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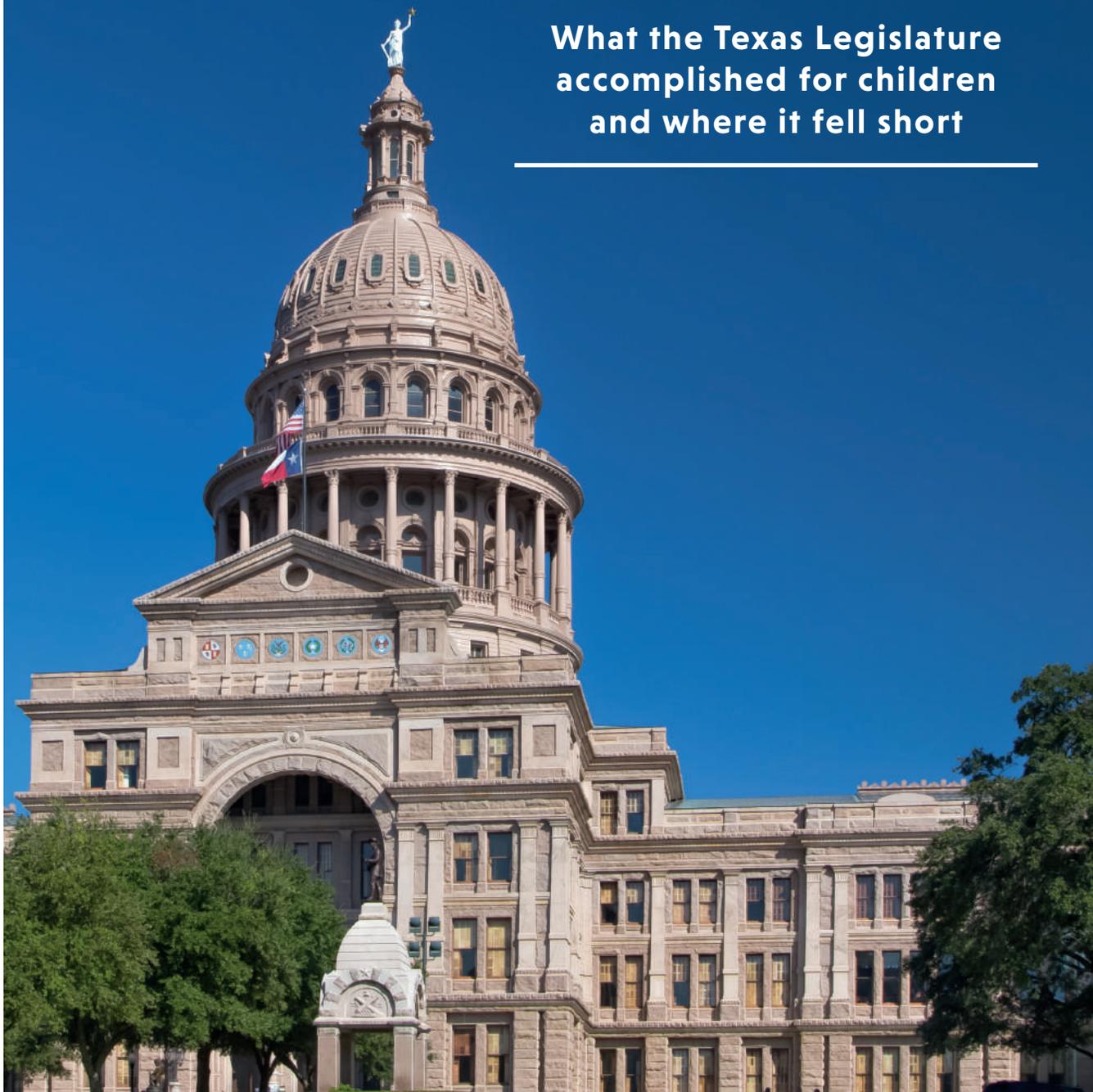


# TEXAS CHILDREN AND THE 2017 LEGISLATIVE SESSION

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What the Texas Legislature  
accomplished for children  
and where it fell short

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# INTRODUCTION

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When the legislative session began in January, there were high expectations for what the Legislature would accomplish for Texas kids.

Some issues were on the Legislature's agenda after public attention zeroed in on the consequences of state leaders' neglect and past policy decisions. Those issues included strengthening Child Protective Services (CPS) to keep kids safe, lifting the cap on special education enrollment, addressing the state's maternal mortality crisis, and reversing the state Medicaid cuts to therapies for kids with disabilities.

Other issues had picked up momentum before the session as state leaders and advocates declared them priorities and then put their shoulders into the job. Those included mental health, pre-k, and "raise the age" juvenile justice reform.

## **Looking back on the session, there were some important victories for children.**

On the CPS front, the Legislature deserves a lot of credit for providing a significant funding boost and passing important reforms. Additional funding to hire CPS caseworkers and raise their pay is already decreasing turnover and ensuring more children are checked on in a timely fashion. The state's increased investment in foster care reimbursement rates will ensure more homes and appropriate services are available. SB 11 took helpful steps by expanding community-based foster care in a measured way, improving oversight over foster homes, and more. Other bills strengthened prevention services, boosted

support for kinship providers who take in young relatives, and improved other facets of the foster care system. Unfortunately, the Legislature also passed bills that put the interests of private foster care agencies over the interests of children in foster care.

It's important to note that there will be more work to do on CPS, especially once the federal court issues its final order after years of reviewing evidence in the lawsuit against the state's foster care system. We still have a long way to go to ensure that more children are safe with their families and the children who enter the foster care system have safe and stable homes where they can thrive.

Beyond CPS, you may have seen some of the headlines about the Legislature passing other important bills to improve access to postpartum depression screenings; end discretionary suspensions for students in pre-k through second grade; lift the special education enrollment cap; and ensure parity between mental health and physical health insurance benefits.

The Legislature also passed numerous bills that will probably never be in the headlines but will make a real difference in kids' lives. Examples include bills to strengthen Community Resource Coordination Group (CRCG) services for children with complex mental health challenges; improve adolescents' access to mental health screenings; improve coordination when CPS and the juvenile justice system are working with the same youth; ensure fewer young people are held back by juvenile records; encourage trauma-informed practices in schools; and allow teachers to focus their training on the unique needs of students in the early grades.



In many cases, legislators raised important issues and laid the groundwork for future progress.

They passed a bill to divert some 10- and 11-year-olds from the juvenile justice system, an important acknowledgment that community interventions are more effective for young children than the juvenile justice system. While legislators failed to pass a bill to improve nutrition standards in child care, the bill made it to the House floor and started an important discussion about how strategies to address the state's obesity crisis must begin in early childhood by helping young children develop healthy habits.

State leaders should also plan to follow up on the initial steps this Legislature took to study the state's maternal mortality crisis and develop new policy recommendations to improve maternal health. After the session ended, we were pleased to see that Governor Abbott directed the Legislature in the upcoming special session to extend the state's maternal mortality task force, though we were disappointed that he vetoed legislation to continue the Women's Health Advisory Committee beyond this year.

### **Despite these gains, we unfortunately have to conclude that the Legislature fell far short of Texans' expectations.**

That sentiment extends beyond the scope of the children's issues on which we're focused. Organizations that focus on school finance, immigrant families, LGBTQ rights, and other issues have expressed disappointment and outrage with the way the Legislature's decisions this session will affect Texas children.

One of the greatest disappointments among our policy priorities was that the Legislature largely failed to reverse the therapy cuts for children with disabilities. For two years, parents of kids

with speech delays, autism, and other disabilities pleaded with the Legislature to reverse the 2015 cut that has led to reduced access to needed therapies. Already, four non-profit community programs have dropped out of the state's Early Childhood Intervention (ECI) program for babies and toddlers with disabilities. The House pushed to undo most of the cuts, but ultimately accepted the Senate's insistence on providing only a 25 percent restoration of funding.

The Legislature also cut appropriations for pre-k, eliminating the funding for the high-quality grant program established in 2015. That year, the \$118 million appropriated for the pre-k grant program was hailed as a big win for Texas kids. Instead of building on this smart investment, legislators passed a budget rider simply directing all school districts to comply with the grant program's quality standards using existing resources.

Another priority this session was passing "raise the age" legislation to make the juvenile justice system, rather than the adult system, the default for 17-year-olds who get in trouble. After passing the House on a late-session amendment in 2015, we were pleased to see the House pass the bill early this session with passionate, vocal support from legislators across the political spectrum. After the strong showing in the House, it was disappointing that the Senate did not even hold a hearing on the bill.

While the Legislature made progress on mental health, we were disappointed that the House's omnibus student mental health bill narrowly fell short of the legislative deadline for a House vote.

We were also concerned to see a few harmful bills pass. One will steer more young foster children to group "cottage homes" rather than foster families, while another gives priority to the religious views of faith-based foster care providers over the needs of children.

One of the reasons the Legislature failed to accomplish more for children was because of its approach to the budget. This was considered a "tight budget" session, in large part because of recent state tax cuts and other fiscally-constraining decisions made by the Legislature. Yet legislators left a staggering \$11 billion unspent in the Rainy Day Fund, using just \$1 billion from the Fund while shortchanging many priorities for kids. It's also worth noting that the Legislature would have created a full-blown budget catastrophe for future legislatures (and children) if they passed the legislation to phase out the state's business tax without replacing the revenue it provides for education and health care. Fortunately, that bill did not pass.

### **Looking back on the session, we also need to acknowledge all the hard work that went into it.**

We're proud of everything that our staff was able to accomplish, from crafting bills, pushing them through, and quietly improving legislation to shaping the discussions on key children's issues in committee hearings, floor debates, and media coverage. We are so grateful for the dedicated work of our partner organizations, parents, community leaders, and others who worked collaboratively and led other critical policy efforts that we happily supported.

Of course, none of the successes for Texas kids would have been possible without the lawmakers and Capitol staffers who worked so hard to make them happen. We appreciate their drive and desire to improve the lives of children and look forward to working with them throughout the interim to continue our progress. ■

# REVIEW OF CHILDREN'S MENTAL HEALTH POLICY AND THE 2017 LEGISLATIVE SESSION

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State leaders, particularly in the House, declared mental health a priority for this legislative session and took important steps aimed at improving mental health services in Texas. The most significant children's mental health bill narrowly missed the deadline for a vote of the full House, but our staff and other advocates successfully worked with legislators to draft and pass mental health bills that will make a real difference in children's lives.

Our staff worked closely with legislators on HB 11, an **omnibus student mental health bill** that promoted school-based mental health services, and included mental health in health education curriculum, among other provisions. Unfortunately, time ran out before the bill came up for a vote on the House floor.

However, several provisions in HB 11 did make it into law through other bills. Our staff worked with legislators to add provisions originating in HB 11 to SB 179, a cyberbullying bill that encourages **safe and supportive school climates** that promote student mental well-being and address the needs of students with mental health concerns.

We also helped legislators draft and pass HB 4056. The Texas Education Agency (TEA), Department of State Health Services (DSHS), and Education Service Centers (ESCs) currently maintain websites with evidence-based mental health practices and programs for schools. The bill directs them to include school climate and trauma-informed resources on those websites.

HB 674, which bans most out-of-school suspensions in pre-k through second grade, promotes schools' use of **positive behavior management** and **trauma-informed strategies** in lieu of suspensions. Our team worked with legislators to ensure the bill would help provide educators with tools to promote appropriate student behavior, healthy development, and academic success. The strategies are helpful to all students but particularly recommended for students with mental health concerns.

Additionally, legislators passed significant legislation to help Texans access mental health treatment and supports. HB 10 takes steps to **ensure parity between mental health and physical health** insurance benefits and includes provisions related to children. The bill is an important step forward because families and mental health providers report ongoing challenges in working with insurance plans to provide adequate coverage of mental health treatments recommended by children's doctors.

The Legislature also approved HB 13 to establish a \$30 million **community mental health grant matching program** to treat individuals with a mental illness. The bill does not include language to ensure children with mental illness are considered in community plans. While some communities might include children and youth in their grant proposals, there is no legislative requirement or expectation they do so.

In addition to passing those bills for people of all ages with mental health challenges, and the student mental health bills mentioned above, the Legislature also passed legislation focused

on addressing the mental health of children outside of school.

For example, HB 1600 allows for one mental health screening at each Medicaid well-child medical visit of children ages 12-18 and allows health providers to be reimbursed if the medical professional chooses to do so. Half of all cases of mental illness first emerge during the adolescent years, yet until now, health care providers were reimbursed for just a single mental health screening during the entire adolescent years.

Other new laws will help children with mental health concerns **access community-based services and supports** that can help them be healthy, safe, and successful. Our staff worked with legislators to draft and pass HB 2904 to help disseminate information to community service providers on available programs or emerging best practices in serving children with complex needs. Under the bill, the Health and Human Services Commission (HHSC), Department of Family and Protective Services (DFPS), Texas Juvenile Justice Department (TJJD), DSHS, TEA, and other state agencies are required to work together to provide county-based Community Resource Coordination Groups (CRCGs) with guidance on the range of resources that are available and best practices for addressing children's needs in the least restrictive settings appropriate. SB 1021 directs state agencies to maintain a "system of care" plan to improve services across state systems and community providers for children with serious emotional concerns. The goal is to provide quality services that are family-driven, youth-guided, and culturally and linguistically appropriate.

Besides passing these bills, legislators provided HHSC with an additional \$1.4 million to increase the number of **psychiatric residential treatment center (RTC)** beds available to children at risk of entering foster care because of their parents



relinquishing custody due to children's mental health needs. To help address the **mental health needs of children in foster care**, the Legislature provided HHSC with \$2 million to establish a statewide grant program to increase access to targeted case management and mental health rehabilitation services for children in foster care with acute needs. The Legislature also appropriated significant funding to help repair and improve the aging **state mental health hospitals**. While adults make up the majority of the state hospital population, children also receive treatment in several of the state hospital facilities.

Other children's mental health bills passed their House committees but were not scheduled for a vote of the full House before the legislative deadline. HB 3353 would have made **family peer supports** more available to parents raising children with serious emotional disturbance. HB 1599 would have required **group insurance plans to cover a minimum number of inpatient and outpatient treatment** each calendar year for children with serious emotional disturbance. ■

# OUTCOMES OF KEY CHILDREN'S MENTAL HEALTH LEGISLATION

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## PASSED

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### Support Children's Mental Health in the Community

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**HB 10 by Rep. Price**

The bill requires health plans to treat mental and physical health benefits equally, establishes a behavioral health ombudsman, and creates a mental health parity work group.

**HB 13 by Rep. Price**

The bill creates a matching grant program to support community mental health programs for individuals experiencing mental illness, which can include children and youth.

**HB 1600 by Rep. S. Thompson**

The bill allows a mental health screening be provided during the annual medical exam of children between ages 12 and 18 enrolled in Medicaid.

**HB 2895 by Rep. Price**

The bill requires public institutions of higher education to post on their websites mental health resources, regardless of whether the resources are provided by the college/university.

**HB 2904 by Rep. White**

The bill expands the range of responsibilities state agencies have in helping county-based Community Resource Coordination Groups identify and coordinate services for children with complex needs in the least restrictive setting appropriate.

**SB 1021 by Sen. Nelson**

The bill directs state agencies to maintain a plan to improve service delivery to children with serious mental health concerns using a system of care framework.

### Support Children's Mental Health in School

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**HB 674 by Rep. E. Johnson**

Similar bill: HB 2616 by Rep. Giddings  
Similar bill: SB 370 by Sen. Garcia

The bill limits out-of-school suspensions for students in grades pre-k through 2nd grade and permits school districts to implement positive behavior management strategies.

## Support Children's Mental Health in School (continued)

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### **HB 4056 by Rep. Rose**

The bill directs the TEA, DSHS, and ESCs to maintain an updated list of evidence-based practices and programs that address school climate and students experiencing trauma.

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### **SB 160 by Sen. Rodríguez**

The bill eliminates the 8.5 percent cap on special education enrollment. This will result in more students with emotional disturbance receiving services, support, and protections to which they are entitled under the Individuals with Disabilities Education Act.

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### **SB 490 by Sen. Lucio**

The bill requires school districts to report the number of full-time counselors providing services to a campus.

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### **SB 1533 by Sen. Rodríguez**

The bill allows university employees to receive mental health first aid training through a state funded grant program.

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## Impact Children

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### **SB 179 by Sen. Menéndez**

Similar bill: HB 306 by Rep. Minjarez

The bill expands the authority of schools and law enforcement to punish cyberbullying and includes provisions aimed at creating safe and supportive school climates where bullying is less likely to occur.

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## VETOED

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## Support Children's Mental Health in The Community

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### **SB 196 by Sen. Garcia**

The bill would have required schools to notify parents if their child's school campus does not have a full-time school counselor, nurse, or librarian.

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# DID NOT PASS

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## Support Children's Mental Health in The Community

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**HB 1599 by Rep. S. Thompson**

The bill would have required group insurance plans to cover children with serious emotional disturbance.

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**HB 3353 by Rep. Coleman**

The bill would have identified the scope of family peer supports that parents can receive as part of their children's treatment for serious emotional disturbance.

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**HB 3891 by Rep. Coleman**

The bill would have required group insurance plans to cover eating disorders.

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## Support Children's Mental Health in School

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**HB 11 by Rep. Price**

The bill would have taken several steps to address student mental health.

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**HB 3887 by Rep. Coleman**

The bill would have required training for school personnel recognizing students' physical or emotional trauma.

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**SB 1688 by Sen. Lucio**  
**HB 2258 by Rep. Gutierrez**

The bills would have created an office of mental health within TEA.

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**SB 1699 by Sen. Lucio**

The bill would have required TEA to develop a framework to guide the use of state and local resources to more effectively address non-academic barriers to learning, such as student mental health concerns, bullying, truancy, and delinquency.

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# REVIEW OF CHILD PROTECTION POLICY AND THE 2017 LEGISLATIVE SESSION

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Starting last year and continuing through the legislative session, state leaders broadly agreed that strengthening Child Protective Services (CPS) was a top priority for this Legislature. In many ways, legislators came through, although much more work remains. The most important step the Legislature took was increasing CPS funding by over \$500 million to address several needs, including stabilizing the workforce and boosting reimbursement rates for foster care providers. Legislators also filed a slew of bills, keeping our staff busy analyzing the proposals and working with lawmakers to address problematic provisions and make other improvements to the legislation. The good news is some helpful legislation passed. On the other hand, a number of bills that drew substantial opposition either passed or got close to the finish line even though they were not in the best interest of Texas kids.

The Legislature took a significant step forward in **stabilizing the CPS workforce** and protecting children by adding \$293 million (in "All Funds") to maintain 829 new caseworker positions and a salary increase of \$12,000 per year for caseworkers that went into effect in December 2016. During the legislative session, another \$88 million was added to support 598 additional caseworker positions by fiscal year 2019. The latest statistics show that the investment is already paying off for kids. With caseworker turnover and caseloads declining, endangered kids aren't waiting as long for caseworkers to check on them.

A provision of SB 11 aims to support a stable, effective workforce by creating an office of data analytics to monitor, analyze, and evaluate

workforce trends. Legislators further addressed concerns about the workforce by passing HB 1549, which included secondary trauma support for caseworkers and directives to improve caseload management.

HB 1549 also included several reforms to help the state strategically expand **Prevention and Early Intervention** (PEI) services and reduce child fatalities. Additionally, the Legislature increased funding for PEI by nearly \$9 million, including \$5 million for Nurse Family Partnership.

These were the main ways that the Legislature worked to improve prevention and investigation of reported neglect and abuse. Most other efforts were focused on what happens after CPS concludes that a child is at risk.

In passing HB 7, legislators sought to improve the process for handling **CPS cases when they go to court**. The bill requires the state to determine the most appropriate jury instructions to use in CPS cases and the process for a new trial and appeal in these cases. It expands the role of the court in finding kinship homes and in the family reunification process. HB 7 also expands the roles of attorneys ad litem and guardians ad litem throughout a given case.

Legislators passed HB 4, giving children a better chance of moving in with a grandparent or other relative rather than going into the foster care system if they are removed from their parents. The bill increases **support for kinship providers** who are at or below 300 percent of the Federal Poverty Level (FPL). Prior to this legislation, those kinship providers received a one-time, upfront

payment of \$1000 for the first child they took in and \$495 for each subsequent child. After a year, the caregiver could be reimbursed up to \$500 per child. Now kinship caregivers will receive 50 percent of the foster care “basic daily rate” per child, which is about \$350 per month per child. The bill limits reimbursement to one year with a discretionary extension up to 18 months. The Legislature invested \$32.5 million in All Funds to support this change.

This bill also creates a new crime of caregiver assistance fraud. This crime targets poor family members trying to provide a home for children in foster care. A mistake in reporting income could lead to arrest. Because many of the caregivers receiving this assistance have low incomes, they will be less likely to make bail or post bond. As a result, an arrest would likely disrupt a child’s placement. We worked with the Legislature to improve this provision, adding an income verification process on the front end in order to prevent arrests that result from clerical errors.

We also worked to adjust the criminal penalty so that caregivers will not face overly punitive sentences. This change should help reduce the likelihood that this new crime will deter potential caregivers from taking in a young relative in need of a safe home.

For those children who do enter foster care, lawmakers made progress on addressing the **shortage of foster care homes and services**, often referred to as the foster care “capacity” challenge. The Legislature invested \$95 million in All Funds (including \$28 million in state General Revenue) to increase payments to agencies that provide homes and treatment services for children in foster care, a key step towards ending the shortage. The added funding is for community-based foster care regions as well as regions served by the “legacy” or traditional foster care system run by the state.

To further address the capacity challenge, the budget and SB 11 support the **expansion of**



**community-based foster care.** Formerly known as “Foster Care Redesign,” the model has been successfully piloted in the Fort Worth region using a private non-profit “super contractor” to provide placement services. The budget calls for extending this model into three new regions while SB 11 sets forth the policy guidelines for the expansion and adds case management to the responsibilities of the non-profit super contractors. We successfully worked with legislators to require DFPS to give preference to local community organizations when selecting the super contractor for a given region.

SB 11 included other reforms to increase the availability of homes and services in the foster care system across the state. For example, it directs CPS to conduct a young adult caregiver recruitment study and develop a plan for addressing the placement and support needs of foster youth in regions still managed by CPS in the legacy system.

Legislators also worked to address the **health needs of children in foster care**, passing similar provisions in SB 11 and HB 7. The Department of Family and Protective Services (DFPS, the parent agency to CPS) is now required to notify the STAR Health Managed Care Organization (MCO) if a foster child’s placement changes, and the MCO must notify the child’s primary care physician and any specialists working with the child. Following a placement change, physicians are required to coordinate the transition of care.

Under SB 11, Texas will now assess penalties against Child Placing Agencies (CPA) and MCOs if children in foster care do not receive health screenings in a timely fashion. In community-based foster care regions, the Child and Adolescent Needs and Strengths (CANS) assessment will be conducted every 90 days for children with higher levels of need to ensure the care they are receiving leads to better outcomes.



However, not all the health care changes were positive. According to the American Academy of Pediatrics (AAP), each child who enters care should be screened by a physician within 72 hours and receive a comprehensive evaluation within 30 days after the screening. This 72-hour screening allows physicians to determine whether a child has a complex medical need or mental illness when medical records may not be available. One iteration of SB 11 required a screening within three business days, but unfortunately legislators later amended the bill to instead direct caseworkers – who do not have medical training – to triage medical needs of children and determine whether a child needs a screening by a medical professional within the three-day window. Further, although immunizations are an important health protection for children, legislators amended the bill to prohibit children from receiving vaccines – other than for tetanus or with parental consent – during that initial medical visit.

We also worked with legislators to successfully pass two bills to address **youth involved with both the juvenile justice and child welfare systems**. HB 1521 will enhance coordination and information sharing between the two systems to improve services for youth. HB 932 begins data collection and reporting of how many youth are affected by both systems. If CPS caseworkers and juvenile probation officials don't realize they are both trying to support the same youth, they can end up connecting the youth with duplicative or conflicting services. For example, providing a youth with two different, uncoordinated trauma counseling services is not only wasteful but it also could undermine services designed to help the youth. Improving coordination and data sharing will give youth involved in both the CPS and juvenile justice systems a better chance of succeeding and eliminate wasteful inefficiencies.

For youth who **age out of foster care**, the Legislature passed HB 1758, which will help youth obtain government-issued identification and other critical personal documents at age 18. The bill also starts Preparation for Adult Living (PAL) classes at the earlier age of 14 and directs CPS to work with stakeholders to improve the PAL curriculum so youth aging out of foster care are more prepared to succeed on their own. The Legislature invested an additional \$1 million in General Revenue to further improve the PAL program. Additionally, the Legislature passed SB 1220 to provide current and former foster youth the educational support they need to change schools; access job training and career resources from the Texas Workforce Commission; and learn about higher education opportunities, including tuition and fee waivers available to current and former foster youth.

The Legislature made significant **administrative changes to DFPS**. SB 11, HB 249, and HB 5 improve oversight of homes serving children in foster care. HB 5 makes DFPS a stand-alone agency detached from the Health and Human Services Commission (HHSC).

Legislators filed a number of child welfare **bills that raised concerns**. Some of them were aimed at addressing the shortage of foster care homes and services but could ultimately interfere with the best interests of children. Two of them passed. HB 3859 allows faith-based foster care providers receiving state funds to turn away prospective foster families based on religious preferences and deny needed services to children. HB 1542 may steer more young foster children to group "cottage homes" rather than foster families. Cottage homes are a collection of housing units on a single campus. Each holds about 8 to 15 children with rotating "house parents."

Other bills would have made it harder to **remove children from dangerous homes** even though Texas is already better than most states at keeping children with their parents when it can be done safely. The main bills on this subject failed to pass.

The Legislature did make a few small benign changes to removals. HB 7 makes slight adjustments to the standard for non-emergency removals. It also confirms that a child cannot be removed simply because the parents homeschool the child, are economically disadvantaged, are charged with a non-violent misdemeanor, provide the child with medically prescribed marijuana, or choose to not immunize the child.

Although the Legislature accomplished a great deal, there is still **much more work to do**. Some of the next steps will become more clear when the federal court finishes reviewing years of evidence and testimony and issues its final ruling in the lawsuit against the state foster care system.

In many cases, the Legislature failed to pass bills that were filed to address concerns raised by the federal court. For example, the Legislature did not pass any bills aimed at finding emergency placements for children who are stuck sleeping in CPS offices. Some of the efforts this session will ultimately lead to better placement options for these children, but not for several years. Legislators tried to require children to have legal representation for the duration of their time in care, but the measure came up short this session. Lawmakers also attempted to ensure that health care for foster kids is consistent with the guidelines from the AAP, but the bill did not pass.

Similarly, the big funding hike provided by the Legislature only covered about half of the increase that CPS said was necessary to keep

kids safe. In fact, because past Legislatures underfunded CPS so severely, the additional appropriation this session still leaves the state far below the national average for per capita child welfare funding.

With so much on the Legislature's plate this session, other needed improvements recommended by the federal court didn't even make it onto the agenda. Examples include improving the CPS data system and ensuring children in foster care get to meet with their main advocates – caseworkers – at least once each month.

The Legislature deserves credit for making significant progress this session, but the state's troubled foster care system will not get fixed overnight. There will be more work to do in the interim and during the next legislative session to ensure more kids can stay safely at home with their families and ensure that children who do enter the CPS system receive the attention and support they need to succeed. ■



# OUTCOMES OF KEY CHILD PROTECTION LEGISLATION

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## PASSED

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### Support Children

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**HB 4 by Rep. Burkett**

The bill provides better support to kinship caregivers.

**HB 7 by Rep. Wu**

The bill improves the process and procedures for handling CPS court cases.

**HB 249 by Rep. Hernandez**

The bill consolidates investigations of abuse and neglect in licensed child care facilities into CPS.

**HB 932 by Rep. J. Johnson**

Similar bill: SB 796 Sen. West

The bill requires improved data collection and information sharing for youth involved in both the juvenile justice and child welfare systems and directs TJJD and DFPS to develop reports on youth involved in both systems.

**HB 1521 by Rep. White**

Similar bill: SB 1857 by Sen. Whitmire

The bill requires improved information sharing between DFPS and juvenile probation in order to better serve youth in both systems and improve efficiency in both systems.

**HB 1549 by Rep. Burkett**

The bill takes steps toward the prevention of child abuse and child fatality, the preservation of families, and improvements to the CPS workforce.

**HB 1556 by Rep. González**

Similar bill: SB 1881 by Sen. Menéndez

The bill allows foster parents to be involved in special education decisions earlier in the process.

**HB 2361 by Rep. Frank**

Passed as amendment to HB 7

The bill requires a study regarding the appointment and use of attorneys ad litem in CPS cases.

**HB 3561 by Rep. Klick**

Passed as amendment to SB 11  
Passed as amendment to SB 1758

The bill makes it easier for foster children, homeless children, and unaccompanied children to obtain government-issued identification and other critical personal documents.

**SB 11 by Sen. Schwertner**

Similar bill: HB 6 by Rep. Frank

The bill expands community-based foster care in a deliberate way and takes other steps to improve child protection.

## Support Children (continued)

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### **SB 203 by Sen. West**

Similar bill: HB 511 by Rep. S. Davis

The bill repeals the sunset provision for permanency care agreements, allowing kinship providers to continue receiving support after they agree to provide a permanent home to children who cannot be reunited with their parents.

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### **SB 1220 by Sen. Miles**

Similar bill: HB 1640 by Rep. Vo

The bill improves continuity of education and access to higher education, career information, and skills certification for current or former foster youth.

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### **SB 1758 by Sen. Zaffirini**

Similar bill: HB 4168 by Rep. Turner

The bill provides better support for youth who age out of foster care.

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## Impact Children

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### **HB 5 by Rep. Frank**

The bill makes DPFS a standalone agency, divorced from the HHSC enterprise.

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### **SB 1208 by Sen. Schwertner**

Passed as amendment to HB 7

The bill creates more flexibility in child care licensing.

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## Raise Concerns

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### **HB 1542 by Rep. Price**

Similar bill: SB 907 by Sen. Birdwell

The bill steers more children to cottage homes instead of foster families.

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### **HB 3859 by Rep. Frank**

Similar bill: SB 892 by Sen. Perry

The bill puts the religious rights of foster care providers ahead of protecting the best interest of children.

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## DID NOT PASS

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## Support Children

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### **HB 2330 by Rep. Dukes**

The bill would have provided better support for foster children who are pregnant or minor parents.

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### **HB 2335 by Rep. Miller**

The bill would have required trauma training for certain attorneys, court-appointed volunteer advocates, child-care workers, and CPS employees.

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## Impact Children

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**HB 39 by Rep. Wu**

The bill would have closed service gaps in child welfare, increased resources to those involved in the system, and made case management more efficient.

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**HB 634 by Rep. González  
SB 429 by Sen. Rodríguez**

The bills would have raised minimum education requirements for CPS caseworkers.

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## Raise Concerns

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**HB 205 by Rep. Keough**

The bill would have made it harder for a court to order services that could help preserve a family.

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**HB 1620 by Rep. Sanford**

The bill would have allowed unpaid, untrained volunteers to temporarily house youth with high needs in "fostels."

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**HB 1899 by Rep. Sanford  
SB 816 by Sen. Campbell**

The bills would have directed courts to give deference to the expressed wishes of the parent instead of considering the best interest of a child in CPS and other family law cases.

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**HB 2205 by Rep. Keumpel**

The bill would have required all CPS calls made by school employees to also be made to law enforcement.

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**HB 3297 by Rep. Burrows**

The bill would have increased the burden of proof for removals to clear and convincing evidence.

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**SB 1018 by Sen. Hughes  
HB 2225 by Rep. Raney**

The bills would have carved out exceptions to the Family Code to allow DFPS to license immigrant family detention centers operated by ICE.

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# REVIEW OF EARLY CHILDHOOD POLICY AND THE 2017 LEGISLATIVE SESSION

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The legislative session started with two high-profile early childhood issues on the agenda: building on the successful launch of the state's new high-quality pre-k grant program and reversing the therapy funding cuts that hurt kids in Early Childhood Intervention (ECI) and other kids with disabilities. The Legislature struck out on both of those priorities but did pass a few important early childhood bills.

One of children's advocates' big successes this session was passage of legislation **prohibiting out-of-school suspensions for students from pre-k through second grade**. The bill, HB 674, provides exceptions for a few scenarios, such as cases in which a student brings a weapon or drugs to school. The bill also acknowledges the importance of providing supports to teachers and students in lieu of suspensions, an issue that our staff emphasized to legislators. The bill includes examples of the strategies that school districts could use, such as Positive Behavioral Interventions and Supports, Social Emotional Learning, and Restorative Practices, but does not mandate any strategies. The legislation builds on similar early suspension policies recently enacted by a handful of large school districts around the state.

The Legislature also passed legislation, HB 2039 and SB 1839, aimed at improving instruction in early childhood classrooms. Currently, Texas educators in pre-k and other early grades have a **teacher certification that covers early childhood** through sixth grade. That means the current system allows educators to teach three-year-olds even if their training focused on 4th graders. Once HB 2039 is implemented, prospective

teachers will be able to pursue a certification covering early childhood through third grade as an alternative, allowing them to focus on the particular needs of our youngest students and allowing districts the option of hiring teachers with greater expertise in early childhood.

Legislators also passed HB 357, a bill to allow children of fallen or seriously injured first responders to enroll in free **public school pre-k**. Several other bills were filed to open up pre-k eligibility to all four-year-olds, provide state funding for full-day pre-k, or establish new statewide pre-k quality standards, such as class size limits or student-teacher ratio limits. The education committees in the House and Senate did not approve any of these bills, which were missed opportunities to significantly increase access to high-quality pre-k.

The Legislature also declined to pass significant **legislation on child care**. We worked with legislators to develop a bill that would update child care standards for nutrition, physical activity, and screen time so more young kids receive nutritious foods and develop healthy habits early. It was the first time the Legislature had considered legislation on this subject, so we were pleased to see the bill make it as far as the House floor, where it was narrowly defeated. Bills to collect data on caregiver-child ratios in child care and improve transparency of Texas Workforce Commission (TWC) data on subsidized child care also fell short.

As noted above, one of the great disappointments of the session was the Legislature's decision to largely stand by their 2015 decision to **cut**



**Medicaid reimbursement rates for speech therapy, physical therapy, and other therapies for children with disabilities.** Those cuts have affected home health agencies that serve children of all ages as well as community organizations that contract with the state’s **Early Childhood Intervention (ECI) program** to serve children under age three with disabilities and developmental delays. In late 2016, our report on ECI revealed a decline in enrollment and the number of providers amid state funding cuts. This spring, Easter Seals of East Texas became the latest ECI contractor to notify Texas officials that it will discontinue ECI services for children with disabilities due to state cuts. The loss of ECI services is one of the reasons that parents have spoken out about the cuts for the last two years and that members of the House pushed

to largely reverse the cuts this session. However, the Senate fought to maintain the cuts, and in the end, the Legislature only passed a 25 percent restoration of the therapy funding.

Moreover, the Legislature failed to appropriate the additional \$20 million for ECI that the Health and Human Services Commission (HHSC) requested to partially cover expected enrollment growth over the next two years. Fortunately, the Legislature did provide an additional \$4 million to ECI for the remainder of the current budget cycle and noted that HHSC can request an additional infusion of ECI funding if needed.

Another major disappointment of the session was the Legislature’s decision to reduce pre-k funding by **eliminating funding for the high-**



**quality pre-k grant program** established by the Legislature in 2015 through HB 4. Last year, our report found that the new program was off to a good start, providing \$118 million for the 2016-2017 school year to districts that educate 86 percent of the state's pre-k students. Prior to and during the session, we joined with many other pre-k supporters in calling on the Legislature to maintain that same funding level by appropriating a minimum of \$236 million over two years for the pre-k grant program.

Unfortunately, during the behind the-scenes meetings of the budget conference committee at the end of the session, legislative leaders decided to completely eliminate the pre-k grant funding. The only pre-k funding included in the budget was the standard half-day funding

that is provided in the school finance formulas. The budget does require all districts to meet the higher standards of the HB 4 grant program but only using existing resources. It is unclear if that mandate through a budget rider is legally binding and how the Texas Education Agency will implement this new approach. Besides the question of enforceability, it would certainly be more effective to combine the higher standards with additional funding to help districts expand their full-day offerings, add aides to reduce the teacher-student ratio, increase professional development and parent engagement, and make other meaningful investments.

Pre-k advocates knew that this would be a tough legislative session. It was considered a "tight budget" year with a lot of competing priorities (although the Legislature ultimately left \$11 billion unspent in the state's Rainy Day Fund). There was a lack of consensus among legislators about the best way to fund pre-k improvements, with the Senate, House, and the Governor each offering competing proposals. Additionally, pre-k funding got caught up in larger political battles between state leaders.

Despite the bad news on pre-k, there are a few reasons to be encouraged. The final budget confirms that the Legislature believes higher pre-k standards are important for all districts. That may provide an opportunity to work with legislators on strengthening pre-k standards, such as class size limits. It was also encouraging to see legislators offering different ideas this session about how to deliver extra funding to improve pre-k. We can continue that conversation and hopefully reach a consensus for next session. Finally, it was encouraging to see the Governor continue to speak out about the benefits of quality pre-k to help children get off to a strong start. ■

# OUTCOMES OF KEY EARLY CHILDHOOD LEGISLATION

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## PASSED

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### Support Children

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**HB 357 by Rep. Huberty**

The bill expands pre-k eligibility to include children of seriously injured or fallen first responders.

**HB 674 by Rep. E. Johnson**

Similar bill: HB 2616 by Rep. Giddings  
Similar bill: SB 370 by Sen. Garcia

The bill limits out-of-school suspensions for students in grades pre-k through 2nd grade.

**HB 2039 by Rep. Huberty**

Also passed as amendment to SB 1839

The bill offers an Early Childhood-3rd grade teacher certification in addition to certifications currently available.

## DID NOT PASS

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### Support Children

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**HB 188 by Rep. Bernal**

The bill would have required school districts that offer publicly funded pre-k to maintain an average teacher-child ratio of no more than 10:1.

**HB 196 by Rep. González**

**HB 710 by Rep. Wu**

**HB 1858 by Rep. Reynolds**

**SB 35 by Sen. Zaffirini**

The bills would have funded free, full-day pre-k for eligible students through the Foundation School Program.

**HB 1389 by Rep. Giddings**

The bill would have limited pre-k class sizes to no more than 22 students.

**HB 2282 by Rep. E. Johnson**

The bill would have created an optional Gold Standard Pre-K Program that would allow districts to use Foundation School Program funding to support full-day pre-k.

**HB 2664 by Rep. Miller**

**SB 818 by Sen. Watson**

The bills would have improved nutrition and active play opportunities in child care by establishing new guidelines and incentives.

## Support Children (continued)

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**HB 3323 by Rep. Deshotel**  
**SB 940 by Sen. Campbell**

The bills would have improved transparency in the child care subsidy program managed by TWC.

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**HB 3788 by Rep. Koop**  
**HB 3205 by Rep. Raymond**  
**SB 2164 by Sen. Zaffirini**

The bills would have directed DFPS to collect data on child care group sizes and ratios as well as safety information during inspections.

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**HB 3930 by Rep. Miller**

The bill would have maximized non-state sources of revenue for the ECI program by requiring most private insurers to cover specific ECI services, including speech therapy and specialized skills training, when needed under a child's Individual Family Services Plan (IFSP).

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**HB 3967 by Rep. Walle**

The bill would have established a task force to study cost savings and effectiveness of requiring insurance coverage for ECI services.

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# REVIEW OF MATERNAL & CHILD HEALTH POLICY AND THE 2017 LEGISLATIVE SESSION

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Lawmakers did little to advance children's health this legislative session. While legislators did pass important bills to address mental health, particularly for adults, policies to improve children's health made little headway. Instead, much of the legislative debate on health issues focused on how severely budget-writers should underfund Medicaid; unsuccessful attempts to reverse the 2015 Medicaid therapy cuts for children with disabilities; legislators' successful effort to prevent children from receiving vaccines shortly after they are removed from unsafe homes; and legislative standoffs that blocked bills to further study the state's maternal mortality crisis. Nonetheless, our staff successfully worked with legislators to allow more mothers to receive postpartum depression screenings and restart a policy debate on childhood obesity, with a focus on nutrition and physical activity in child care.

Passage of the **postpartum depression screening** bill, HB 2466, was one of the real bright spots of the session. Recognizing that postpartum depression has significant consequences for children's development, our staff worked with state and national health experts to develop the screening proposal, published a policy report on postpartum depression during the legislative session, and worked with lawmakers to pass the bill. Under the legislation, when mothers take their babies to well-check appointments that are covered by Children's Medicaid or CHIP, they can receive a postpartum depression screening covered through their baby's insurance. Over 200,000 women per year will be eligible for the screening.

Allowing more new mothers to receive a screening is a key step because approximately half of all cases of postpartum depression are undiagnosed. Certainly, there is more work to do to build on the bill, including ensuring that more women can receive timely and effective treatment if they are diagnosed. The legislation directs the state to apply for new federal grant funding for states to enhance programs for postpartum depression screening and treatment, providing one clear avenue for going further on this critical issue.

The legislation was one of the most significant steps the Legislature took to address the state's **maternal mortality crisis**. In addition, the state budget included a rider directing the Office of Minority Health Statistics and Engagement, in coordination with the Texas Maternal Mortality and Morbidity Task Force, to study trends, rates, and disparities in pregnancy-related deaths and to evaluate options for reducing pregnancy-related deaths and treating postpartum depression. Those were key provisions of SB 1929. The full version of SB 1929 – which included language from HB 2403 to address the disproportionate rate of pregnancy-related deaths among Black mothers in Texas – was blocked in the end-of-session standoff over legislation regulating which bathrooms transgender students are allowed to use. It was the second time during the session that lawmakers blocked HB 2403 as part of legislative conflicts over other subjects. Provisions in SB 1929 to continue the state's Maternal Mortality Task Force are expected to be addressed again during the Legislature's special session this summer.

Budget-writers allocated a similar amount of funding to **the state's women's health programs** compared to the last budget. The programs are essential for healthy pregnancies and healthy babies. The state budget also includes a number of riders affecting preventive care and maternal health, including riders that: adjust the reporting required for the state's women's health programs; require a five-year strategic plan to reduce barriers to long-acting reversible contraceptives; direct the state to study the feasibility of auto-enrolling clients into Healthy Texas Women when they age out of Children's Medicaid and CHIP; and require reporting on postpartum depression services through public health programs.

Unfortunately, the Legislature did not take action on other significant steps on **maternal health**. For example, a committee in the House favorably

voted on legislation to provide postpartum depression screening and treatment through Medicaid and CHIP-Perinatal programs for a year after delivery, but this bill did not make it to the House floor. Legislation to extend comprehensive Medicaid to cover mothers for a full year after delivery did not even receive a hearing. Currently, Medicaid covers low-income women through their pregnancy until two months after delivery. Similarly, lawmakers did not consider any bills to accept federal Medicaid expansion funding under the Affordable Care Act to cover low-income adults.

The Legislature also largely ignored the handful of bills filed on children's health coverage. We were pleased to see that a pilot project to synchronize Medicaid renewals for siblings passed the House, although it did not receive a Senate hearing.



One of the great disappointments of the session was the Legislature's decision to largely stand by their 2015 vote to **cut Medicaid reimbursement rates for speech therapy, physical therapy, and other therapies for children with disabilities**. Those cuts have affected home health agencies that serve children of all ages as well as community organizations that contract with the state's Early Childhood Intervention (ECI) program to serve children under age three with disabilities and developmental delays. In late 2016, our report on ECI revealed a clear link between recent state budget cuts and a decline in both the number of eligible children enrolled in ECI and the number of non-profit ECI contractors across the state. This spring, Easter Seals of East Texas became the latest ECI contractor to notify Texas officials that it will discontinue ECI services for children with disabilities in eight counties due to state budget cuts. The loss of ECI services is one of the reasons that parents have spoken out about the damaging therapy cuts for the last two years and that members of the House pushed to largely reverse the cuts this session. However, the Senate fought to maintain the cuts, and, in the end, the Legislature only passed a 25 percent restoration of the therapy funding.

The other significant Medicaid issue of the session was the debate about how severely the Legislature would **underfund Medicaid**. Adequately funding Medicaid is critical to ensure kids' coverage and access to health care for pregnant women, children, and people with disabilities. The Legislature has developed a habit of underfunding the program and then paying for the final months of the budget cycle through a "supplemental budget" during the following legislative session. The Legislature appears to be using that approach once again, intentionally underfunding Medicaid by about \$1.2 to \$1.5 billion in state funds, known as General Revenue, according to the Center for Public

Policy Priorities (CPPP). Additionally, two budget riders call for cutting over \$400 million (General Revenue) in Medicaid program reductions or "efficiencies," which, if not achieved, could require an even larger supplemental budget bill next session.

It is important to note that the **health care bill currently under consideration in Congress** includes large, permanent Medicaid cuts for Texas and other states through a "per-capita cap." If the legislation is approved, it would likely lead to deep Medicaid cuts for the four main populations that Texas Medicaid covers: children, people with disabilities, pregnant women, and seniors.

The Legislature continued to show little interest in helping children develop a **healthy weight and healthy habits**. We worked with legislators to develop a bill that would update child care standards for nutrition, physical activity, and screen time so more young kids receive nutritious foods and develop healthy habits early. It was the first time the Legislature had considered legislation on this subject, so we were pleased to see the bill make it as far as the House floor, where it was narrowly defeated.

Finally, legislators worked to address **child hunger in schools** by preventing "lunch shaming," which involves singling out or denying food to a student who does not have money for lunch. The main bill to address the issue, HB 2159, was blocked, but legislators attached provisions of the bill to SB 1566. Those provisions require school boards to adopt a grace period policy allowing a student whose meal card has depleted funds to receive lunch for a period of time. ■

# OUTCOMES OF KEY MATERNAL & CHILD HEALTH LEGISLATION

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## PASSED

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### Support Children

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#### **HB 2466 by Rep. S. Davis**

Similar bill: SB 1257 by Sen. Huffman

The bill provides more mothers with the option to be screened for maternal depression during their baby's well-check visit with a pediatrician or other health provider by covering the screening through the baby's CHIP or Medicaid insurance.

#### **HB 1158 by Rep. S. Davis**

Passed as amendment to HB 2466

The bill supports healthy pregnancies and births by asking on the Medicaid for Pregnant Women application a woman's preferred method of contact (e.g., text, call, email) so health plans may send updates and information about pregnancy health risks, well-child visits, and prenatal care.

#### **HB 2159 by Rep. Giddings**

Parts passed as amendment to SB 1566

Provisions amended to SB 1566 help prevent "school lunch shaming" – singling out or denying food to a student who does not have money for lunch – by requiring a school district's board of trustees to adopt a grace period policy that allows a student whose meal card has depleted funds to receive lunch for a period of time.

#### **SB 1599 by Sen. Miles**

The bill promotes best practices for reporting and investigating pregnancy-related deaths.

#### **SB 1680 by Sen. Lucio**

The bill establishes a task force of local health officials in the Texas-Mexico border region to advise the Department of State Health Services and raise public awareness on health issues, including diabetes, infant mortality, heart disease, obesity, communicable diseases, and cervical cancer.

#### **SB 1873 by Sen. Hinojosa**

The bill enhances the quality of data about physical education programs that Texas Education Agency is currently collecting through the annual School Health Survey and makes this data publicly available on a district-by-district basis.

#### **SB 1929 by Sen. Kolkhorst**

Parts passed as amendment to SB 1

The bill directs the Texas Maternal Mortality Task Force to further study trends and disparities in pregnancy-related deaths and evaluate options for reducing pregnancy-related deaths and for treating postpartum depression among low-income women.

## VETOED

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### Support Children

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**SB 790 by Sen. Miles**

Similar bill: HB 279 by Rep. Howard

The bill would have continued the Women's Health Advisory Committee until September 2019, rather than letting it expire in September 2017, so it could continue its work advising HHSC on women's health programs.

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**SB 1743 by Sen. Zaffirini**

Similar bill: HB 3842 by Rep. Hinojosa

The bill would have transferred the Texas Office for Prevention of Developmental Disabilities to the University of Texas at Austin, allowing the Office to continue its work to reduce the incidence and impact of disabilities.

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## DID NOT PASS

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### Support Children

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**HB 1161 by Rep. S. Davis**

The bill would have improved women's preventive care and birth outcomes by requiring Medicaid and some private insurance plans to allow enrollees to receive a 12-month supply of their prescribed contraception at one time.

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**HB 1408 by Rep. Cortez**  
**SB 53 by Sen. Zaffirini**

The bills would have established 12-month continuous eligibility for Children's Medicaid to reduce gaps in kids' coverage and align with Texas CHIP and 18 other state Medicaid programs.

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**HB 2135 by Rep. Coleman**

The bill would have required Medicaid for Pregnant Women and CHIP Perinatal program to cover postpartum depression screening and treatment services for up to a year after a child's birth.

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**HB 2403 by Rep. Thierry**

The bill would have directed Texas' Maternal Mortality and Morbidity Task Force to evaluate health conditions and factors that disproportionately affect the most at-risk population, specifically Black women, and review best practices and programs in other states that have reduced maternal mortality and morbidity rates.

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**HB 2599 by Rep. Farrar**

This bill would have extended Medicaid coverage for mothers to cover a full year after delivering a baby rather than the current two months of postpartum coverage.

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## Support Children (continued)

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<b>HB 2604 by Rep. Farrar</b>	The bill would have directed HHSC to develop and implement a five-year strategic plan to improve access to postpartum depression screening, referral, treatment, and support services.
<b>HB 2664 by Rep. Miller</b> <b>SB 818 by Sen. Watson</b>	The bills would have updated child care standards for nutrition, active play, and screen time so more young children receive nutritious foods and develop positive habits early.
<b>HB 3151 by Rep. Sheffield</b>	The bill would have created a pilot project to align the eligibility dates for families with multiple children enrolled in Medicaid and CHIP, enabling parents to enroll all of their children in coverage on one date annually.
<b>HB 3930 by Rep. Miller</b>	The bill would have required most private insurers to cover specific ECI services, including speech therapy and specialized skills training, when needed under a child's Individual Family Services Plan (IFSP).
<b>HB 3967 by Rep. Walle</b>	The bill would have established a task force to study cost savings and effectiveness of requiring insurance coverage for ECI services.
<b>SB 809 by Sen. Miles</b>	The bill would have reduced gaps in coverage and teen pregnancy by automatically enrolling eligible women into the Texas women's health program when they are no longer eligible for Children's Medicaid or Texas CHIP.

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# REVIEW OF YOUTH JUSTICE POLICY AND THE 2017 LEGISLATIVE SESSION

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This session, the number one goal for juvenile justice reform advocates was passing legislation to raise the age of juvenile court jurisdiction, ending the practice of automatically sending 17-year-olds to the adult justice system when they get in trouble. While the bill had more support in the House than ever before, it languished in the Senate and failed to pass. In fact, compared to recent legislative sessions, very few juvenile justice reform bills passed this session. Nonetheless, we were able to secure a few important victories in our work on youth justice issues, including reforms to the juvenile justice system and school discipline policies.

In a session with so much attention on Child Protective Services (CPS), we worked with legislators to successfully pass two bills to address **youth involved with both the juvenile justice and child welfare systems**. HB 1521 begins enhancing coordination and information sharing between the two systems to improve services for youth. HB 932 begins data collection and reporting of how many youth are affected by both systems. There are many youth involved with both CPS and the juvenile justice system. If CPS caseworkers and juvenile probation officials don't realize they are both trying to support the same youth, they can end up connecting the youth with duplicative or conflicting services. Providing a youth with two different, uncoordinated trauma counseling services, for example, is not only wasteful but it also could undermine services that would otherwise help the youth. Improving coordination will give youth a better chance of succeeding and eliminate wasteful inefficiencies.

Lawmakers also passed legislation to simplify and improve the handling of **juvenile records**. The legislation, SB 1304, will further limit who can access the records, ensuring more youth have the opportunity to rent an apartment, get a job, or go on to college rather than being held back by their record. Our staff served on the state task force on juvenile records prior to the session, helping to shape the recommendations that ultimately became law.

The Legislature also took some initial steps to address the **youngest children in the juvenile justice system**, an issue that we helped to put on the agenda through our work with the House Juvenile Justice and Family Issues Committee prior to the session. HB 1204 diverts some 10- and 11-year-olds from adjudication in the juvenile justice system and seeks to identify opportunities to provide the youth age-appropriate services. Under the bill, inter-agency coordinating groups composed of school districts, local mental health authorities, and other local child-serving agencies determine the right services for the youth. The Legislature should work to build on this legislation in the future, developing options to ensure more 10- to 13-year-olds who get in trouble receive the supports they need in the community rather than entering the juvenile justice system. HB 1204 also tasks the Texas Office of Court Administration with studying how "juvenile," "child," and "minor" are defined in the criminal and juvenile justice systems and how youth are charged with fine-only misdemeanors. The study is an opportunity to further explore the ages at which a youth should be subject to the juvenile justice system.



On the school discipline front, the Legislature passed HB 674 to curb the school-to-prison pipeline for the youngest Texans by banning out-of-school **suspensions for students in pre-k through second grade** with a few exceptions, such as students who bring weapons or drugs to school. The legislation outlines alternative strategies that school districts may use to provide support to teachers and students.

The Legislature also passed SB 179, known as "David's Law," to address **cyberbullying and youth suicide**. Our staff worked with legislators to limit the expansion of punitive measures, which have not been shown to prevent bullying or suicide. Our staff also worked successfully to include provisions in the bill to encourage safe and supportive school climates that reduce the risk of bullying and youth suicide.

The final bill expands the definition of the criminal offense harassment through "electronic communication" to include the forms of communication currently used in cyberbullying. It also creates an enhancement to a Class A

misdemeanor for those who cyberbully a youth under the age of 18 with the intention of the victim committing suicide or causing serious bodily injury. Additionally, the bill allows schools to expel students or send them to a Disciplinary Alternative Education Program (DAEP) if they are believed to have engaged in cyberbullying or "sexting."

As noted above, one of the great disappointments of the legislative session was lawmakers' failure to pass **HB 122 to "raise the age."** The legislation would have made the juvenile justice system, rather than the adult system, the default for 17-year-olds who get in trouble while maintaining the option to certify youth as adults when deemed appropriate by a judge. Supporters ranging from judges and business leaders to conservative think tanks and children's advocates pointed out the legislation would reduce recidivism; save taxpayer money in the long run; reduce the risk of youth suicide and sexual assault; and prevent 17-year-olds from receiving adult criminal records that keep them out of jobs, college, and housing.

Our staff worked closely with partners and legislators to get the bill off to a strong start in the House. During the 2015 session, the bill passed as an amendment to another bill late in the session. This year, by contrast, the bill came to the House floor early in the session and passed overwhelmingly. During the debate, legislators from all political factions in the House spoke out in favor of the bill, speaking with passion and armed with effective information and talking points. Unfortunately, the Senate never held a hearing on either the House bill or the Senate version of the bill.

During the interim, advocates and others will continue to work with the Legislature on this critical issue with the goal of passing "raise the age" legislation in 2019. ■

# OUTCOMES OF KEY YOUTH JUSTICE LEGISLATION

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## PASSED

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### Support Children

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**HB 674 by Rep. E. Johnson**

Similar bill: HB 2616 by Rep. Giddings  
Similar bill: SB 370 by Sen. Garcia

The bill limits out-of-school suspensions for students in grades pre-k through 2nd grade.

**HB 932 by Rep. J. Johnson**

Similar bill: SB 796 Sen. West

The bill requires improved data collection and information sharing for youth involved in both the juvenile justice and child welfare systems and directs TJJD and DFPS to develop reports on youth involved in both systems.

**HB 1204 by Rep. White**

The bill creates a mechanism to divert some ten- and eleven-year-olds from the juvenile justice system.

**HB 1521 by Rep. White**

Similar bill: SB 1857 by Sen. Whitmire

The bill requires improved information sharing between DFPS and juvenile probation in order to better serve youth in both systems and improve efficiency in both systems.

**HB 2907 by Rep. White****SB 1836 by Sen. Burton**

Passed as amendment to HB 1204

The bills commission a study on how youth who are charged with fine-only misdemeanors should be handled in the justice system.

**SB 1304 by Sen. Perry**

Similar bill: HB 2863 by Rep. White

The bill improves the handing of juvenile records, making the process more efficient and ensuring that youths' records do not make it more difficult to become successful adults.

**SB 1548 by Sen. Menéndez**

Similar bill: HB 3538 by Rep. Minjarez

The bill allows juvenile probation departments to provide services such as mentoring or mental health services for up to six months after a youth is discharged from probation if the youth agrees.

## Impact Children

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### **HB 156 by Rep. Raymond**

The bill creates a pilot program allowing schools to send youth to ROTC programs rather than disciplinary alternative placements or juvenile justice alternative programs.

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### **HB 678 by Rep. Wu**

The bill changes procedures regarding which judges can enter a plea or a stipulation of evidence by a child to improve court efficiency.

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### **SB 179 by Sen. Menéndez**

Similar bill: HB 306 by Rep. Minjarez

The bill expands the authority of schools and law enforcement to punish cyberbullying and includes provisions aimed at creating safe and supportive school climates where bullying is less likely to occur.

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## DID NOT PASS

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## Support Children

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### **HB 122 by Rep. Dutton**

### **HB 676 by Rep. Wu**

### **SB 941 by Sen. Hughes**

The bills would have raised the age of juvenile court jurisdiction to include 17-year-olds.

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### **HB 211 by Rep. Canales**

The bill would have allowed youth committed to TJJD to participate in UIL sponsored activities, providing youth with incentives and opportunities to develop and grow.

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### **HB 679 by Rep. Wu**

The bill would have prohibited the indiscriminate shackling of youth in court, instead requiring courts to develop a policy to determine which youth may be shackled while in the courtroom.

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### **HB 1015 by Rep. Dutton**

The bill would have shifted the ages at which a youth may become involved with the juvenile justice system, raising the lower age of the system from 10 to 12 and the upper age limit from 16 to 17.

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### **HB 1732 by Rep. Giddings**

The bill would have required that schools track and report data on student interactions with police, including arrests, Class C complaints, and use of force.

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## Support Children (continued)

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**HB 1972 by Rep. Giddings**

The bill would have required school police officers from districts with a student enrollment between 5,000 and 30,000 to participate in the youth-specific training that is already required of officers from districts that have a student enrollment above 30,000.

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**SB 1977 by Sen. Whitmire**

The bill would have expanded the role of the independent ombudsman to include juvenile justice-involved youth in state hospitals and provided the ombudsman with appropriate access to records to ensure youth safety in juvenile probation facilities.

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**HB 1999 by Rep. Israel**

The bill would have made the purchase, possession, or consumption of alcohol by a minor a civil offense rather than criminal offense, keeping minors from getting criminal records.

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**HB 2245 by Rep. Dukes**

The bill would have limited the use of Tasers, pepper spray, and stun guns on students in schools.

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**HB 2879 by Rep. Dutton  
SB 1828 by Sen. Rodríguez**

The bills would have reformed the sex offender registry for juveniles adjudicated of sex offenses to keep youth off of public registries.

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**HB 3519 by Rep. White**

The bill would have waived or reduced the fines and fees resulting from involvement with juvenile probation if paying the fines or fees would cause undue burden on the youth or the youth's parents.

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**SB 294 by Sen. Hinojosa**

The bill would have prohibited the use of Tasers and stun guns on students in school.

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**SB 424 by Sen. Rodríguez**

The bill would have limited the use of secure confinement for the youngest youth in the juvenile justice system.

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**SB 672 by Sen. Lucio**

The bill would have required that school districts report the number of school police and security guards assigned to each campus.

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## Impact Children

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**SB 1350 by Sen. Watson**

The bill would have continued the pilot project allowing for youth to be committed to the Travis County post-adjudication secure facility rather than to state-secure facilities.

## Raise Concerns

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**HB 2872 by Rep. Burns**

The bill would have rolled back previous reforms and allowed school police officers to write Class C tickets to students in Disciplinary Alternative Education Programs instead of filing a complaint with the courts.

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**SB 1728 by Sen. Birdwell  
HB 2441 by Rep. Goldman**

The bills would have made it easier for a juvenile court proceedings to be opened up to the media and the public, creating more opportunity for youth to be identified publicly.

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