpended balances at the end of FY 20 to be carried over to FY 21 for the Mental Health Loan Repayment Program.
HECB # 58	<b>Contingency for Senate Bill 11</b> – creates the Texas Child Mental Health Care Consortium (TCMHCC) funding strategy and appropriates \$49.5 million in GR each fiscal year. This rider identifies the members to be appointed to the TCMHCC, the initiatives, oversight, and expectations related to implementation and reporting. More detailed information can be found under bill description. <i>*SB 11 passed</i>
TTUHSC # 8	<b>Contingency for Behavioral Health Funds</b> – prohibits expenditure of mental health appropriations if the LBB provides notification to the Comptroller that an agency’s planned expenditure does not satisfy the requirements of the Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.
UTHSC Tyler #7	<b>Mental Health Workforce Training for Underserved Areas</b> – allocates \$6,730,000 in GR each fiscal year to support mental health workforce training programs in underserved areas including, but not limited to, Rusk State Hospital and Terrell State Hospital.

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

<b>Special Provision #</b>	<b>Description</b>
Sec. 24	<b>Participation in Drug Development Research Projects</b> – prohibits public universities receiving state funding, including grants or gifts, from conducting a drug development research protocol involving an individual receiving mental health services under a protective custody order.

**HB 1, Article IX, Contingencies and Other Special Provisions (Nelson/Zerwas)**

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

Special Provision #	Description
Sec. 10.04	<p><b>Statewide Behavioral Health Strategic Plan and Coordinated Expenditures –</b></p> <ul style="list-style-type: none"> <li>a) Informational Listing of Behavioral Health and Substance Abuse Services Appropriations across state agencies totaling \$2,212,505,239 for FY 2020 and \$2,146,796,234 for FY 2021.</li> <li>b) Statewide Behavioral Health Coordinating Council - Consists of a representative from each state agency that funds behavioral health programs or services related to the research, prevention, or detection of mental health conditions, as well as all services necessary to treat, care for, control, supervise, and rehabilitate persons who have a mental health condition, including individuals living with alcohol or drug addiction.</li> <li>c) Statewide Behavioral Health Strategic Plan - The purpose of the Statewide Behavioral Health Coordinating Council shall be to implement the five-year Statewide Behavioral Health Strategic Plan and provide annual reports including the progress of implementation. <ul style="list-style-type: none"> <li>i) Collaborating with the Board of Pharmacy and Medical Board, the Council shall create a sub-plan related to substance abuse including challenges of existing prevention, intervention, and treatment programs, evaluation of substance use disorder prevalence, service availability gaps in current services, and strategies for working with state agencies to expand treatment capacity.</li> </ul> </li> <li>d) Coordination of Behavioral Health Expenditures - The coordinating council shall submit to the executive commissioner of HHSC and the Legislative Budget Board (LBB) a coordinated statewide expenditure proposal for each agency. The Comptroller of Public Accounts shall not allow the expenditure of GR-related funds identified in subsection (a) to a particular agency if the LBB provides notification to the Comptroller that the agency's expenditure proposal has not satisfied the requirements of this provision.</li> </ul>
Sec. 18.09	<p><b>Contingency for House Bill 19 –</b> appropriates \$2.3 million in GR each fiscal year in grants for HHSC to support 20 non-physician mental health professionals at each LMHA to serve as mental health and substance use resources for Education Service Centers (ESC) contingent on the enactment of HB 19. <i>*HB 19 passed</i></p>
Sec. 18.68	<p><b>Contingency for Senate Bill 633 –</b> appropriates \$274,173 in GR and \$23,517 in federal funds in FY 20 and \$237,163 in GR and \$20,343 in federal funds in FY 21, as well as 3.3 FTEs to increase capacity of LMHAs in certain counties to provide mental health services. <i>*SB 633 passed</i></p>
Sec. 18.83	<p><b>Contingency for SB 340 –</b> appropriates \$500,000 to the Trusteed Programs Within the Office of the Governor for FY 20 to assist law enforcement agencies to purchase opioid antagonists contingent on enactment of SB 340. <i>*SB 340 passed</i></p>

Special Provision #	Description
Sec. 18.85	<b>Contingency for Senate Bill 362</b> – appropriates \$850,000 each fiscal year to implement provisions of court-ordered mental health services contingent on enactment of SB 362. <i>*SB 362 passed</i>
Sec 18.95	<b>Judicial Training Program</b> – appropriates \$250,000 each fiscal year in GR for the development of a training program to inform and educate judges and staff on mental health resources in the state to both the Supreme Court of Texas and the Court of Criminal Appeals.
Sec 18.104	<b>Human Trafficking Signage</b> – appropriates \$200,000 in GR to the Texas Department of Transportation in FY 20 for signage at public transportation areas (buses, bus stops, trains, airports, etc.) promoting the availability of services and assistance to victims of human trafficking.
Sec. 18.112	<b>Additional Funding for School Safety</b> - informational list of the appropriated amounts for school safety across agencies for fiscal years 2020-21, totaling \$139.9 million with an additional \$203.6 million contingent on the passing of legislation.
Sec. 18.117	<b>Contingency for Senate Bill 11 – School Safety Allotment</b> –appropriates \$9.72 per student in average daily attendance to TEA, estimated to be \$49,672,915 in GR in FY 20 and \$50,327,085 in GR in FY 21 for school safety and mental health promotion in public schools contingent on enactment of SB 11. The same amounts of GR will be reduced from HHSC’s Medicaid Prescription Drugs strategy per fiscal year. <i>*SB 11 passed</i>

**SB 500 (Nelson/Zerwas) – Supplemental Appropriations Bill**

Funding for important mental health and substance use services was included in the supplemental appropriations bill, including essential funding to continue state psychiatric hospital redesign projects. Also included were funds to support school safety.

Item	Amount	Description
Section 21 – HHSC, State Hospital Funding – Phase II of Redesign Efforts	\$165,000,000 \$190,300,000 \$ 90,054,363	Begin Austin State Hospital Replacement (construction) Begin San Antonio State Hospital Replacement (construction) Rusk State Hospital Non-Maximum Security Unit Replacement (construction)
Section 25 – HHSC, Mental Health State Hospitals	\$31,700,000	Appropriated funds for mental health state hospital services under Strategy G.2.1., Mental Health State Hospitals
Section 30 – TEA, Special Education Support and Maintenance of State Financial Support	\$33,302, 428 \$74,626,551 \$111,625,833	Offsets federal funds withheld as a result of state’s failure to maintain financial support during FY 12 Settling with federal government for state’s failure to maintain financial support during FY 17-18 Prevents future failure to maintain financial support
Section 31 – TEA, Post-disaster school safety	\$10,930,000	Creates a grant for a school district that experienced a school shooting resulting in one or more fatalities after FY 19

Item	Amount	Description
Section 32 – TEA, School Safety – Physical Hardening of Schools	\$100,000,000	<p>Appropriates funds from the economic stabilization fund for public schools to fund school hardening activities, limited to:</p> <ul style="list-style-type: none"> <li>• Exterior doors with push bars</li> <li>• Metal detectors at school entrances</li> <li>• Erected vehicle barriers</li> <li>• Security systems that monitor and record entrances, exits, and hallways</li> <li>• Campus-wide active shooter alarm systems (separate from fire alarms)</li> <li>• Two-way radio system</li> <li>• Perimeter security fencing</li> <li>• Bullet-resistance glass or film for school entrances</li> <li>• Door locking systems</li> </ul>

### General Mental Health and Substance Use

Through both funding decisions and program changes, the 86<sup>th</sup> Legislature continued to strengthen the mental health and substance use safety net services. The legislative efforts this session built on the previous work of the Select Committee on Mental Health chaired by Chairman Four Price.

Passed	Author(s) and Description	Summary
HB 1070	Price/Watson  Relating to the mental health first aid training program reporting requirements.	<p>Directs LMHAs to expand the reporting requirements for mental health first aid training to include:</p> <ul style="list-style-type: none"> <li>• The number of trainers who left during the preceding fiscal year;</li> <li>• The current number of active trainers; and</li> <li>• The number of university employees, school district employees, and school resource officers by LMHA region, school district, and category of personnel trained.</li> </ul>
HB 1501	Nevarez/Nichols  Relating to the creation of the Texas Behavioral Health Executive Council (TBHEC) and to the continuation and transfer of the regulation of psychologists, marriage and family therapists, professional counselors, and social workers to the TBHEC; providing civil and administrative penalties, authorizing a fee.	<p>Establishes the Texas Behavioral Health Executive Council (TBHEC) by consolidating the Texas State Board of Examiners of Marriage and Family Therapists, Texas State Board of Examiners of Professional Counselors, and Texas State Board of Social Worker Examiners with the Texas State Board of Examiners of Psychologists.</p> <p>Authority to administer examinations, issue licenses, set fees, and take disciplinary action for marriage and family therapists, licensed professional counselors, social workers, and psychologists will be transferred from each individual health board to TBHEC.</p> <p>Establishes the Psychology Interjurisdictional Compact to regulate telepsychology and temporary, in person practice of psychology across state boundaries.</p>
HB 2813	Price/Nelson	Establishes the statewide behavioral health coordinating council for a strategic statewide approach to behavioral health services.

Passed	Author(s) and Description	Summary
	Relating to the statewide behavioral health coordinating council.	Directs the council to develop and monitor the implementation of a five-year behavioral health strategic plan, to develop a biennial expenditure report, and publish an inventory of state-funded services and programs.
HB 2536	Oliverson/Hancock  Relating to transparency related to drug costs.	Requires pharmaceutical drug manufacturers, pharmacy benefit managers, and health benefit plans to submit reports on certain costs of pharmaceutical drugs.  Directs HHSC to establish a public website with drug price information.
HB 3980	Hunter/Menendez  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.	Directs HHSC and DSHS to publish a report on the prevalence of suicide in the state and prevention efforts across state systems and agencies, including: <ul style="list-style-type: none"> <li>• Available state and regional data of the prevalence of suicide-related events;</li> <li>• Identification of the highest categories of risk with correlational data;</li> <li>• State statutes, agency rules, and policies related to suicide prevention, intervention, and postvention; and</li> <li>• Agency initiatives since 2000 addressing suicide.</li> </ul> Directs the Statewide Behavioral Health Coordinating Council to establish a stakeholder workgroup to assist in preparing a legislative report consisting of a non-profit, an LMHA representative, a representative of groups with experience in suicide prevention and postvention, persons with lived experience, and other representatives as seen as appropriate.
SB 633	Kolkhorst/Lambert  Relating to an initiative to increase the capacity of local mental health authorities to provide access to mental health services in certain counties.	Directs HHSC to create regional authority groups of local mental health authorities with populations of less than 250,000 in order to increase access to services.  Requires HHSC to develop a mental health services development plan for each local mental health authority group that will increase the capacity of the authorities in the group to provide access to needed services. The plans are required to focus on reducing: the cost of mental health crisis services, transportation costs for those served by the local authorities to mental health facilities, incarceration of individuals with mental illness in county jails, and hospital emergency room visits for individuals with mental illness.

Failed to Pass	Author(s) and Description	Summary
HB 10	Thompson/Kolkhorst	Would have directed the creation of a Texas Mental and Behavioral Health Research Institute to: leverage the expertise and capacity of the health-related institutions of

	Relating to grants and programs for researching and treating behavioral health and psychiatric issues.	higher education, enhance the state's ability to address mental health care needs through collaboration of the health-related institutions of higher education, and create best practices, leadership, and vision for addressing child and adolescent behavioral health needs, and to provide funding for researching behavioral health issues. The institute would be composed of 13 health-related institutions of higher education. The institute would establish a mental health and substance use disorder research program to provide funding to develop and implement a statewide mental health research framework.
HB 1465	Moody/Menendez  Relating to a study on expanding recovery housing in this state.	Would have directed HHSC to conduct an evaluative study on the current landscape, challenges, and opportunities to expand recovery housing across the state.
HB 3519	Allison  Relating to disclosure of confidential patient information by a physician or mental health professional.	Would have expanded a physician and mental health professional's ability to disclose a patient's confidential mental health records without their consent or consultation.

### **Medicaid and the Healthy Texas Women Program**

Medicaid continues to be a primary funding mechanism for mental health services, through both Medicaid state plan services and Medicaid waiver services. Approximately 90 percent of Texas Medicaid services are now delivered through managed care organizations, also known as “health plans.” Consequently, legislation and administrative rules addressing how managed care is operationalized in Texas have significant impact on the delivery of mental health services in our state.

Additionally, the numerous bills filed addressing maternal health and well-being is evidence of the recognition that the health needs of pregnant women and their children have not been fully met in Texas. A number of bills passed during the 86<sup>th</sup> session aimed to strengthen the services available to women and children, including mental health and substance use services. Despite efforts, there were some missed opportunities to address our maternal mortality crisis by providing continuous health care coverage for new moms and addressing Texas’s high rate of uninsured children.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
HB 253	Farrar/Kolkhorst  Relating to a strategic plan to address postpartum depression.	Directs HHSC to develop a five-year strategic plan to improve access to postpartum depression screening, referral, treatment and services. The plan must: <ul style="list-style-type: none"> <li>• Educate physicians and providers who participate in Medicaid about prevalence and risk factors for postpartum depression;</li> <li>• Establish a referral network for community-based mental health providers;</li> <li>• Increase access to peer support services;</li> <li>• Address stigma associated with postpartum depression; and</li> </ul>

Passed	Author(s) and Description	Summary
SB 436	<p>Nelson/Price</p> <p>Relating to statewide initiatives to improve maternal and newborn health for women with opioid use disorder.</p>	<ul style="list-style-type: none"> <li>• Leverage community resources to increase availability of services.</li> </ul> <p>Directs DSHS and the Maternal Mortality and Morbidity Task Force to:</p> <ul style="list-style-type: none"> <li>• With existing resources, promote and facilitate tools and procedures for best practices in maternal health to improve care for women with opioid use disorder</li> <li>• Develop and implement initiatives to: <ul style="list-style-type: none"> <li>○ Improve screening and identification;</li> <li>○ Improve continuity of health care; through providers' referral and verification of treatment;</li> <li>○ Optimize health care for pregnant women;</li> <li>○ Optimize health care with newborns with neonatal abstinence syndrome;</li> <li>○ Increase access to medication-assisted treatment (MAT) during pregnancy and postpartum; and</li> <li>○ Prevent opioid use disorder by decreasing opioid prescriptions before, during, and after pregnancy.</li> </ul> </li> </ul> <p>Prior to statewide implementation, DSHS is permitted to conduct a limited pilot program that would conclude no later than March 1, 2020.</p>
SB 748	<p>Kolkhorst/Davis</p> <p>Relating to maternal and newborn health care, including the newborn screening preservation account</p>	<p>Creates the Newborn Screening Preservation Account for Texas's newborn genetic testing program.</p> <p>Amended to include HB 1111 (Davis/Kolkhorst), establishing multiple initiatives aimed at improved maternal health, including:</p> <ul style="list-style-type: none"> <li>• Creation of a high-risk maternal care coordination pilot program;</li> <li>• Creation of a pregnancy medical home pilot program;</li> <li>• Development of telehealth or telemedicine programs for prenatal and postpartum care in urban, suburban and rural communities;</li> <li>• A report on addressing maternal mortality rates;</li> <li>• Data collection related to maternity care and postpartum depression; and</li> <li>• Directing HHSC and the maternal mortality and morbidity task force to evaluate programs in the state, inclusive of options for expanding pilot pregnancy homes, increasing Medicaid benefits for high-risk pregnancies including specialty care and prescriptions, a waiver for case management and care coordination for women at high risk of maternal mortality upon losing their eligibility for Medicaid, and use of telemedicine.</li> </ul>

Passed	Author(s) and Description	Summary
SB 750	Kolkhorst/Button  Relating to maternal and newborn health care and the quality of services provided to women in this state under certain health care programs.	This bill contains many provisions aimed at improving health care services for women in both the state Medicaid program and the Healthy Texas Women Program, including: <ul style="list-style-type: none"> <li>• Prenatal care and postpartum care;</li> <li>• Both physical health care and behavioral health care services including requiring HHSC to develop statewide initiatives to improve the quality of maternal health care services and outcomes for women in Texas;</li> <li>• A study to assess the feasibility of providing Healthy Texas Women Program services through managed care; and</li> <li>• Directly addresses mental health and substance use services, including provisions for HHSC: <ul style="list-style-type: none"> <li>○ To apply for federal funding to implement a model of care that improves the quality and accessibility of care for pregnant women with opioid use disorder during the prenatal and postpartum periods, and their children after birth; and</li> <li>○ To develop and implement a postpartum depression treatment network for women enrolled in either program in collaboration with Medicaid managed care organizations and Texas Healthy Women Program providers.</li> </ul> </li> </ul>
SB 1177	Kolkhorst/Rose  Relating to offering certain evidence-based services in lieu of other mental health or substance use disorder services by a Medicaid managed care organization.	Permits a managed care organization to offer medically appropriate, cost-effective, evidence-based services approved by the state Medicaid managed care advisory committee and included in the contract <i>in lieu of mental health or substance use disorder services specified in the state Medicaid plan</i> . This legislation does not require a recipient to use an “in lieu of” service in place of a state Medicaid plan service.  HHSC is required to submit a legislative report annually.

Failed to Pass	Author(s) and Description	Summary
HB 342/ SB 637	Cortez/Zaffirini  Relating to eligibility for the medical assistance program and enrollment in the child health plan program	Would have provided certain children with continuous eligibility of Medicaid coverage up to the first anniversary of their eligibility date following their certification period.
HB 744/ SB 147	Rose/Rodriguez  Relating to the Medicaid eligibility of certain women after a pregnancy.	Would have allowed for the continuation of Medicaid health benefits to women for at least 12 months following a delivery or miscarriage.

Failed to Pass	Author(s) and Description	Summary
HB 1613/ SB 1807	Moody/Rodriguez  Relating to the provision of recovery community organization services under Medicaid.	Would have allowed for Medicaid reimbursement for services provided by recovery community organizations.
HB 2618/ SB 2301	Walle/Powell  Relating to the maternal mental health peer support pilot program for perinatal mood and anxiety disorder.	Would have directed HHSC to establish a maternal peer support pilot program to reduce the risk and manage the effects of perinatal mood disorders.
HB 3478/ SB 1140	Davis Watson/Frank  Relating to an independent medical review of certain determinations by the Health and Human Services Commission or a Medicaid managed care organization.	Would have created an independent review of decisions made by HHSC or Medicaid MCOs regarding medical necessity.  HHSC would have been required to contract with three independent arbiters to resolve appeals related to adverse determinations based on medical necessity, denial for a Medicaid program by HHSC, and an adverse change in coverage by HHSC based on a recipient's medical or functional needs.
SB 1105	Kolkhorst /Frank  Relating to administration and operation of Medicaid, including Medicaid managed care	Would have amended prior authorization procedures in Medicaid managed care, required HHSC to standardize certain data and to consider other delivery models for STAR Kids, and required Medicaid managed care organizations' contracts to contain certain provisions.

### Creating a Safe and Supportive Learning Environment

Prioritized by the Governor as an emergency item following the Santa Fe High School shooting, many stakeholders advocated for a number of changes to address school safety. Often, two views on how the legislature should respond became clear: school hardening and increased mental health services. Ultimately, much of the legislation passed addressed school safety through a multi-faceted approach. Additional conversations included school-wide strategies to promote positive school climates, substance use prevention and intervention, trauma-informed practices, suicide prevention and intervention, special populations (such as special education, foster care, homeless students, juvenile justice involved), and school discipline practices.

Passed	Author(s) and Description	Summary
HB 18	Price/Watson– Relating to consideration of the mental health of public school students in training requirements for certain school employees, curriculum requirements,	Comprehensive bill focused on providing students and school employees with resources, training, and education aimed at improving the school climate. Following are brief descriptions of a few of the changes, but this is not a complete summary of the provisions of the bill:

Passed	Author(s) and Description	Summary
	counseling programs, educational programs.	<ul style="list-style-type: none"> <li>• The addition of mental health, trauma, and substance abuse education (inclusive of students with intellectual disabilities) and staff development required for school counselors, teachers, and principals;</li> <li>• The addition of positive behavior interventions and supports and trauma-informed care in districts' improvement plans;</li> <li>• Mental health and substance abuse treatment allowable at school-based health centers; and</li> <li>• The addition of mental health and more expansive substance use information to the health curriculum.</li> </ul>
HB 19	<p>Price/Watson</p> <p>Relating to mental health and substance use resources for certain school districts.</p>	<p>Requires each LMHA to employ a non-physician mental health professional to serve as a regional mental health and substance abuse resource to school districts located within the education service centers (ESC). Duties of the mental health professional include:</p> <ul style="list-style-type: none"> <li>• Supporting school personnel in awareness and understanding of mental health and co-occurring mental health and substance use disorders;</li> <li>• Assisting in implementing initiatives related to mental health or substance use;</li> <li>• Ensuring the awareness of: <ul style="list-style-type: none"> <li>○ Best practice and research-based programs and practices for mental health and substance abuse;</li> <li>○ Other public and private mental health and substance use prevention, treatment and recovery programs available in the school district including evidence-based programs provided by an LMHA and other public or private providers; and</li> <li>○ Other public and private mental health and substance use prevention, treatment and recovery resources available in the school district administered by an LMHA or HHSC to support schools, families and students; and</li> </ul> </li> <li>• Providing optional monthly training on mental health first aid, the effects of grief and trauma for students with disabilities, and substance abuse prevention and intervention programs.</li> </ul>
HB 65	<p>Johnson/West</p> <p>Relating to reporting information regarding public school disciplinary actions.</p>	<p>Requires school districts to include data on out-of-school suspensions in the reports they are mandated to submit to TEA.</p>
HB 906	<p>Thompson/ Powell</p> <p>Relating to the establishment of a</p>	<p>Creates the Collaborative Task Force on Public School Mental Health Services to study and evaluate the impact of state-funded mental health services provided to students, their</p>

Passed	Author(s) and Description	Summary
	collaborative task force to study certain public school mental health services.	<p>family or guardian, or school employees, and training provided to school employees on the:</p> <ul style="list-style-type: none"> <li>• Number of violent incidents that occur at school;</li> <li>• The suicide rate of individuals receiving services;</li> <li>• Number of students and reasons referred to DFPS;</li> <li>• Number of individuals transported to emergency detention; and</li> <li>• Number of students referred to outside counselors.</li> </ul> <p>The Task Force will consist of:</p> <ul style="list-style-type: none"> <li>• TEA commissioner or his/her designee;</li> <li>• Three parents of students receiving mental health services at school;</li> <li>• One individual who provides mental health services or training in schools and who is an LPC, an LCSW or a school counselor;</li> <li>• A psychiatrist;</li> <li>• Two administrators of districts or schools providing on-campus mental health services or training;</li> <li>• A member of a foundation that invests in mental health services;</li> <li>• An employee of an institution of higher education that has history of evaluating mental health services in schools;</li> <li>• A Licensed Specialist in School Psychology (LSSP); and</li> <li>• Any other members the task force considers necessary.</li> </ul> <p>The duties of the Task Force include:</p> <ul style="list-style-type: none"> <li>• Collecting data on: <ul style="list-style-type: none"> <li>○ Number of students enrolled in each school district;</li> <li>○ Number of individuals served by the school district for mental health services;</li> <li>○ Number of individuals the school district is able to serve for mental health services by the resources available;</li> <li>○ Number of individuals served by the school district for mental health services referred to inpatient or outpatient mental health providers;</li> <li>○ Number of individuals transported from school for an emergency detention; and</li> <li>○ The race, ethnicity, gender, special education status, educationally disadvantaged status, and geographic location of individuals: <ul style="list-style-type: none"> <li>▪ Provided with mental health services by school districts funded by the state;</li> </ul> </li> </ul> </li> </ul>

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> <li>▪ Individuals referred to inpatient or outpatient mental health providers; and</li> <li>▪ Individuals transported for an emergency detention;</li> <li>• Studying, evaluating, and making recommendations on mental health services and training funded by the school and their impact on academic achievement, student disciplinary rates, prevention and early intervention, as well as best practices and disparities.</li> </ul>
SB 11	<p>Taylor/Bonnen</p> <p>Related to policies, procedures for school safety and mental health promotion in public schools and the creation of the Texas Child Mental Health Care Consortium</p>	<p>Addresses a multitude of areas related to school safety and mental health. The following are brief descriptions of a few of the changes made; however, this is not a complete summary of the provisions of the extensive bill:</p> <ul style="list-style-type: none"> <li>• Creates facilities standards aimed at ensuring a secure and safe environment;</li> <li>• Adds instruction about mental health conditions, substance abuse, skills to manage emotions, establishing and maintaining positive relationships, responsible decision-making, suicide prevention, and digital citizenship to the health curriculum;</li> <li>• Adds suicide prevention and parental engagement in the school health advisory committee’s recommendation duties;</li> <li>• Removes the small school district exceptions and will require all school resource officers to receive specialized training related to interacting appropriately with students, mental health crisis intervention, and needs of children with disabilities;</li> <li>• Outlines and updates requirements within schools’ multi-hazard emergency operations plan;</li> <li>• Creates Threat Assessment and Safe and Supportive School Program and Teams;</li> <li>• Requires schools to have a trauma-informed policy to integrate trauma-informed practices into schools;</li> <li>• Creates a rubric to identify mental health resources for schools, a regional and statewide inventory of mental health resources for schools, and a statewide plan for student mental health; and</li> <li>• Including a school safety allotment in the amount of \$100 million, allowed to be used for school hardening and mental health services and supports</li> </ul> <p>Amended to include SB 10, creating the Texas Child Mental Health Care Consortium (TCMHCC) and an associated \$99 million funding allocation.</p> <ul style="list-style-type: none"> <li>• Composed of 13 health-related institutions of higher education, HHSC, Texas Higher Education Coordinating Board (THECB), three non-profits designated by the majority, and any other entity that</li> </ul>

Passed	Author(s) and Description	Summary
		<p>the executive committee considers necessary to implement the following initiatives:</p> <ul style="list-style-type: none"> <li>• The Child Psychiatry Access Network (CPAN) – creation of a network of comprehensive child psychiatry access centers located at each of the institutions to provide consultation and training to pediatricians and PCPs in their geographic regions regarding mental and behavioral health needs.</li> <li>• The Texas Child Health Access Through Telemedicine (TCHAT) program - establishes or expands tele-programs for identification, assessment, and providing services for mental health, with a focus on at-risk youth. <ul style="list-style-type: none"> <li>• Each institution can enter into an MOU with a community mental health provider to create a center or tele-program.</li> </ul> </li> <li>• Child Psychiatry Workforce Expansion – funding may be used for two full-time child adolescent psychiatrists to serve as academic medical director at a facility operated by a community mental health provider, and two resident rotation positions.</li> <li>• Child and Adolescent Psychiatry Fellowship – funding may be used for a physician fellowship with specialty on diagnosis and treatment for psychiatric and associated behavioral health issues affecting children and adolescents.</li> </ul> <ul style="list-style-type: none"> <li>• A plan must be developed by TCMHCC outlining implementation of initiatives and expenditures of funds.</li> <li>• By September 15, 2019, THECB will complete interagency contracts to allocate \$1 million in FY 21 and \$500,000 in FY 22 to an institution of higher education for the purpose of implementation plan development, oversight, evaluation, and execution of initiatives. Additional 1 FTE may be funded each fiscal year to oversee the transfer.</li> </ul>

Failed to Pass	Author(s) and Description	Summary
SB 10	<p>Nelson/Zerwas</p> <p>Relating to the creation of the Texas Mental Health Care Consortium.</p>	<p>This bill failed to pass on a point of order, but the provisions of SB 10 were amended onto SB 11 which did pass. See SB 11 above.</p>
HB 1312/ SB 2395	<p>Moody/Menendez</p> <p>Relating to the provision of on-campus mental health services by a school district and reimbursement under Medicaid for certain services provided to eligible students.</p>	<p>Would have allowed school districts to contract with LMHAs to provide mental health services on a campus of the district, enroll as a Medicaid provider, and be reimbursed for providing on-campus mental health services with parent or guardian permission.</p>
HB 1335/ SB 2003	<p>Price/Whitmire</p> <p>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.</p>	<p>Would have created a grant program for schools to create and operate school-based behavioral health centers.</p>
HB 2991	<p>Talarico</p> <p>Relating to the use of disciplinary alternatives to suspension by a school district and the creation of the restorative justice coordinating council.</p>	<p>Would have required each school district and charter school to have a program that provides alternatives to suspensions for all grade levels, adding restorative justice practices as a strategy required to be included for behavior management. Additionally, it would have established the Restorative Justice Coordinating Council to assist TEA and school districts in their development of restorative justice programs and training.</p>
HB 4414/ SB 1563	<p>Allison/Lucio</p> <p>Relating to identification and development of mental health resources for students.</p>	<p>Would have directed TEA, in coordination with other agencies, to develop a rubric for regional education service centers to use in identifying student mental health resources available to schools in each region. Also, would have required TEA to develop a list of statewide resources to address student mental health and the development of a statewide plan to ensure all students have access to adequate mental health resources.</p> <p><i>A number of sections of HB 4414 were amended onto SB 11 (Taylor/Bonnen)</i></p>

### **Mental Health and Substance Use Workforce**

Ensuring a strong mental health and substance use workforce in Texas continues to be a challenge. Several factors contribute to the ongoing crisis including the refusal of many providers to accept Medicaid patients, an aging workforce, inadequate reimbursement rates, and insufficient cultural diversity. While two bills that would have required HHSC to develop and implement a strategic plan to address workforce issues failed to pass on a point of order, HHSC has indicated their intent to move forward with developing such a plan.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
HB 1065	Ashby/Kolkhorst  Relating to the establishment of a rural resident physician grant program.	Creates a rural resident physician grant program to encourage the creation of new graduate medical education positions in rural and non-metropolitan areas. The intent is to place particular emphasis on the creation of rural training tracks.
SB 11	Taylor/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.	See SB 11 in the <b>Creating a Safe and Supportive Learning Environment</b> section above. This bill includes provisions for increasing opportunities for integrated health care for children. It also provides funding for psychiatry residencies.

<b>Failed to Pass</b>	<b>Author(s) and Description</b>	<b>Summary</b>
HB 1669/ SB 429	Lucio/Lucio  Relating to a comprehensive plan for increasing and improving the workforce in this state that serves persons with mental health and substance use issues.	Bills were filed in both the senate and the house directing HHSC to develop and implement a strategic plan to address the mental health/substance use workforce shortage. The House bill died on a point-of-order in the final days of the session.

### **Telemedicine and Telehealth**

Discussion on expansion of telemedicine/telehealth service provision continued during the 86<sup>th</sup> legislative session. Due to the significant mental health and substance use workforce shortages in Texas, expanding availability of services through telemedicine and telehealth is seen as an important component to improving access to supports for those who need mental health and substance use supports. HHSC currently reviews eligibility of services through telehealth on a service-by-service basis which is resource draining and often requires a year or more for final approval and implementation. The hope is that actions taken during the session will streamline the process and create more efficient channels for individuals to access mental health and substance use services through technology.

<b>Passed</b>	<b>Author(s) and Description</b>	<b>Summary</b>
HB 1960	Price/Perry	Creates a Governor’s Broadband Council to research the progress of broadband development in unserved areas, identify barriers to residential and commercial broadband deployment in unserved areas, study technology-neutral

Passed	Author(s) and Description	Summary
	Relating to the creation of the Governor’s Broadband Development Council.	solutions to overcome those barriers and analyze the benefits of statewide broadband access.
HB 3345	<p>Price/Hughes</p> <p>Relating to health benefit coverage provided by certain health benefit plans for telemedicine medical services and telehealth services.</p>	<p>Directs that a health benefit plan (as defined in Insurance Code):</p> <ul style="list-style-type: none"> <li>• Must provide coverage for a covered health care service or procedure delivered by a preferred or contracted health professional to a covered patient as a telemedicine medical service or telehealth service on the same basis and to the same extent that the plan provides coverage for the service or procedure in an in-person setting;</li> <li>• Not charge a separate deductible that applies only to a covered health care service or procedure delivered as a telemedicine medical service or telehealth service; and</li> <li>• Not impose an annual or lifetime maximum on coverage for covered health care services or procedures delivered as telemedicine medical services or telehealth services other than the annual or lifetime maximum, if any, that applies in the aggregate to all items and services and procedures covered under the plan.</li> </ul>
HB 4455	<p>Miller/Campbell</p> <p>Relating to the provision of mental health services through a telemedicine medical service or telehealth service.</p>	Subject to existing law, allows a health professional to provide a mental health service to a patient out of state through the use of telemedicine or telehealth within their scope of practice.
SB 670	<p>Buckingham/Price</p> <p>Relating to telemedicine and telehealth services.</p>	<p>Requires HHSC to encourage health care providers and health care facilities to provide telemedicine medical services and telehealth services.</p> <p>Requires HHSC to implement a number of changes to ensure that Medicaid managed care organizations reimburse for telemedicine and telehealth services at the same rate as in-person medical services.</p> <p>On the House floor, Rep. Matt Schaefer (R- Tyler) amended the bill to clarify that “direct primary care” models include use of telemedicine and telehealth.</p>

**Substance Use and the Opioid Crisis**

Leading into session, the Texas Legislature was given a number of recommendations as a result of the House Select Committee on Opioids and Substance Use. However, following national trends, Texas focused on multiple bills that attempted to address only opioids, and without consideration of harm reduction initiatives. While opioid addiction is seen as the national priority, other drugs and alcohol have much higher abuse rates in Texas. The fact that much of the legislation included only opioids and focused on prescribing concerns left many advocates disappointed. Much work is still left to be done to improve the health, safety, and well-being of all individuals regardless of what substance is being used.

Passed	Author(s) and Description	Summary
HB 2174	Zerwas/Kolkhorst  Relating to controlled substance prescriptions and reimbursement for treatment for certain substance use disorders; authorizing a fee.	Sets limitations on opioid prescriptions for acute pain to a 10-day supply, requires submission of an opioid prescription to be electronic, with exceptions, and increases continuing education related to approved procedures of prescribing and monitoring controlled substances.
HB 2454	Price/Hughes  Relating to continuing education requirements for certain health professionals regarding pain management and the prescribing of opioids.	The bill specifies the hours of continuing education required for licensed physicians, advanced nurse practice registered nurses, physician’s assistants, and dentists relating to pain management and prescribing opioids in each of the first two renewal periods following issuance of an initial permit, and beyond. The continuing education regarding safe and effective pain management must include reasonable standards of care, the identification of drug-seeking behavior in patients, and effective communication with patients regarding the prescription of an opioid or other controlled substance.
HB 3284	Sheffield/Nelson  Relating to the prescribing and dispensing of a controlled substance under the Texas Controlled Substances Act; authorizing a fee; providing for administrative penalties; creating criminal offenses.	Requires prescribing of controlled substances to be done by an electronic prescription record rather than written, oral or telephonically communicated, with certain exceptions.  Creates rules for practitioners to obtain a waiver from e-prescribing requirement. Expands access to a patient’s controlled substance prescription history from the Texas State Board of Pharmacy (“the Board”) to: <ul style="list-style-type: none"> <li>• The patient;</li> <li>• A minor patient's parent or legal guardian, or</li> <li>• An incapacitated patient's legal guardian (as defined by Section 1002.017(2), Estates Code), if a completed patient data request form and any supporting documentation is submitted to the Board;</li> <li>• Podiatrists;</li> <li>• When the Board is served a warrant, subpoena or other court order; and</li> <li>• A health care facility certified by CMS.</li> </ul> Develops an advisory committee to make recommendations on the access and disclosure of prescription information.

Passed	Author(s) and Description	Summary
		Creates a criminal penalty if prescriber or recipient of information discloses information improperly.
HB 3285	<p>Sheffield/Huffman</p> <p>Relating to programs and initiatives to prevent and respond to opioid addiction, misuse, abuse, and overdose and identify and treat co-occurring substance use disorders and mental illness.</p>	<p>Comprehensive bill focused on addressing substance abuse and the opioid epidemic. The following are brief descriptions of a few of the changes; however, this is not a complete summary of the provisions of the bill:</p> <ul style="list-style-type: none"> <li>• Advises the Texas Higher Education Coordinating Board to encourage health-related institutions to individually or collaboratively conduct research focused on substance use disorder (SUD) and prescription medication addictions;</li> <li>• Establishes a SUD telehealth program;</li> <li>• Creates an opioid antagonist grant program for law enforcement agencies;</li> <li>• Requires Statewide Behavioral Health Strategic Plan to include strategies for SUD issues;</li> <li>• Requires an opioid misuse public awareness campaign;</li> <li>• Requires one hour of Continuing Medical Education for prescribers and dispensers;</li> <li>• Includes data collection and analysis for opioid overdose deaths and co-occurrence of SUD and mental illness (MI), and the current treatment capacity for people with co-occurring SUD and MI;</li> <li>• Requires Medicaid reimbursement for medication-assisted treatment (MAT) without prior authorization or pre-certification, with the exception of methadone;</li> <li>• Advises pharmacists to participate in a program that provides a comprehensive approach, inclusive of early intervention and identification; and</li> <li>• Requires any mandated training for residential advisors and student organization officers at higher education institutions to include overdose awareness and appropriate response training education.</li> </ul>
SB 195	<p>Perry/ Parker</p> <p>Relating to collecting and reporting by the Department of Family and Protective Services and the Health and Human Services Commission of certain information relating to certain alcohol and controlled substance use and treatment.</p>	Requires DFPS to publicly report state-level data related to parental substance use, prenatal substance exposure, and postnatal treatment.
SB 306	Watson/Israel	Allows law enforcement to release an individual who is publicly intoxicated, voluntarily and with verbal consent, to a

Passed	Author(s) and Description	Summary
	<p>Relating to the release by a peace officer of certain individuals suspected of the offense of public intoxication.</p>	<p>facility that allows the individual to become sober under supervision as an alternative to incarceration.</p>
SB 340	<p>Huffman/King</p> <p>Relating to the creation of a grant program to assist law enforcement agencies with the purchase of opioid antagonists.</p>	<p>Establishes a grant program through the Governor’s Criminal Justice Division to provide opioid antagonists to law enforcement agencies for its peace officers, evidence technicians, and personnel who may come in contact with opioid-related overdoses. When applying for a grant, the law enforcement agency must:</p> <ul style="list-style-type: none"> <li>• Adopt a policy for administering an opioid antagonist; and</li> <li>• Provide data related to frequency and nature of interactions between peace officers and individuals experiencing an overdose, calls for assistance to an overdose, and any exposure between personnel and opioids and subsequent reactions.</li> </ul>
SB 435	<p>Nelson/Price</p> <p>Relating to recommendations by local school health advisory councils regarding opioid addiction and abuse education in public schools.</p>	<p>Requires school health advisory committees to include education on opioid abuse and administration of an opioid antagonist within its recommendations for school district’s health curriculum.</p>
SB 1564	<p>West/Klick</p> <p>Relating to access to certain medication-assisted treatment</p>	<p>Requires Medicaid reimbursement for medication-assisted treatment (MAT) without prior authorization or pre-certification, with the exception of methadone.</p> <p>Aligns Texas Medicaid policy with federal law by using the federal definition of "qualifying practitioner," which includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives.</p> <ul style="list-style-type: none"> <li>• Allows these practitioners to prescribe buprenorphine when they obtain a federal waiver to prescribe buprenorphine.</li> <li>• Directs HHSC to amend policies and manuals that would allow for Medicaid reimbursement to these qualifying practitioners who prescribe buprenorphine.</li> <li>• Per the Texas Legislative Council, this portion of the bill is "nonamendatory." When passed, this section will become law, but will not be added to a code, hence the text is not underlined.</li> </ul>

Failed to Pass	Author(s) and Description	Summary
HB 75	<p>Minjarez/Meza</p> <p>Relating to an exception to the application of the offense of possessing or delivering drug paraphernalia for persons involved in certain pilot programs.</p>	<p>Would have exempted individuals working, volunteering or operating pilot programs aimed at preventing the spread of certain infectious and communicable diseases from the offense of possessing or delivering drug paraphernalia.</p>
HB 2707	<p>Price</p> <p>Relating to the expansion of the community mental health grant program to include services to, and treatment of, individuals with substance use disorders.</p>	<p>Would have expanded the acceptable use of funds for the matching community grant program created by HB 13 during the 85<sup>th</sup> legislature to programs, services, and treatment for individuals living with a substance use disorder.</p>
HB 3658/ SB 945	<p>Turner/Watson</p> <p>Relating to drug or alcohol overdose awareness and response training for residential advisors and officers of student organizations at public or private institutions of higher education.</p>	<p>Would have required any mandated training for residential advisors and student organization officers at higher education institutions to include overdose awareness and appropriate response training education.</p> <p><i>HB 3658/SB 945 in its entirety was amended onto HB 3285 (Sheffield)</i></p>
SB 305/ HB 2432	<p>Watson/Raney</p> <p>Relating to a defense to prosecution for certain offenses involving possession of small amounts of controlled substances and other prohibited drugs, substances, or paraphernalia for defendants seeking assistance for a suspected overdose.</p>	<p>Would have created a possible defense to prosecution for certain offenses involving possession of small amounts of controlled substances or paraphernalia if an individual called 911 for an overdose and:</p> <ul style="list-style-type: none"> <li>• The individual experiencing an overdose called emergency personnel for themselves;</li> <li>• The caller was the first to request emergency medical assistance; and</li> <li>• The individual remained on the scene until medical personnel arrived and cooperated with medical and law enforcement personnel.</li> </ul>
SB 2205	<p>Rodriguez</p> <p>Relating to programs established to eliminate injection-associated infectious diseases; providing certain civil and criminal immunity.</p>	<p>Would have allowed for the establishment and operation of comprehensive programs aimed at eliminating infectious diseases associated with the use of intravenous drug use.</p>

### Children’s Mental Health and Child Welfare

In February 2018, Congress passed the Family First Prevention Services Act (FFPSA), legislation bringing significant changes to the way some child welfare services can be reimbursed by the federal government. HB 2926 and SB 951, both of which failed to pass, would have created a task force to assess the readiness of Texas to implement the FFPSA.

Passed	Author(s) and Description	Summary
HB 53	Minjarez/Powell  Relating to the transitional living services program for certain youth in foster care.	Expands the life-skills training and lessons required in the transitional living services program offered to youth in foster care to include more expansive education on financial literacy, insurance, civic engagement, and requires assisting youth in obtaining aforementioned life-skills training and lessons, as well as mental health services.
HB 72	White/Paxton  Relating to the provision of Medicaid benefits to certain children formerly in the conservatorship of the Department of Family and Protective Services	Directs HHSC and DFPS to develop and implement a program that allows the adoptive parent or permanent managing conservator of a former foster child to receive or continue receiving Medicaid benefits under the STAR Health program or the STAR Kids managed care program.
HB 811	White/West  Relating to determining appropriate disciplinary action to be taken against a public school student who is in foster care or who is homeless.	Requires public schools to consider whether a child is experiencing homelessness or in foster care when taking disciplinary action.
HB 1709	Gonzalez/Menendez  Relating to the appointment of a surrogate parent for certain children in the conservatorship of the Department of Family and Protective Services.	Requires school districts to notify DFPS if a surrogate parent has been appointed to a child with disabilities who is in the conservatorship of the state. Clarifies that if the school district determines that a court-appointed surrogate parent is not properly performing their required duties, the district shall consult with DFPS. If DFPS agrees with the school district that the court-appointed surrogate parent is unable or unwilling to act in the surrogate parent capacity, DFPS must request that the court review the appointment of the individual.
HB 1780	Miller/Kolkhorst  Relating to the mandatory dismissal date of certain suits affecting the parent-child relationship involving the Department of Family and Protective Services.	In a case when considering whether to find that extraordinary circumstances require a child to remain in the temporary conservatorship of the department for a case in which the court orders a parent to complete a substance abuse treatment program, the court is directed to consider whether the parent made a good faith effort to successfully complete the program.
SB 355	West/Klick  Relating to developing a strategic plan regarding	Directs the Department of Family and Protective Services to develop a strategic state plan to implement community-based care and foster care prevention services. The plan must identify a network of service providers to provide

Passed	Author(s) and Description	Summary
	implementation of prevention and early intervention services and community-based care and conducting a study regarding the resources provided to foster parents.	<p>mental health, substance use, and in-home parenting support for:</p> <ul style="list-style-type: none"> <li>• Children at risk of entering foster care;</li> <li>• The parents and caregivers of children at risk of entering foster care; and</li> <li>• Pregnant or parenting youth in foster care.</li> </ul> <p>The plan must also identify methods for the statewide implementation of foster care prevention services, and identify resources necessary for the department to implement community-based care and to coordinate that implementation with the implementation of foster care prevention services.</p>
SB 781	Kolkhorst/Leman  Relating to the regulation of child-care facilities.	<p>Establishes regulations for child safety, runaway prevention, quality contracting, and strategic and operational planning for general residential operations by:</p> <ul style="list-style-type: none"> <li>• Directing DFPS to develop a strategy for trauma-informed protocols aimed at reducing runaway incidents from residential treatment centers;</li> <li>• Creating a quality contracting framework to maintain and improve the quality of residential child-care services purchased by the department;</li> <li>• Directing DFPS to develop a strategic plan for foster care placement facilities eligible for funding under the Family First Prevention Services Act; and</li> <li>• Changing regulatory requirements and licensing procedures for general residential operations.</li> </ul>

Failed to Pass	Author(s) and Description	Summary
HB 501/ SB 314	Thompson /Zaffirini  Relating to the requirement and study of insurance coverage for serious emotional disturbance of a child.	Would have extended parity protections to children by requiring group health benefit plans to cover serious emotional disturbance equally to serious mental illness for adults.
HB 517/ SB 1251	Israel/Menendez  Relating to unprofessional conduct by mental health providers who attempt to change the sexual orientation of a child; providing penalties.	Would have defined unprofessional conduct by a mental health professional to include attempts to change a child's sexual orientation, gender identity, and attractions or feelings towards the same sex.
HB 1536/ SB 2419	Miller/Fallon  Relating to trauma-informed care for children in the conservatorship of the Dept.	Would have required DFPS to implement and expand trauma-informed care across the child welfare system, including staff and caregiver training requirements.

Failed to Pass	Author(s) and Description	Summary
	of Family and Protective Services, trauma-informed care training for certain department employees, and the establishment of the Trauma-Informed Care Task Force.	Would have established a task force consisting of nine DFPS-appointed members that work in the trauma-informed care field, a House Member appointed by the Speaker, and a Senator appointed by the Lieutenant Governor, to improve trauma-informed practices and policies throughout DFPS.
HB 2926/ SB 951	Hinojosa/ Watson  Relating to the establishment of the Family First Prevention Services Task Force.	Would have created the family first prevention services task force in order to assess the readiness of Texas to implement the FFPSA and make recommendations to support the state in its transition and reformations.

### Criminal Justice

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

Passed	Author(s) and Description	Summary
HB 374	Allen/Miles  Relating to meetings or visits between a defendant on community supervision and a supervision officer.	Directs the Texas Department of Criminal Justice (TDCJ) to adopt a policy related to the scheduling of meetings or visits with individuals on community supervision to take into consideration work, treatment, or community service.  Allows for individuals to report to a supervising officer via videoconference.
HB 601	Price/Zaffirini  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.	Requires sheriffs or jailers to notify magistrate and order an interview performed by a mental health or IDD professional no later than 12 hours after the arrest if the individual is suspected to have a mental illness or IDD. The interview results are required to be shared in a report when information is shared with the magistrate, defense attorney, prosecutor, and the court. If a defendant is transferred to the Texas Department of Criminal Justice, their mental health records are required to be transferred to the department along with their other records and information.
HB 650	White/Whitmire  Relating to inmates of the Texas Department of Criminal Justice.	Related to pregnant inmates, this bill directs TDCJ to develop and provide: <ul style="list-style-type: none"> <li>• Correctional officer training;</li> <li>• A study on visitation policies and a related report;</li> <li>• Educational programming for pregnant inmates;</li> <li>• A policy related to limitations on certain searches and prohibited invasive searches;</li> <li>• Postpartum recovery requirements;</li> <li>• Procedures for trauma history screening; and</li> <li>• Appropriate housing requirements.</li> </ul>

Passed	Author(s) and Description	Summary
HB 3227	<p>Howard/Huffman</p> <p>Relating to the availability of and access to certain programs and services for persons in the custody of the Texas Department of Criminal Justice.</p>	<p>Directs TDCJ to adopt a policy related to increasing the availability of peer support services to individuals in TDCJ's custody. The policy must include allowing individuals with justice involvement to serve as peers and created in collaboration with community-based organizations providing peer support training and with individuals with lived experience.</p> <p>Directs TDCJ to develop and implement policies related to increase and promote female inmates' access to programs including education, substance use treatment, life skills, rehabilitation, and pre-release programs, without reducing or limiting male inmates' access.</p>
SB 362	<p>Huffman/Price</p> <p>Relating to court-ordered mental health services.</p>	<p>Establishes provisions and procedures related to court-ordered mental health services including:</p> <ul style="list-style-type: none"> <li>• Clarification of a judge's authority to order services if there is a finding of a need for services and the individual is unable to participate voluntarily;</li> <li>• Requires testimony to be taken before a court orders extended outpatient or inpatient treatment;</li> <li>• Requires courts to consult with a LMHA prior to issuing a decision when a recommendation has been made to transfer a patient from inpatient services to outpatient; and</li> <li>• Requires the LMHA to participate in discharge planning for patients scheduled to leave publicly funded inpatient services.</li> </ul>
SB 562	<p>Zaffirini/Price</p> <p>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 a successful completion of a mental health court program.</p>	<p>Revises the process of competency restoration with the intent of reducing the time individuals found incompetent to stand trial due to mental illness are in jail before receiving services.</p> <p>Amended to include language from SB 803 (Rodriguez)/HB 1701 (Ortega) and the recommendations from the Judicial Commission on Mental Health, relating to a written assessment regarding a defendant suspected of having a mental illness or an intellectual disability.</p> <p>Amended to include language from HB 1320 (Moody) requiring:</p> <ul style="list-style-type: none"> <li>• The expunction of records for certain individuals who completed a mental health court program, and waives fees for certain petitioners seeking records expunction;</li> <li>• The option for two or more counties to establish a regional mental health court program; and</li> <li>• Counties with a population of more than 200,000 to establish and operate a mental health court program which:</li> </ul>

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> <li>○ Must first receive verification of compliance with the requirement of notifying the criminal justice division of the governor's office;</li> <li>○ Must seek federal or state funds and may only operate when funds are secured; and</li> <li>○ A county required to operate a mental health court program that does not do so is ineligible for any state or agency grant funding.</li> </ul>

Failed to Pass	Author(s) and Description	Summary
HB 1753	Allen  Relating to the early release from supervision of certain persons released on parole or to mandatory supervision.	Would have allowed an individual who meets criteria to be eligible for early release from parole supervision after 10 years or the lesser of one-half of their time remaining.
HB 1936	Rose  Relating to the applicability of the death penalty to a capital offense committed by a person with severe mental illness.	Would have prohibited an individual who was a person with severe mental illness at the time of a capital offense, to be sentenced to death.
HB 3206	Gonzalez  Relating to the prosecution and punishment of the offense of prostitution and to a court cost imposed on conviction of certain trafficking of persons and prostitution offenses.	<p>Would have prohibited a child from being prosecuted for prostitution as a juvenile or as an adult if offense was committed when younger than 18.</p> <p>Would have established the commercial sexual exploitation victim fund created from court fees collected from persons convicted of or placed on community supervision for human trafficking and paying for prostitution-related offenses. Funds would have been available to be used for services and programming for sexual exploitation victims including diversion, housing, counseling, substance abuse recovery services, mental health services, and prostitution prevention programs.</p> <p><i>While HB 3206 did not pass, a budget rider appropriating \$1.75 million GR-Dedicated each fiscal year in Article I – Trusted Programs within the Office of the Governor will go towards a grant program for counties to implement prostitution prevention and pre-arrest diversion programs.</i></p>

### Juvenile Justice

Addressing initial contact with the juvenile justice system as a punitive response to behavior at school, children’s reaction to trauma, or struggles with mental health and substance abuse continued to be central themes for the prevention of inappropriately incarcerating children. The intersection of juvenile justice involved students and school was a prominent focus, including school discipline and how to best support students involved within the system.

Passed	Author(s) and Description	Summary
HB 692	White/Watson  Relating to the suspension of a student who is homeless from public school.	Prohibits public and charter schools from placing a student who is homeless in out-of-school suspension with exceptions for violence, weapons, and substance use.  Allows for a campus behavior coordinator and the school district’s homeless liaison to identify an appropriate alternative.
HB 1760	White/Allen  Relating to the confidentiality, sharing, sealing, and destruction of juvenile records and certain records of at-risk youth.	Expands allowance of Texas Juvenile Justice Department (TJJD) facility records disclosure to: <ul style="list-style-type: none"> <li>• The individual or entity referral for treatment or services and assisting in transition from release or discharge from a juvenile facility to the community;</li> <li>• A prosecuting attorney;</li> <li>• Parent or guardian with whom child will reside; and</li> <li>• Government agency or court for administrative or legal proceeding with identifiable information redacted.</li> </ul> Prohibits individual or entity receiving confidential information from re-disclosing information.
HB 1771	Thierry/Huffman  Relating to a prohibition on prosecuting or referring to juvenile court certain persons for certain conduct constituting the offense of prostitution and to the provision of services to those persons.	Prohibits prosecution of individuals younger than 17 for certain prostitution offenses, nor be considered delinquent conduct, placed on community supervision, be arrested, or referred to juvenile courts.  Directs law enforcement to use best efforts to take child to parent or guardian, or if unable, contact a local service provider in consultation with the child sex trafficking prevention unit and the governor’s program for victims of child sex trafficking, to facilitate assignment of a caseworker in order to receive services and shelter.  <b><i>Vetoed by the governor on June 15, 2019</i></b>
HB 2184	Allen/Huffman  Relating to a public-school student’s transition from an alternative education program to a regular classroom.	During a student’s transition from an alternative education program, including a Disciplinary Alternative Education Plan (DAEP), Juvenile Justice Alternative Education Program (JJAEP), or other residential program or facility operated by TJJD or other governmental entity, to a transitional classroom: <ul style="list-style-type: none"> <li>• The alternative education program must provide a written notice of the student’s release date to the student’s parent or guardian and the administrator of the campus the student is transferring to;</li> </ul>

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> <li>• The campus administrator must be provided results of an academic and any other assessment administered;</li> <li>• Requires input from school counselors, school district peace officers, school resource officers, licensed clinical social workers, campus behavior coordinators, and teachers involved in implementing the student’s transition plan;</li> <li>• A personalized transition plan is required to include recommendations for the best educational placement and may include: <ul style="list-style-type: none"> <li>○ Recommendations for counseling, behavior management or academic assistance</li> <li>○ Recommendations on accessing mental health services</li> <li>○ Provision of information and request process for special education services evaluation</li> <li>○ A regular review of the student’s progress; and</li> </ul> </li> <li>• The campus administrator or their designee and student’s parent or guardian meet to coordinate transition if practical.</li> </ul>
HB 2737	<p>Wu/Johnson</p> <p>Relating to judicial guidance related to child protective services cases and juvenile cases.</p>	<p>Directs the Texas Supreme Court, in coordination with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families, to annually provide guidance to judges who preside over:</p> <ul style="list-style-type: none"> <li>• child protection cases including placement, changes in placement and termination of parental rights.</li> <li>• juvenile justice cases including placement for children with mental health concerns, releases, certification of standing trial as adults, commitment to TJJD, and child’s appearance before court including use of restraints and clothing worn during the proceeding.</li> </ul>
SB 1707	<p>Lucio/Allen</p> <p>Relating to the duties of school district peace officers, school resource officers, and security personnel.</p>	<p>Prohibits school district peace officers, school resource officers, or security personnel from being assigned duty of routine student discipline or contact with students unrelated to their assigned duties.</p>
SB 2432	<p>Taylor/Sanford</p> <p>Relating to the removal of a public school student from the classroom following certain conduct.</p>	<p>Adds harassment of a school employee as an automatic removal from the classroom to a disciplinary alternative education program. The definition of harassment used in this legislation is aligned with the Texas Penal Code, which states that harassment is committed when “with intent to harass, annoy, alarm, abuse, torment, or embarrass another, the person:</p> <ul style="list-style-type: none"> <li>• Makes a comment, request, suggestion, or proposal that is obscene;</li> </ul>

Passed	Author(s) and Description	Summary
		<ul style="list-style-type: none"> <li>Threatens the person or to commit a felony against the person, a member of their family, or their property;</li> <li>Knowingly falsely reports that another person has suffered death or injury; or</li> <li>Sends repeated electronic communications likely to harass, annoy, alarm, abuse, torment, embarrass, or offend."</li> </ul>

Failed to Pass	Author(s) and Description	Summary
HB 344	Dutton  Relating to the age of criminal responsibility and to certain substantive and procedural matters related to that age.	Would have amended the age of criminal responsibility under the jurisdiction of a juvenile court from 17 to 18 years of age.
HB 4107	Wu  Relating to establishing a restorative justice program for certain student conduct constituting a criminal offense that occurs on school property, on school transportation, or at school-sponsored or school-related activities.	Would have required school districts and charter schools to develop and implement a restorative justice program for students 10-17 years of age who commit certain crimes on school property or school activities as an alternative to immediate referral to a juvenile or criminal court for conduct.
SB 488	Watson  Relating to required training regarding childhood trauma for judges who hear cases involving certain children and requirements for a juvenile's appearance in a judicial proceeding.	<p>Would have created policies and procedures for a trauma-informed juvenile justice system including:</p> <ul style="list-style-type: none"> <li>Limited use of restraints on children before the court;</li> <li>Requiring children to wear clothes other than those provided by the correction facility for judicial proceeding; and</li> <li>Inclusion of childhood trauma and adverse childhood experiences training for judicial training in the Texas Supreme Court and the Texas Court of Criminal Appeal.</li> </ul> <p><i>Language from SB 488 was amended onto HB 2737 (Wu/Johnson)</i></p>

## Veterans

While veterans have the option to seek services through the Veterans Administration (VA), long wait lists and significant travel distances can create barriers for veterans across the state particularly in rural areas. To support our military men and women, Texas continued funding veteran mental health programs and took steps toward also supporting military families through mental health education.

Passed	Author(s) and Description	Summary
HB 4429	Blanco/Menendez  Relating to mental health first aid training for veterans and immediate family members of veterans.	Includes the local delivery of mental health first aid to veterans and their immediate family members in the Mental Health Program for Veterans.
SB 822	Nelson/Flynn  Relating to the administration of a grant program to support community mental health programs for veterans and their families.	Shifts the administration responsibilities of the Texas Veterans + Family Alliance (TV+FA) grant program from a nonprofit or private entity to HHSC, aligning with similar community mental health grant programs.  Creates a matching requirement of 50 percent non-state funds for counties with a population of less than 250,000 and 100 percent for counties with a population more than 250,000.

Failed to Pass	Author(s) and Description	Summary
HB 2307	Rosenthal  Relating to requiring entities that provide mental health services to veterans to provide military cultural competency training to personnel to accept a grant from a state agency.	Would have required military cultural competency training for personnel by grant recipients providing mental health services to veterans in order to receive funding.
HB 4513	Hunter  Relating to employing and training mental health professionals for the mental health program for veterans.	Would have required the Texas Veterans Commission to employ and train mental health professionals to assist DSHS to administer the mental health program for veterans.