



Review of  
**CHILDREN'S  
MENTAL  
HEALTH  
POLICY**  
and the 2017  
Legislative Session

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An excerpt  
from our report  
***Texas Children  
and the 2017  
Legislative Session***

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June 27, 2017

# 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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