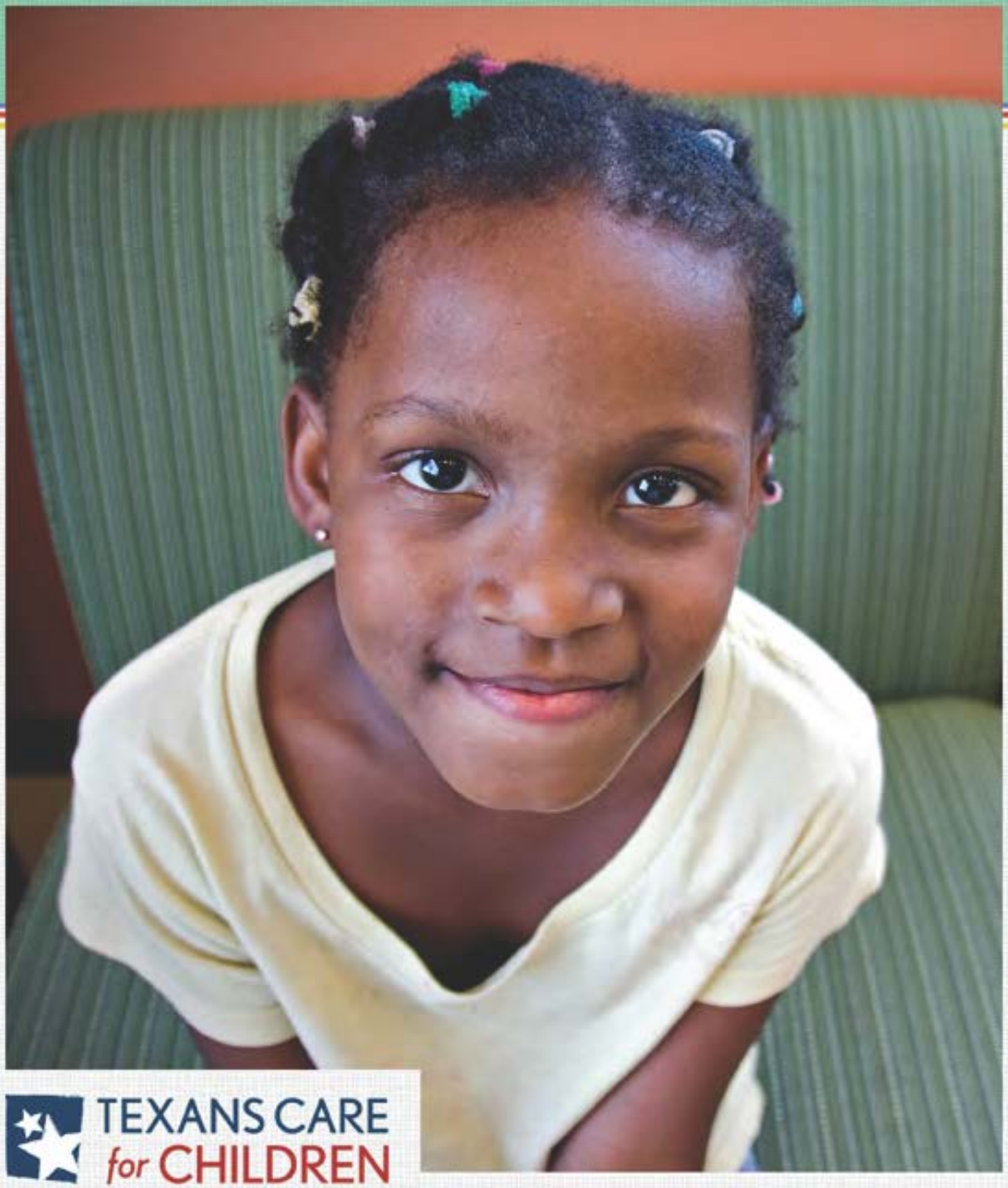
Children and The 83rd Texas Legislature

What Texas got done in 2013 for kids and our future



TEXANS CARE for CHILDREN

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Our last major publication early in the 83rd legislative session provided *Solutions to our Texas Challenge: 30 Ways to Build a Better Future for Kids and Our State*. It identified the major policy priorities of Texans Care for Children and what we and the multitude of stakeholders we convened over months of focused work leading up to the legislative session defined as a roadmap to success for Texas children. This report, our legislative summary, evaluates whether we were successful in making steps towards building that better future this session. It provides the general landscape of proposals impacting children, with a focus on those proposals that we worked diligently to further or to stop.

We entered this session with great hope and made great strides. Last session, we saw our state budget gutted. While we achieved strong statutory changes that improved the lives of Texas families in 2011, the erosion of our safety nets and public services at a time when families were struggling through the recession made for a bleak landscape for our state's children.

This session was different. Our returning legislators had heard the voices of their community, and they came back to Austin knowing there would be consequences if things were not put right. Similarly, the enormous class of new legislators came into office aware that the economy was doing well—and knowing communities expected to see that prosperity at home.

We made substantial progress in early education; child protection; juvenile justice; infant, maternal and children's health; and children's mental well-being. We saw substantial restoration of the funding that was cut in 2011—the funding that undergirds our public systems and stands as critical investment in the well-being and successful future of our state. That said, our Legislature did fall short in making our state whole, instead opting to take the improved economic outlook as an opportunity for tax giveaways to big businesses before helping families. Worth noting too, despite strong legislative champions, efforts to review tax breaks for efficacy in serving the needs of our state were not successful. Texans Care took a stand in hearing after hearing—sometimes as the lone advocate voice in a hearing room full of business interests—calling for transparency and public investment in Texas families, and opposing limitations on the revenue measures our legislators have to meet state needs. But still there were significant funding victories in areas like maternal health, early childhood intervention, and mental health.

Of course, one of the largest, most cross-cutting missed opportunities of the session was the failure of our Legislature to authorize an expansion of Medicaid that would have given 1.5 million Texans, many of them children and their parents, health care coverage next year. This would have resulted in more resources and jobs for communities and a health coverage option for hardworking Texans who, otherwise, have no options. The most viable legislative proposal was killed by a powerful few who prevented the bill from being brought up on the House floor for consideration, rather than through a majority defeat. We were able to provide substantial visibility for the real people behind the political debate. The issue was substantially elevated as a mainstream issue. Through the Texas Well and Healthy campaign in which we are a leading partner we were able to mobilize thousands of Texans in support of the expansion, converting many legislators to a position of support.

We also helped develop and shepherd a multitude of statutory changes that will help our state better serve families. From a slew of positive children's mental health proposals to decreased

school ticketing to a leap in furthering quality within childcare environments, laws were passed, as we worked diligently, made allies, spoke to the media, and made things happen. We brought former foster youth to speak from their own experiences and were able to make significant improvements in the foster care system and in supports available to youth as they age out of the system without having the invaluable benefits of a permanent family. In terms of children's nutrition and fitness, we were able to share with a collaboration of partners the major victory of successful passage of a bill providing free breakfast to all children within poorer schools, a measure shown to increase likelihood that hungry children can start their day with a healthy meal. We worked with business owners, families, fellow advocates, researchers, state agency staff, service providers, and county officials to make a difference in the lives of millions of children. And, with your support, we made huge improvements.

Read on, and you will see the power of policy—how dedicated efforts, year-round and culminating in a 140-day sprint every two years, shapes our state. We have the power to make our state a better place, and we have the power to let our state continue to fall behind. This session we closed significant gaps, but the potential and wealth of our state remain far greater. The work continues. We will diligently monitor implementation of proposals and seek to address what was left undone. The close of the 83rd regular session stands as both an end and a beginning, and we ask that you join us in building a better future for our state and safeguarding our Texas children.

Eileen Garcia
Chief Executive Officer

TEXANS CARE for CHILDREN

Texas faces a challenge for which solutions can't wait.

Improving the odds for children is the best way to fend off a future of worse health outcomes and reduced prosperity—trends, experts say, otherwise await our state within just a few decades.

In 2013, Texans Care for Children proposed 30 solutions to what the demographers have labeled "the Texas challenge." By changing the way our state does business for all kids and doing better by our most vulnerable children, we can improve the trajectory of Texas.

This report provides a summary of how Texans Care for Children and our network of dedicated partners across the state worked together to achieve great successes in addressing the challenge during the 2013 legislative session. On the next two pages you'll find again the *30 Ways to Build a Better Future for Kids and Our State* and a summary of how state leaders came together with Texans who care to accomplish something better for our state's children. You'll find where our state got it right and how our state misstepped.

In 2013 Texas took meaningful action to:

Address maternal and infant health
- Restored funding for preventive health services to women that benefit mothers and their families.
- Passed positive infant and maternal health legislation.

Promote fitness
- Rejected bills to hamstring FitnessGram in schools and instead increased funding for it.
- Improved schools' ability to promote fitness and partner with the community.

Improve access to healthy foods
- Made breakfast available for every child in many low-income schools.
- Passed into law other positive bills to bring better nutrition to underserved areas.
- Rejected bills that might have made it harder for families on food stamps to grocery shop.

Improve the child care subsidy system
- Improved incentives for quality in child care for low-income children.

Assess early education's quality
- Provided more measures of how schools can determine young children's preparedness for school.
- Rejected bills that would have made it harder to use good measures of kids' school readiness.

Get kids Texas School Ready!
- Fully funded a pre-K reform initiative to help kids enter school ready to learn.

Use systems of care in assisting kids with mental illness
- Took steps to bring systems of care to more children statewide.
- Allocated more resources to expand Youth Empowerment Services "waiver," so more kids can receive services.

Address parental relinquishment
- Provided funding to support families facing the no-win choice of needing to give up custody of their child in order to obtain services that child needs to function.
- Brought parental relinquishment out of the shadows and required Texas to track this troubling trend.

Ensure the public mental health system supports children
- Increased resources for meeting the mental health needs of children.
- Expanded pilot efforts that have proven effective in improving mental health services for kids.

Bring more of the positive into schools
- Took steps so new teachers know about school-wide positive behavioral supports (PBIS), which reduces disciplinary actions and increases feelings of safety on campus.

Train school staff to help troubled kids
- Supported prevention of mental health concerns through coordinated school health and teacher training.
- Added $5 million in funding to help schools address students' mental health.
- Passed additional bills to provide training so adults can help kids in crisis and at risk of dropping out of school.

Reduce ticketing on school campuses
- Eliminated misdemeanor ticketing at school and reduced likelihood of Class C complaints.
- Eliminated in the Education Code ticketing offenses for routine disruptions in classrooms or on school buses.

Empower youth who are in foster care and those who are leaving the system
- Ensured youth have the information they need to have a voice in court decisions that affect their lives.
- Improved foster youths' preparation for adult living, including their financial literacy.
- Ensured foster youth enter adulthood knowing the basics of nutrition education.

Improve the academic odds for foster children
- Helped schools and the child welfare system work together better.

Prevent abuse and family disintegration
- Restored funding for child abuse prevention programs.
- Passed positive bills for children in or at risk of entering the child welfare system.
- Rejected bills that would have made it harder for families who heal to reunite with their children.

Texas took action but more will be needed to:

Implement the Affordable Care Act in ways that help children.

- Made it easier for families shopping for insurance in a new online marketplace to get good assistance from the people supporting them in enrollment.
- Missed opportunities to expand health care coverage for 1.5 million people and to improve oversight of insurers' rate hikes.

Keep Medicaid and CHIP strong

- Reduced administrative burdens on doctors who see these children.
- Provided avenues for families served by Medicaid managed care to have a voice in decisions.
- Missed opportunity to improve reimbursements to doctors serving kids on Medicaid and CHIP.

Improve insurance parity for mental health

- Required insurers to cover screenings for autism in early childhood just as other screenings are covered.
- Missed opportunity to pass other important measures to improve mental health coverage in private insurance.

Plan for early childhood intervention

- Added funding to serve more children and maintain service levels for babies and toddlers with developmental delays and disabilities.
- Middle-income families may have to pay more for ECI services.

Increase school success

- Restored only 15% of funding previously allocated in support of full-day pre-K classes and 20% of what was previously allocated for drop-out prevention.

Fix the safety net's holes

- Made nutrition and wellness education available to more Texans but provided few new benefits.

Increase investments in children

- Partially restored funding for schools and other vital services for children, while having on hand the funding to restore much more.
- Passed tax cuts for big businesses that result in fewer resources for kids today and in years to come.

Retain the CPS caseworkers Texas needs

- Increased the workforce and improved funding to reduce caseloads and improve response rates by caseworkers to allegations of abuse.
- Missed opportunity to limit the number of abused and neglected kids a caseworker sees.

Identify better how to help abused and neglected children heal

- Increased review of prescriptions of dangerous mind-altering drugs to foster children.
- Missed an opportunity to improve the state's ability to assess the needs of children entering the child welfare system.

Ensure juvenile justice reform works

- Provided increased funding for mental health supports in local juvenile justice system.
- Passed other positive bills for youth in the juvenile justice system.
- Missed opportunities to improve oversight, especially in county-run juvenile facilities.

Increase accountability in school discipline

- Required more reporting before a Class C complaint can be filed against a students at school.
- Missed opportunity to reduce racial disparities in school discipline and increase accountability.

Prioritize delinquency prevention

- Increased funding for programs that include deliquency prevention within child protection.
- Missed opportunity to coordinate deliquency prevention programs across the state.

Texas took virtually no action to:

Make clear the real costs of unhealthy substances

- Missed opportunities to improve public health by raising taxes on alcohol, tobacco, and liquid candy so as to account for their public costs.

Keep children out of adult correctional systems

- Missed opportunities to keep more kids in the juvenile justice instead of adult correctional system.

The Governor vetoed a bill to:

Reduce kids' consumption of sugary drinks

- The bill would have decreased or eliminated sugary drinks on certain school campuses.

In the 83rd legislative session, Texans Care for Children was proud to:

Lead or substantially advance **38** positive changes for children in Texas law

Actively support **41** additional good new laws for kids

Mobilize support for and raise awareness about **22** other good ideas for Texas kids

Block or neutralize **17** harmful proposals for children

Be a resource to legislators and advocates across the state by formally taking positions on over **220** pieces of legislation this session

The 83rd Texas Legislature and Children's and Families' Health

What Texas Got Done for Infant and Maternal Health

Improved funding for women's healthcare, which benefits whole families.

One of the most significant shifts between the 82nd and 83rd legislative session was the 83rd Legislature's decision to invest in preventive healthcare services for low-income women. Last session, funding for the family planning program was cut by two-thirds, a devastating blow that denied 147,000 low-income women preventive health care services.[1] In addition, legislation established a new tiered system for distributing funding that made it more difficult for certain providers to receive any funding at all. The end result was over 55 clinic closures, reduced hours and services for many other clinics, and the loss of services for thousands of women.[2] Cutting family planning funding has meant fewer women are receiving the resources they need to plan and space their pregnancies, resulting in an increase in Medicaid caseload growth; that, in turn, will cost the state an additional $136 million for infant and maternal care.[3] The state's family planning infrastructure faced an added challenge when the state's decision to prohibit organizations like Planned Parenthood from providing services in the Medicaid Women's Health Program led the federal government to remove its 90% federal match. Losing these funds jeopardized services for as many as 130,000 women served by the program,[4] at an estimated annual cost to the state of $23.6 million.[5]

Combined, these 2011 decisions had serious consequences for babies and moms in Texas. Ensuring adequate preventive care for moms-to-be is one of the best tools we have for making sure babies have a healthy start to life. In Texas, more than half of pregnancies come as a surprise to moms.[6] Mothers whose pregnancies are unintended are much less likely to seek out early prenatal care, which puts their babies at a higher risk of low birthweight, prematurity, and neonatal and infant mortality.[7] When women get access to the resources and health care they need before and during pregnancies, we see a range of positive effects: from earlier prenatal care for babies, to reduced tobacco and alcohol exposure, to increased breastfeeding.[8]

Throughout the 83rd Legislature, advocates urged legislators to return funding to critical preventive healthcare programs in the state. Texans Care worked through the Texas Women's Healthcare Coalition, a coalition of

organizations committed to promoting access to preventive healthcare for all Texas women, to inform lawmakers of the value of women's healthcare and its critical role in ensuring the health of Texas families.

The Legislature responded by adding funding to three primary funding streams: the Health and Human Services Commission (HHSC) Texas Women's Health Program, the expansion of the Department of State Health Services (DSHS) Primary Health Care program, and DSHS Family Planning Services. The Legislature chose to replace lost federal funds for the Medicaid Women's Health Program with state funds, renaming the program the Texas Women's Health Program. The TWHP will continue to prohibit affiliates of abortion providers from participating in the program.

The Legislature also chose to add $100 million in women's preventive healthcare to expand the Primary Health Care (PHC) program, about 60% of which will be used for family planning services. The PHC, originally funded at about $26 million biennially, will continue to serve its population of all ages and genders. DSHS intends the PHC expansion to be separate and focused on primary and preventive care for women age 18 and above. A rider in the budget specifies that the PHC will contract only with providers who would be eligible to participate in the Texas Women's Health Program. DSHS estimates that the expansion of the PHC program will achieve annual cost savings of $98 million.[9]

In previous years, the federal government has awarded Texas Title X funding directly to the state. This year, Title X funds were instead awarded to the Women's Health and Family Planning Association of Texas (WHFPT). In response, the Legislature added a rider that will replace this $32.1 million in lost federal funding with state funds. This was a welcome decision that will allow families in Texas to benefit from both the maintenance of funding for Family Planning Services and from the funds awarded to the WHFPT. The tiered funding system for DSHS Family Planning Services will remain intact, and the additional funds can only be used to pay providers eligible for the TWHP.

The budget also includes a number of riders related to family planning that will prove beneficial for women in the state. These riders allow Primary Health Care expansion funds in 2014 to roll over to 2015; direct DSHS to locate improved drug pricing in response to the loss of discounted pricing from Title X funds; require HHSC to report on the savings and performance of the TWHP and take remedial measures should enrollment or service utilization drop below 10 percent of 2011 enrollment; and provide a contingency ensuring that, should the TWHP end, remaining funds will be transferred to the Primary Health Care strategy.

All told, these budgetary decisions are important victories for Texas families, and an encouraging divergence from last session. The combination of funds for Family Planning Services, the Texas Women's Health Program,

the Primary Health Care expansion, and the federal contribution to the private Title X network will help bring funding levels back to where they were before the cuts in 2011.

However, challenges remain to ensuring women have adequate access to health care across the state. Even prior to the funding cuts of the 82nd Legislature, only about one-third of women in need of family planning services were receiving it.[10] After the cuts, the family planning infrastructure in Texas was badly damaged. Clinics that closed and have been dismantled may be unable to benefit from renewed funding, and many providers are still excluded from receiving funds from any of the state funding streams. It remains questionable whether there will be sufficient providers to serve women across the state, particularly those in rural areas. Moving forward will require greater coordination between funding streams, particularly with the Primary Health Care program, which has never before served the breadth of population it is now called upon to serve. During the next two years, it will be the work of the state, community members, and organizations like Texans Care to ensure that funds and services reach women across the state, and that Texas does everything it can to ensure the health of moms, babies, and families.

Made changes to help moms and to give babies the right start in life.

Ensuring that moms are healthy and that babies get the right start to life is not just about funding; it is also important to identify unmet needs in the state and determine how to best address them through programming and services. This session, Texans Care supported a number of bills that will help strengthen the resources available to moms and infants in our state.

Ensuring the wellbeing of kids starts early, with proper prenatal care and ongoing attention to maternal health. At 25 deaths per 100,000 live births, Texas' maternal mortality rate far exceeds the national average.[11] Expectant moms also face high risks of severe morbidity, a term for health complications that nearly result in death. High rates of maternal mortality and morbidity in Texas are particularly troubling because the state possesses limited information on their scope and causes. **SB 495** seeks to address many of these problems by establishing a multidisciplinary task force to study maternal mortality and severe maternal morbidity, as well as make recommendations for improving maternal health outcomes.

Another successful bill supported by Texans Care, **HB 1605**, also seeks to improve outcomes for Texas moms. **HB 1605** establishes a pregnancy medical home pilot project in Harris County, which will provide coordinated pregnancy care to low-income women enrolled in Medicaid. Providing additional resources to at-risk maternal populations is **HB 2620**, which establishes a task force on domestic violence. In 2011, there were 177,983 incidents of family violence in Texas.[12] Domestic violence can have wide-ranging negative impacts on the health of moms and kids. The task force established by **HB 2620** will report on the impact of domestic violence on maternal and infant mortality and child and maternal health, examine available health services, and identify methods of educating and coordinating resources related to domestic violence.

Health problems that infants encounter early in life can have lifelong consequences for their wellbeing. In 2012, the preterm birth rate in Texas was 12.8%, and 1 in 12 babies was born at low birthweight in 2010.[13] Babies who are born premature have better health outcomes when they are born in a hospital with the appropriate level of NICU care.[14] Texas currently has no process for assigning hospital designations to maternal and neonatal intensive care units. **HB 15** seeks to remedy this by establishing levels of care designations for maternal and neonatal services. The bill establishes a perinatal advisory committee to make designations based on hospitals' level of care, increasing the likelihood that babies will

be born in hospitals that meet their needs, moms receive the right level of care, and the state is better able to coordinate its resources. Hospitals that do not meet minimum standards of care will not receive Medicaid reimbursements.

Identifying health problems and solutions early is the key to making sure kids do not face even bigger health problems later in life. **HB 740** addresses one aspect of prevention by allowing DSHS to authorize a newborn screening test for critical congenital heart disease. Critical congenital heart defects affect about 7,200 babies every year in the United States, creating a substantial risk of morbidity and mortality without early detection.[15]

Two other bills, **SB 63** and **SB 64**, seek to keep kids safe from vaccine-preventable diseases. Currently in Texas, minors with children can consent to their children's immunizations but not their own. **SB 63** addresses this concern by authorizing pregnant minors and minor parents to consent to their own immunization, provided it is for an immunization the federal Centers for Disease Control and Prevention (CDC) recommend be administered before seven years of age. **SB 64** requires childcare centers to have an immunization policy in place for their employees.

Acknowledging our state's high rate of teen parents and promoting better health outcomes for these parents and their children, **HB 455** by Dukes supports student health by excusing absences for medical appointments for the student and the student's child(ren).

One bill that could have had negative health repercussions but ultimately failed to pass was **HB 1057**, as well as its companion bill **SB 521**. This bill would have originally replaced the current opt-out provision for sex education with an opt-in provision and limited which providers could offer sex education curricula in schools. Texans Care expressed our concern that limiting school districts' access to critical education programs could limit the resources available to help teens make healthy choices and reduce the risk of teen pregnancy. The bill was amended several times and never reached the House floor for a vote.

What Texas Got Done for Childhood Nutrition and Fitness

Took steps to address the food and fitness environment around children.

Improving the health of Texas children requires addressing obesity and food insecurity, two major drivers of poor health outcomes in our state. Obesity and food insecurity both disrupt a child's ability to stay properly nourished and can result in a lifetime of health complications, chronic disease, and economic insecurity. In Texas, data indicate that 42% of Texas fourth-graders are overweight,[16] while over 20% of Texas school children are clinically obese.[17] According to a report from the Texas Comptroller, obesity cost Texas businesses $9.5 billion in 2009, and that cost is expected to rise to over $30 billion by 2030.[18] On this current trajectory, the costs related to obesity in Texas—financial, social, and medical—are unsustainable.

Recognizing that state-level policy solutions addressing root causes and major contributors are increasingly important, Texans Care for Children works closely with partners across the spectrum including those involved in food production, school nutrition and fitness, and medical provider groups in order to identify our policy priorities and promote successful interventions. This legislative session, we are happy to report that we were able to make progress in several key areas and hold our ground against threats to reduce fitness testing. With that said, there were also important policies the Legislature chose not to advance that will require ongoing advocacy throughout the interim and into future legislative sessions.

Eating right and exercising are vital for children's health, but reducing childhood obesity also requires paying more attention to a major contributor to weight: sugary drinks. Americans' consumption of sugary drinks, like soda, has more than doubled in the past four decades,[19] in direct relationship to the dramatic rise in obesity rates. Public health experts attribute 43% of the rise in children and adults' caloric intake over the last thirty years to increased consumption of sweetened beverages alone.[20] **HB 217** by Alvarado, a bill with bipartisan support that Texans Care worked to help pass, would have addressed this key contributor to child obesity, by prohibiting public middle schools from selling certain beverages (like sugary soda) during school hours. After the bill passed both the House and Senate, however, Governor Perry

vetoed it, undoing an important obesity-prevention policy amid an epidemic that costs Texas billions of dollars every year. Despite the veto, new federal rules addressing sugary drinks, which the United States Department of Agriculture is in the process of finalizing, will soon ensure fewer sugary drinks in schools across the country. With the veto of **HB 217,** however, Texas missed an opportunity to get a head start on curbing sugary drink consumption in our schools.

Due to overwhelming evidence that sugary drinks are a major contributor to the child obesity epidemic, Texans Care for Children developed a campaign in 2011, Drink Well Texas in an effort to raise awareness about sugary drink consumption and generate support for a penny-per-ounce tax on sugary drinks. This session, the Legislative Budget Board's Government Effectiveness and Efficiency Report included information about how the Legislature could generate revenue from a penny-per-ounce tax and also reduce the prevalence of obesity. Although neither bill was granted a hearing, **SB 493** by Lucio and **HB 779** by Farias both proposed a targeted tax on unhealthy, sugar-sweetened drinks with the public interest goal of curbing consumption of an unhealthy product in order to reduce obesity and overweight prevalence.[21]

Several bills to improve school health and fight child obesity were filed, including a Texans Care for Children legislative priority that became law with **HB 1018** by Patrick. **HB 1018** encourages school and community partnerships in order to increase physical activity in schools; it additionally directs School Health Advisory Councils to develop policy recommendations for increasing physical activity and improving fitness among public school students.

Coordinated school health is the evidence-based program recommended by the CDC to fight the obesity epidemic. It provides nutrition education standards, health and fitness standards, health assessments and school wellness programs, and it has been integrated into Texas schools since 2001. **SB 65** by Nelson would have recognized schools for meeting and exceeding minimum standards for implementing coordinated school health. While the bill passed the full Senate, unfortunately, it did not make it to the House Public Education Committee for a hearing.

In Texas, FitnessGram provides a student fitness report card, which provides teachers an opportunity to evaluate the effectiveness of their lessons and gives parents an evaluation of their children's health. Last session, FitnessGram was cut from being conducted every year to only being conducted in P.E. class, a measure that significantly reduced the number of children, especially those in high school, who received a fitness assessment since many children do not take P.E. This session two bills were filed that would have again reduced FitnessGram—**SB 684** by Deuell, which would have further reduced the number of times the test is conducted, and **HB 1156** by Bonnen, which would have eliminated the test entirely. Texans Care for Children worked with our partners to ensure lawmakers knew that, amid an obesity epidemic, without FitnessGram, many parents would have no meaningful measure of their child's physical health. As we think it is important to preserve the integrity of the fitness assessment, Texans Care for Children actively opposed reductions to fitness testing; neither **SB 684** nor **HB 1156** passed.

In order to give the Texas Education Agency greater resources to utilize FitnessGram data and smaller school districts access to financial resources for enhancing their FitnessGram testing, a $5 million dollar rider was included in the budget for the 2014-2015 biennium.

Increased access to good food for vulnerable children.

In Texas, many families struggle to put meals on the table. Fortunately, child hunger is an issue where we have large-scale programs in place to alleviate the problem and help ensure

hungry children have access to nutritious meals. The School Breakfast Program, funded entirely with federal dollars, is one hunger reduction effort that already reaches an average of 1.6 million kids per school day in Texas. Thanks to the passage of a priority bill, **SB 376** by Lucio, school breakfasts will reach even more eligible children. **SB 376** ensures that breakfast will be provided at no cost to all students in low-income schools where at least 80% of students are eligible for free or reduced-priced school lunch. It was a concerted effort on the part of children's advocates, churches, supportive legislators, schools, teachers, and administrators to pass one of the greatest hunger reduction policies in recent sessions.

The Summer Food Service Program exists to ensure that low-income children continue to receive nutritious meals when school is out for summer. One inherent challenge to the program is that families often have difficulty getting children to the feeding sites for meals, when, in summer, work or transportation can be barriers. **SB 759**, which Texans Care supported, directs the Texas Department of Agriculture to develop and implement a five-year plan to increase participation in the summer food service program.

In addition to proposals that would increase access to healthy, nutritious foods this session, **HB 751** by Raymond would have requested that the federal government grant Texas a waiver so that food options could be limited under the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), a bill Texans Care opposed. Texas has the nation's second-highest rate of children experiencing food insecurity and the lowest number of supermarkets per capita in the nation. If a policy limits what a family can purchase with SNAP, while not also increasing access to affordable, healthy foods, the risk of increasing child hunger grows. **HB 751** was voted out of committee, but fortunately did not become law, while a positive effort to help families receiving SNAP gain information about healthy nutritious foods did. **HB 3401** by Raymond will create a nutrition and wellness education for benefit recipients.

Several positive measures stemming from the bipartisan "farm-to-table" caucus that passed this session aim to increase the availability of foods from local farms. Among them are **HB 1382** by Simpson, reducing existing regulations on providing food samples at farmers markets, the "cottage food" bill, **HB 970** by Rodriguez, expanding the list of foods that can be produced in a home kitchen and sold at farmer's markets, and **HB 1392** by S. King, which will help create greater consistency by requiring the Department of State Health Services to provide written responses to farmers' and market organizers' regulatory inquiries within 30 days, a bill designed to improve food safety while also encouraging proliferation of markets through greater guidance and predictability in regulation standards.

Another positive attempt to improve access to fresh fruits and vegetables, **SB 133** by Nelson, would have directed the General Land Office to develop a plan for the establishment of community food gardens on property that is owned or controlled by the state and is not being used (or is being substantially underused). Unfortunately, **SB 133** was never granted a hearing by the Senate Natural Resources Committee. In a similar effort (but providing an incentive to private land owners), **HB 1652** by Miles would have addressed the liability of an owner, lessee, or occupant of land that allows land to be used as a community garden. **HB 1652** did not make it out of committee this session.

What Texas Got Done for Health Coverage for Kids and their Families

Missed opportunities to make major improvements in health care coverage.

The ability to access appropriate care early in life not only improves health outcomes, it costs society less in the long run than leaving children uninsured. Children's Medicaid and the Children's Health Insurance Program (CHIP) help low-income Texas children access comprehensive coverage that includes a range of mental health, vision, and dental services for children who need them. With the help of these long-running state and federal partnership programs, families in Texas are more financially secure and children get health services they need. This legislative session, Medicaid and CHIP underfunding from the previous legislative session was addressed.

Implementation of the Patient Protection and Affordable Care Act was a major area of focus during the 83rd legislative session. With the Supreme Court's decision to uphold a majority of the law during the interim, Texas lawmakers needed to make decisions related to the law's promise of affordable health care coverage for nearly everyone. Texans Care for Children opposed a slew of bills filed to obstruct this process, none of which became law. In addition, Texans Care for Children participated in a robust advocacy and grassroots campaign to ensure a portion of the law that became optional after the Supreme Court's ruling on the law—expanding Medicaid to all individuals under 133% of the federal poverty line—was implemented in the state. Medicaid for this population could ensure valuable health coverage for over 700,000 uninsured Texas parents and about 400,000 uninsured children, saving lives and reducing our state's uncompensated care costs. More than a dozen legislators filed bills that would compel the state to expand the Medicaid program as outlined in the Affordable Care Act, despite Governor Perry's stated intention to reject these proposals, which would pull down nearly $100 billion over a decade in federal funding.

Two of these bills received hearings. **HB 3376** by Turner, an expansion mirroring the intention of the Affordable Care Act, was left pending in committee. **HB 3791** by Zerwas outlined a "Texas Solution" in which the state would draw available federal funding to subsidize private health insurance for low-income individuals. The bill also included some language calling for a block grant of the

Medicaid program, which would cap funding for Medicaid, impeding the state's ability to meet needs as the population grows. Texans Care opposes block-granting children's health care, something which federal authorities have also consistently rejected. With bipartisan support, **HB 3791** was voted out of committee and had a majority of House lawmakers indicating their support for the bill. However, the House Calendars Committee prevented its progress by failing to schedule the bill for a floor vote. While the state can still decide to expand Medicaid anytime in the future, it is unfortunate that, for the time being, 1.5 million uninsured Texans will have to wait for potentially life-saving preventive care and the reassurance that comes with robust health coverage.

On a positive note, **SB 1795** by Senator Kirk Watson creates certain health insurance navigator regulations to ensure Texas consumers, some of whom will gain coverage in 2014, receive the best help possible when shopping for plans in the new federally facilitated health insurance marketplace.

Took some minor steps to improve options for insured kids and families.

Ensuring that health coverage in both public and private systems allows children to get the physical and mental health services they need to maintain healthy productive lives is a priority of Texans Care for Children. One bill in line with this priority, **HB 3276** by Simmons, would ensure that health plans provide coverage of autism spectrum disorders screenings at 18 and 24 months. Current law only requires insurers to cover autism services when a child has already received a diagnosis. If children with autism can be diagnosed early and receive the interventions they need, they are more likely to go on living functional, fulfilling lives.

Additionally, law based on an out-of-date understanding of science was finally repealed so that potentially more children can receive coverage for physical injuries if they were a result of intoxication or inebriation. While **HB 3105** by Morrison repeals a state mandate that prohibits insurance companies from covering these types of injuries, it still does not prevent them from doing so. Hospitals that might be averse to screening for drug and alcohol use for fear that patients may be resultantly denied insurance benefits, may now be more likely to screen, providing a great opportunity to reach out to those who may need treatment.

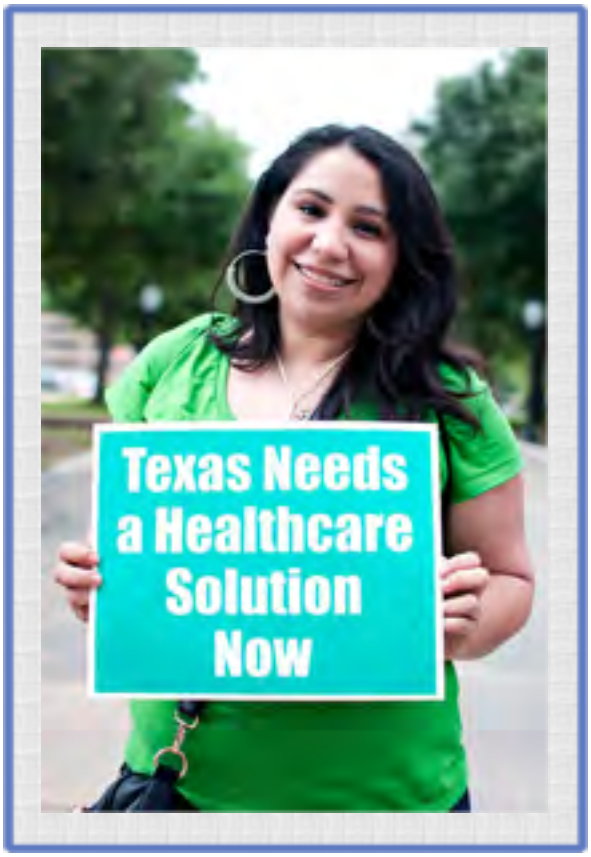
Unfortunately, two other insurance mandates to help children and their families did not become law. **HB 592** by Naishtat would have included post-traumatic stress disorder in the category of serious mental illnesses—a category that is required to be covered by group health plans. While mental health was a priority for lawmakers this session, this particular bill failed to be set for a vote on the House floor. Similarly, **HB 3227** by Coleman, which would have included eating disorders in the category of serious mental illness for purposes of group health plan mandates, did not receive a hearing on the Senate side after passing the House.

The Affordable Care Act provides valuable consumer protections in the private insurance market. Unfortunately, Texas did not take advantage of the ability to fully regulate its own private insurance markets. **HB 2782** by Smithee

would have given the Texas Department of Insurance the ability to deny any health insurance rate increase that the department deems excessive. The ability to deny excessive rate increases would essentially treat health insurance the same as nearly every other category of Texas insurance including car and home insurance. The bill passed out of committee in the House, but failed to do so in the Senate. Now, the federal government will act as the primary reviewer of health insurance rate hikes in the state without the ability to stop them if they are, in fact, deemed excessive.

The role of managed care organizations, the private insurance companies that contract with the state to authorize services for beneficiaries, expanded significantly in 2012 so that now nearly all Medicaid enrollees statewide have plans that fall under managed care. A major determinant in the success of our managed care system is the availability of providers participating in the system. **SB 1150** by Hinojosa seeks to address this issue and our current shortage of providers accepting Medicaid by streamlining the process by which providers are added to managed care networks and by which they receive payment.

The 83rd Legislature also further expanded managed care. Case management and psychiatric rehabilitation services in Medicaid for children with serious emotional disturbances have historically been paid for on a fee-for-service basis through our state local mental health authorities. **SB 58** by Nelson would provide these services under Medicaid through managed care plans similar to all other services provided through Texas Medicaid, allowing for best practice integration of health and mental health services. The legislation includes an advisory committee to assist in the transition of these services, and Texans Care for Children worked to include consumers on this body. Additionally, **SB 7** by Nelson expands managed care for disability services. This bill also includes creation of advising bodies that include consumers to help with the various facets of implementation in the bill, including through representation on the Medicaid managed care advisory committee.



The 83rd Legislature and Children's Early Opportunities

What Texas Got Done for Early Education

Took important steps to improve quality in child care.

Getting a strong start early in life puts kids on a path to lifelong success. One way Texans Care for Children works to maximize these opportunities is by advocating for improvements in early education and child care that help with educational achievement. Texas falls behind the rest of the country in educational attainment and ranks last in the percentage of residents with a high school diploma or GED.[22] Low graduation rates hurt the state's economy and add to the number of adults and children living in poverty, but quality early education has been shown to help children establish a solid foundation that provides them with the tools they need to be successful in school and as they progress into adulthood. There is compelling evidence that quality early education can break the cycle of poverty and provide one of the strongest returns on investment through a range of benefits, including a reduction in grade retention and special education enrollment, reduced high school dropout rates, a decrease in delinquency and adult criminal activity, and an increase in the wages that students are able to earn later in life.

Currently, quality among child care providers varies greatly across the state with only 16% of early education centers designated as high quality, according to the Texas Early Learning Council. Quality early child care and education are essential in preparing kids for success in school and for helping keep children safe while parents work. Texans Care for Children worked with Representative Strama's office to draft **HB 376** and led advocates throughout the state in supporting this bill that improves child care quality using the resources of our existing subsidy system. **HB 376** establishes graduated reimbursement rates for subsidized child care providers based on the Texas Rising Star Program, creating incentives for participation and increasing quality in the system. The bill also creates a comprehensive work group that will include a diverse array of child care providers and other organizations charged with producing a plan to measure quality among providers. That plan could then be the basis for a statewide quality-rating improvement system akin to those operating in other states. The bill also provides for technical assistance, quality initiatives, and information for parents regarding the quality of local child care providers, all of which would be administered through local

workforce development boards. The bill—the result of four years of research and consensus-building among child care providers and advocates—passed with bipartisan support.

Another factor that contributes to quality early environments is a well-trained workforce of providers. While higher education programs can provide some of this valuable training, many child-care workers are unable to afford these programs due to low salaries within the field. **HB 660** by Strama would have required the Texas Workforce Commission to fund a scholarship program (currently known as TEACH) for child-care workers to pursue an Associate's or Bachelor's degree in child development. While this bill ultimately did not pass, a rider in the budget calls for the Texas Workforce Commission to allocate $500,000 each year to increase professional development for early education workers through stipends and other supports.

Child care regulation is critical to ensuring early environments are safe for children. **SB 427** by Nelson will strengthen regulation of residential child care facilities by requiring providers to undergo fingerprint background checks. Previously, these facilities were only required to undergo name-based checks. The bill also allows the Department of Family and Protective Services (DFPS) to inspect child-care centers and group home facilities with substantial histories of compliance with standards every two years rather than annually so that the agency can concentrate resources on monitoring providers that have been determined to be at risk for violations. **SB 1119** by Senator West, would have implemented recommendations by the DFPS Child Care Licensing Division to lower staff-to-child ratios for 2 and 3 year olds to ensure a safer environment. This bill did not receive a hearing.

Texans Care for Children opposed **SB 1688** by Lucio, which would have provided an exemption from the 24 hours of pre-service training required for some early educators. We expressed to the legislative office and our partners our concern that the bill would have eroded gains made in the 82nd legislative session in terms of properly equipping educators to support our youngest learners. The bill failed to receive a hearing.

Missed opportunities to fully restore support for Texas pre-K.

The 82nd Legislature cut a devastating $300 million from Texas pre-K in 2011, primarily from the Pre-Kindergarten Early Start Grant Program (PKES), which allowed school districts to make quality improvements, establish community partnerships, and expand pre-kindergarten instruction to a full-day program. This session we worked hard through coalition-building, testimony, and many visits with legislative staff to get PKES restored, but lawmakers were pulled in many directions in terms of restoration of education funding; even those most willing to fund early education were hesitant to continue to structure this funding through a grant program. With a backdrop of continuing school finance litigation, the final budget only restored

$3.9 billion of the $5.4 billion that was cut from public education. The budget also included $30 million that was provided as supplemental pre-K funding.

While this session did not see the restoration of the PKES Grant, a budget bright spot was the maintenance of $30.4 million in funding for another valuable program: the Texas School Ready! project, which was a Texans Care for Children priority. Texas School Ready! is a research-based model that serves children between the ages of 3 and 4 who are in Head Start, public school pre-K, or child care programs. The community-based collaborations, professional development, mentoring and progress monitoring provided by the Texas School Ready! project has helped almost 350,000 students in 200 communities across Texas. Supporting the continued funding of proven quality pre-K reform efforts like this is a way to ensure Texas gets early childhood education right and capitalizes on programs that deliver positive results.

Texans Care for Children worked with legislative offices to pass measures that would help the state review education funding formulas, so that pre-K financing could be incorporated into future plans to address the state's school finance situation. This work will be ongoing as the state determines how it funds public education moving forward.

Several bills related to expanding the availability of free pre-kindergarten programs and providing a full-day program to more children were also filed. These bills would have gotten Texas closer to the goal of universal pre-K, but they did not receive a hearing. Currently, Texas' public school pre-kindergarten program is offered for half a day and serves primarily our most at-risk children.

Texans Care for Children supports full-day pre-K and has been a voice for improving the quality of pre-K to help close the educational achievement gap. A new law, **HB 742** by Strama, creates a grant program that will provide for summer instruction in pre-K-8th grade for educationally disadvantaged students.

Improved how Texas will measure children's school readiness.

Ensuring our early education programs are doing their job in preparing children for kindergarten is critical in improving the quality of early education. **SB 172** by Carona requires the Commissioner of Education to include multi-dimensional assessment tools on the approved list of assessment tools for kindergarten, so that literacy and pre-literacy tests are not used as the sole measure of a child's readiness for school. Texans Care testified and mobilized advocates for the bill because research shows that the most accurate measures of school readiness include tools that assess progress across multiple domains, including social/emotional development and pre-numeracy.

The Kindergarten Readiness System (KRS), our state's current means of analyzing data from literacy assessment tools administered in pre-kindergarten and kindergarten programs, did not receive funding from the Legislature this session. Texans Care and advocates in the early education community are working with the Texas Education Agency (TEA) to explore the possibility of continuing to collect this data and share it with providers, while also continuing to call for a more robust measure of what our state considers "school ready."

SB 1608/HB 504 by Van de Putte and Hernandez-Luna would have severely restricted assessments that could be administered to students in pre-kindergarten and kindergarten, potentially restricting a school's ability to administer developmental screenings. Texans Care opposed the bills, which ultimately did not pass, because appropriate assessments for young students can help ensure they receive services they need.

What Texas Got Done for Early Childhood Intervention

Increased services to kids already served but asked some families to pay more.

Funding decisions for ECI during the 83rd legislative session were in large part a reaction to last session's actions, when ECI met a significant budget cut for the 2012-2013 fiscal year. To operate within reduced funding, the Department of Assistive and Rehabilitative Services (DARS) narrowed the eligibility criteria for ECI, so that now infants and toddlers must have a greater level of developmental delay in order to qualify for services.

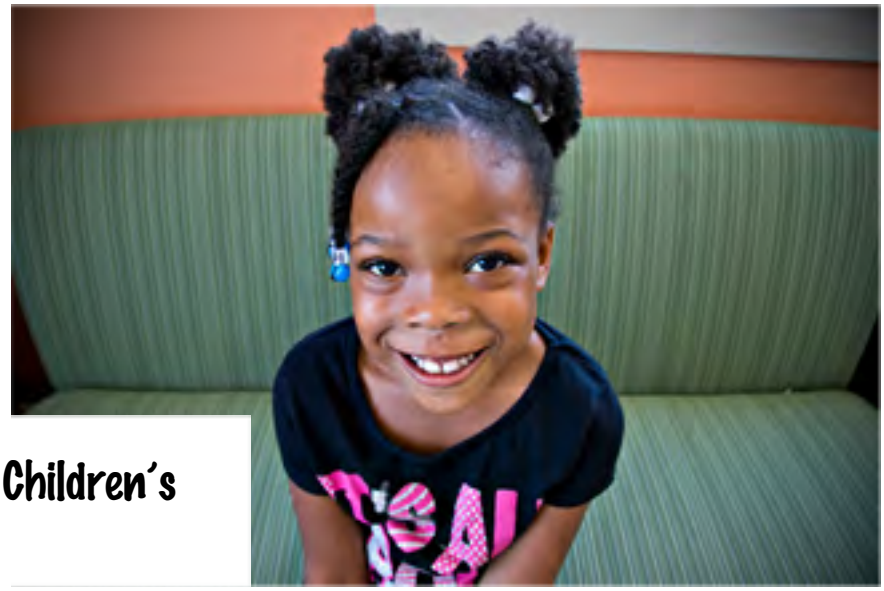
Last session, Texans Care helped launch the ECI Advocacy Coalition to share information and promote advocacy efforts around ECI. The Coalition continued its work this session, mobilizing families and advocates from across the state to urge their legislators to support a strong ECI system in Texas. The Coalition supported the full funding of DARS Exceptional Item 1, a request for an additional $20 million over the biennium. Under the new eligibility criteria, this additional funding would allow the department to maintain its average monthly cost per child, which has increased as a result of serving children with more complex needs.

We were able to mobilize families and advocates who contacted their legislators and provided powerful personal testimony during budget hearings. The Legislature responded by fully funding Exceptional Item 1, as well as adding more than $4 million in additional funding over the biennium. These were big wins for ECI, and a sign that the Legislature recognizes how critical ECI is to young kids with developmental disabilities and delays. However, the budget still puts the state below pre-2011 funding levels. It will be important during the interim to identify any unmet needs for babies and toddlers with disabilities and delays and work with stakeholders across the state to develop strategies to best address them.

One area of particular legislative attention this session was the amount of ECI service costs assumed by recipient families. DARS has already made preliminary revisions to its family cost share rules to comply with a rider in the budget. This rider requires families with an adjusted gross income above 400% of the federal poverty level (about $78,120 for a family of three) to cover the full cost of services, up to 5% of the family's adjusted gross monthly income. Some families might have health insurance policies that help them cover this expense; depending on their insurance plan, others might have to pay the full costs out of pocket. Formerly, ECI family cost share was administered on a sliding-fee scale, with a maximum family cost of $175 per month. SB 1060 requires DARS to collect data on the cost effectiveness of ECI family cost-share provisions and implement any changes to family cost-sharing that would make ECI more cost effective. DARS is also specifically required to consider implementing a family cost share provision under which the amount a family is responsible for is based on the amount of services they receive. Any new provision must establish a maximum amount for which a family is responsible, and that amount must be based on the family's size and adjusted gross income, with families in higher income brackets required to cover more under the provision than prior to its implementation. Texans Care testified on this bill, expressing concerns that cost effectiveness should not trump ECI's central mission of servicing families and that as the bill was filed it could indeed serve to discourage ECI usage or limit families' access to the program. Although SB 1060 passed, it was amended to add language ensuring that any changes implemented by the department would not prove cost prohibitive to families.

** Photo courtesy of Any Baby Can*

The 83rd Legislature and Children's Mental Wellbeing



What Texas Got Done for Children's Mental Health

In the wake of the tragic school shootings in Newtown, Connecticut, in late 2012, Texas joined the rest of the nation in looking for ways to better identify and intervene with individuals struggling with mental health issues. Through active dialogue with our network of members throughout the state, Texans Care assisted state legislators with informed recommendations and legislative proposals aimed at improving the way Texas supports the mental health of its children and youth, using both treatment and prevention strategies. Thanks to vocal advocates and strong bipartisan leadership, significant strides were made in the 83rd legislative session in investments and policies advancing children's mental health across systems.

Helped schools address students' mental wellbeing.

Helping schools promote the mental health of students isn't just a smart strategy to improve students' mental wellbeing. It happens to be a smart academic strategy, too. The strong link between student mental health and attendance, academic performance, and discipline issues[23] means schools should address student mental health as key component of preparing students to become successful adults.

Texans Care testified at interim and legislative hearings with recommendations on how the state can help schools in these efforts and worked with key partners this session to successfully champion school-based mental health strategies. The result was the passage of several positive bills for kids and the securing of funding to assist schools in promoting students' mental wellbeing, so educators know how to appropriately address students' mental health concerns when they arise. Historically, funding to the Department of State Health Services (DSHS) for children's mental health has focused almost exclusively on treatment for those with mental illness, with little attention or investment given to prevention efforts. Texans Care worked with our partners to secure $5 million for the biennium to assist schools in prevention and early identification efforts, and helped inform **DSHS Budget Rider 84** directing these funds.

Texans Care and our partners worked hard this session to propose school-based mental health bills and to help educate stakeholders about the intent of those bills. With the help of strong legislative leadership by Senator Deuell and Representative Coleman, three school mental health bills were rolled into one during the final days of the session and went on to passage.

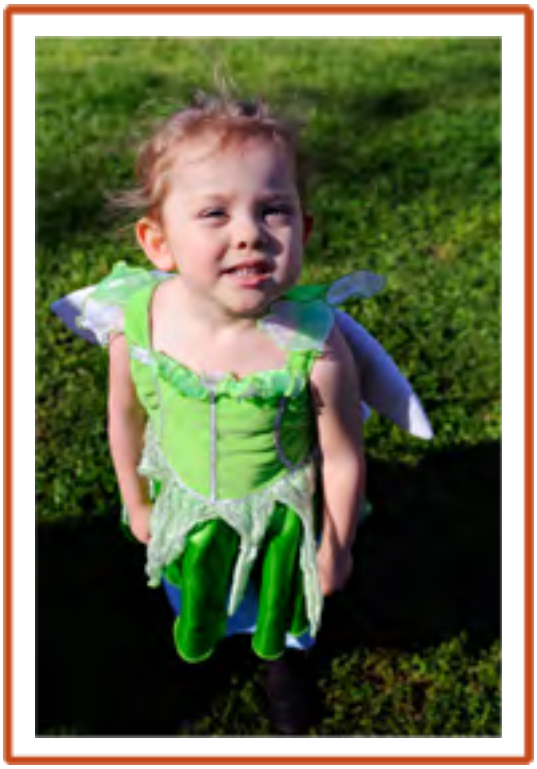
SB 460, a bill requiring educator preparation programs include information on recognizing mental health concerns and on strategies for educating students with mental health challenges, became the final vehicle. It also included provisions from **SB 1178** that require schools to provide teachers with basic training on identifying mental health and suicide risks among students, and provisions from **SB 1352** by Van de Putte, which was drafted by Texans Care to include mental health prevention in the state's coordinated school health efforts. The passage of the combined bills within **SB 460** are strong steps forward in helping schools, in partnership with families and communities, keep students healthy, safe, and learning.

SB 831 by Taylor will makes things easier for schools looking for ways to address students' mental health and positive development. This bill requires DSHS, the Texas Education Agency, and Regional Education Service Centers to expand a list of effective school-based suicide prevention and mental health intervention programs to include programs that promote positive youth development and that prevent mental health and substance abuse concerns. **SB 831** also makes this effective practices list more readily available to schools by having it posted on each agency's website.

When Representative Diane Patrick filed **HB 642** to train educators on preventing students from dropping out of school, Texans Care reached out to her office to have language included so educators will receive information about students with mental health disorders, a group at the highest risk of dropping out of school of any disability group.[24] The language remained in the bill, which became law.

Another priority bill, **HB 917** by Walle, a bill to train school police officers to be better equipped to work with students with mental health concerns, unfortunately, did not make it out of committee. This is disappointing, because school resource officers often have insufficient training on responding to students with mental health concerns, including de-escalation techniques and trauma-informed practice. A disproportionate number of students with mental health concerns are being removed from their classrooms due to disciplinary decisions, a leading risk factor in Texas for future involvement with the juvenile justice system.[26]

The Legislature did send a bill to the governor that will make mental health first aid training more accessible to school personnel and other community members. **SB 955** by Schwertner will enable communities to increase their capacity to train community members on how to appropriately respond to an individual who may have a mental health issue or to someone who is in crisis. Texans Care strongly supported this bill and worked with Senator Schwertner's office to expand who could provide trainings, so communities could better build upon existing resources and partnerships. A wide range of community members will benefit from the increased availability of mental health first aid trainings, including educators since **SB 955** provides additional funds to allow teachers to access these trainings at no cost.



Helped kids with serious mental health concerns get services and treatment they need.

About 1 in 10 children have mental health concerns that severely interfere with their ability to function at home, in school, or in the community.[27] With proper treatment and supports, many can successfully manage or recover from their illness. The Legislature provided the Department of State Health Services with additional funding to provide public mental health services to eligible children on current waitlists, meaning 286 more children will have access to treatment and supports.[28] Unfortunately, there are many more children in need of services who do not qualify for public mental health services.

A child living in Texas has less of a chance of receiving necessary mental health treatment than children living in any other state.[29] This results in many families being unable to access the services their child may need, due to high costs or lack of available providers or the right type of services and supports. When families' options run out, some families make the devastating decision to give their children up to the state, rather than watch their child continue to suffer without services. This choice is costly to the state and unnecessarily harms families. It is called relinquishment, and it has far-reaching consequences for families. In addition to disrupting children's lives, parents may be unable to seek or keep a job in their profession—such as a teaching, law enforcement or social work— because relinquishment is legally considered equivalent to being found guilty of abuse by means of neglect.[30] This threatens the stability of the entire family and may make it more difficult for the child to return home.

Texans Care worked with other advocates to help pass Senator Zaffirini's **SB 44**, which calls on the state to take purposeful steps to begin addressing this heart-breaking situation. **SB 44** requires the Department of Family and Protective Services to begin tracking the number of children voluntarily relinquished to the department for the sole purpose of accessing mental health treatment, which will help policymakers better understand the issue and how to address it. The bill also directs DFPS and DSHS to make recommendations on alternatives to relinquishment for access to mental health care, including system of care practices, YES Medicaid Waiver services, emergency respite, and making state-funded residential treatment services available outside of the child welfare system. **SB 44** also encourages the use of joint conservatorship between the state and a child's parents when appropriate and directs the Council on Children and Families to look at the option of keeping the names of parents who relinquish custody solely for their children to obtain needed mental health care off of a central registry identifying individuals determined guilty of abuse and neglect.

In addition to the measures included in **SB 44**, the Legislature funded strategies which will also help prevent parental relinquishment, appropriating $2 million for the biennium for this purpose. These resources will enable DSHS to fund 10 residential treatment beds for children or youth identified by DFPS as being at risk for parental relinquishment due to unmet mental health needs. The Legislature also provided funding to begin expanding the Youth Empowerment Services (YES) Medicaid waiver program into more communities in the state. Texans Care called on the Legislature to expand the YES Waiver program beyond its current pilot sites so more children and youth with serious emotional concerns at risk of being removed from their homes have access to traditional mental health treatments, such as therapy, as well as non-traditional supports, like transportation to appointments, while remaining in their homes. Currently, the YES Waiver program is only available to families living in Travis, Bexar and Tarrant Counties.

A continuity of treatment from childhood to adulthood is important for maintaining the functional progress a child has made. The language first introduced in **HB 2625** by

Coleman was intended to accomplish this by aligning state statute with what was already a DSHS rule (Texans Care for Children worked with the office to ensure original language in the bill that unintentionally would have narrowed eligibility for youth and children receiving public mental health services was removed, so the bill could achieve its intended purpose). As finally passed in **SB 7** by Senator Nelson, it is now clear in law that children can receive a similar level of services when they transition to adulthood. **SB 718** also helped to clarify procedures for the provision of mental health services to youth. Texans Care for Children worked with other mental health stakeholders to help shape language that clarified that children age 16 and over could consent to and request their own outpatient mental health services in addition to inpatient services. Additionally, **SB 718** clarified the procedures for admitting a youth in the conservatorship of the state involuntarily.

Despite the disproportionately high percentage of youth with mental health concerns in the Texas juvenile justice system, the Legislature did not increase its investment in mental health treatment for justice-involved youth. The $25 million appropriated to the Texas Juvenile Justice Department for the biennium for mental health services provided by local juvenile probation departments is about level to current funding. No additional funds were given to the agency's prevention efforts, which are used by some communities to provide mental health related services or programming.

Supported agencies working together to build on strengths, maximize resources, and improve outcomes.

Kids with serious mental health concerns are often served by multiple state agencies. Just as often, those agencies are not coordinating with one another as they should. Texans Care called on the Legislature to dedicate staff within the Health and Human Services Commission (HHSC) to support coordination of services to children with mental health concerns. The Legislature included **HHSC budget Rider 82**, directing the agency to dedicate one staff to coordinate mental health services across agencies for both children and adults. This position will report directly to the Executive Commissioner.

The Legislature also supported interagency coordination efforts by appropriating funds to the Department of State Health Services to provide mental health and substance abuse services to children, youth, and families identified by the Department of Family and Protective Services in order to assist in reunifying or keeping families together.

In serving kids with complex mental health needs, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the use of a "system of care" approach that has agencies partnering with families to provide children with coordinated care that targets their needs in a community setting. Several communities across the state have already implemented this approach, and HHSC brought together public and private partners to develop a strategic plan to help more communities adopt this

family-driven, youth-guided, culturally responsive, coordinated approach to providing services to children with mental health concerns and their families. Texans Care helped Senator Judith Zaffirini's office develop **SB 421**, sponsored in the House by Representative Naishtat, to move this strategic plan forward by evolving the Texas Integrated Funding Initiative (TIFI) Consortium into the Texas System of Care Consortium. The new law charges this consortium with overseeing implementation of the strategic plan designed to improve children's mental health services and supports across systems statewide. The interagency consortium, informed by family and community participation, will also advise the Legislature and the Council on Children and Families on policy issues related to children's mental health. Families of children with mental disorders were given a greater voice in decisions that affect their lives through **Senator Zaffirini's SB 50**, which adds mental health to the legislative charge of the Children's Policy Council, a family voice advisory body that makes interagency recommendations on policies related to children with disabilities.

Another bill Texans Care worked closely with an office in developing was **HB 3686** by Naishtat, which promotes interagency grant and resource coordination, based on a recommendation issued by the Council on Children and Families in its 2012 Legislative Report. The bill, which aims to maximize resources to improve child and family outcomes, passed in the House but did not reach the Senate in time for a vote. However, the Legislature included **Rider 78 in HHSC's budget**, giving the agency authority to coordinate grants and resources. The same rider also authorizes HHSC to make grants available to local Community Resource Coordination Groups (CRCGs), which help link children and families who rely on many different agencies with coordinated services and supports in their communities. The good news is Rider 78 paves the way for HHSC to seek outside resources to strengthen child- and family-serving efforts, like supporting local CRCGs. The bad news is the Legislature failed to dedicate state funds to launch these resource development and coordination efforts.

The Legislature did provide $25 million for community collaboratives established by **HB 2887** by Davis to serve homeless individuals with mental illness. Families with children account for nearly one in four of the homeless in Texas.[31] Also, half of teenagers aging out of the foster care in Texas find themselves homeless.[32] These families, children, and youth who are homeless have different needs than most homeless single adults. Texans Care reached out to our family and youth expert partners to gather input and worked with Rep. Davis's office to have provisions included in **HB 2887** that reflect the unique needs of youth and families with children experiencing homelessness. These provisions were included in **HB 2887's** language, which ultimately passed as part of **SB 58** by Nelson.

In an effort to continually improve upon how our public mental health and substance use systems provide services to children and their families, Texans Care for Children supported the passage of **SB 126** by Nelson. The bill creates an internet portal for consumers, advocates, and policymakers to review outcome measures of individuals who receive services from these systems. Texans Care worked to include data from the state's Medicaid managed care system for comparison purposes. With additional transparency and accountability, Texas can help ensure that children are receiving the best quality services possible.

In both private and public systems, our state faces shortages of health care professionals, including mental health providers, who offer the comprehensive services kids need. **HB 1023** by Burkett calls on HHSC to study the state's mental health workforce shortage and to recommend tangible steps to the next legislature on how to alleviate it. Moving these recommendations forward in the 84th legislative session will be a priority of Texans Care for Children.

Worked to build children and families' strengths and reduce their risk factors.

Part of Texans Care for Children's advocacy focuses on promoting policies and programs that nurture children's healthy development and work to prevent mental health concerns from emerging. Home-visiting programs are among those strategies, and **SB 426** by Nelson is a step in the right direction. The bill will expand home-visiting programs serving at-risk pregnant women and families with children under age six. The state will fund home-visiting programs that demonstrate various outcomes related to improved wellbeing in children, such as improved maternal or child health; reduced child abuse and neglect; improved social-emotional development; improved parenting skills; improved family economic self-sufficiency; and increased parent involvement. About $28 million will go toward Texas home-visiting programs over the biennium, including $17.75 million earmarked specifically for the Nurse Family Partnership program.

Home visiting is just one example of prevention programming taking place in Texas. Several state agencies fund prevention programs, usually with the goal of influencing a particular outcome, such as reducing child abuse and neglect, school dropout rates, or substance abuse. While an agency may be concerned with just one or two outcomes, effective prevention programs often produce a broad range of positive outcomes, which relate to multiple agencies. To maximize the benefits of the state's prevention programming, Texans Care worked to include a provision in **SB 44** that charges the Council on Children and Families with looking at ways state agencies coordinate and enhance prevention services offered to children and their families in order to expand and strengthen prevention efforts across agencies. The effective mental health programs list called for in **SB 831** and the coordinated school health provisions within **SB 460** will help schools identify and coordinate positive youth development and mental health prevention efforts.

The 83rd Legislature and Child Protection

What Texas Got Done for Child Welfare

Restored resources for prevention, caseload reduction, and foster and kinship care.

In the 2011 legislative session, the Texas Department of Family and Protective Services (DFPS) saw major cuts in its budget that left many children at risk for maltreatment and the system Texas relies on to protect our most vulnerable children absent resources it needed to ensure safety and permanency for our state's kids. This session, budget advocacy proved to be a huge success for the advocates and staff dedicated to restoring funding following the 82nd Legislature's cuts. Overall, the approved budget provides additional funding for expected increases in the number of children in the system and for various aspects of the system that help ensure the safety and wellbeing of the children and families DFPS serves.

Caseworkers are the people charged with protecting some of our most vulnerable kids, so Texans Care has consistently considered investments in strategies to retain qualified direct delivery staff a top budget priority. The approved budget provides the department with funding equivalent to over 900 new staff to decrease caseloads for investigations and conservatorship caseworkers. If additional funding had not been secured, caseloads for conservatorship caseworkers were expected to increase to over 30 cases per worker within the year. Lower caseloads allow caseworkers to do higher quality work and increases children's safety and chances for better outcomes. A related bill, **HB 304** by Walle (companion **SB 1748** by Uresti), which was a Texans Care for Children priority, would have set a cap on caseloads for Child Protective Services (CPS) workers in all stages of services and supported DFPS' efforts to address the high turnover rate. Due to concerns about implementation costs, the bill did not pass.

When people contact the state to report suspected child abuse and neglect, they should be able to get through to someone promptly. If they do not, research shows that many of those callers will in fact drop the call and may not end up reporting. Statewide intake received an additional $1.4 million that will ensure hold times do not increase beyond their current length (8.7 minutes of wait time, resulting in 30% of callers hanging up before they reach a person). If not secured, hold times would have increased to over 10 minutes in the next biennium, further increasing the risk that children might experience further abuse and neglect.

The Legislature also appropriated $30.5 million over the biennium for the development and implementation of targeted rate increases for foster care providers. A plan to implement these increases will be needed prior to funds being released. Last session, lawmakers cut state matching funds for vital services that support transitioning youth and successful adoptions. With the cuts, contracted local providers for adoption and post-adoption services, as well as those providing Preparation for Adult Living (PAL) services for youth transitioning from foster care to adulthood, were required to provide 25% matching funds for any state funds they received. This left many providers considering terminating their services. The approved budget restores funding that was cut last session and provides additional appropriations for caseload growth.

Funding for the relative caregiver program and relative daycare subsidies increased by $2.3 million this session, and policymakers appropriated additional money for caseload growth. The increased funding will strengthen placement stability for children who have been removed from their parents' care and placed with other family members. It will also keep kids out of foster care—a more costly and restrictive alternative. For daycare services, the budget included a rider requiring DFPS to collect income information and the number of household members for families receiving daycare subsidies. Similarly, **SB 430** by Nelson requires DFPS, under most circumstances, to confirm that foster parents have looked at other community resources before being provided financial assistance to provide child care at home, a proposal recommended by the recent Legislative Budget Board Government Effectiveness and Efficiency Report. While expressing support for providing children with access to quality early education environments, Texans Care also made legislators aware that careful implementation would be necessary to prevent this policy from serving as a barrier to service when keeping a child in the foster home during the day was in fact in the best interest of the child.

Last session, legislators cut overall funding for prevention programs at DFPS, which includes both delinquency prevention and child abuse and neglect prevention, by 30%. The 2011 Legislature cut child abuse prevention especially deeply, by 44%. Given the state's increased revenue estimate this session, policymakers provided an additional $24.8 million annually for prevention programs in the biennium. Most notably, other at-risk services, which include contract management staff and the Statewide Youth Services Network, received an additional $18 million for the biennium. Investment in prevention, early intervention, and effective services for children and families will not only lead to better outcomes for kids, it will save the state long-term costs associated with child maltreatment, due to abuse and neglect.

Ensured schools and the state work together to improve academic odds for foster kids.

Youth in foster care face many barriers to academic success. This session, Texans Care for Children worked closely with legislative offices on a number of successful priority bills related to improving foster kids' educational experiences. **SB 833** by Davis creates a student demographic code, through the Public Education Management System for students in foster care. This is important because being able to track youth in foster care, as schools do for other groups, will allow educators to have better information about their students and plan appropriately to help them and to work with DFPS to get their educational needs met. **SB 832** by Davis further strengthens the role of school liaisons, who are appointed to assist youth in foster care with the withdrawal and enrollment process. Under the bill, TEA will provide training to school liaisons and compile a list of liaisons, so that these school personnel can connect, share ideas, and get on the same page about meeting foster kids' needs.

Various other important education bills passed this session with Texans Care for Children's support. **HB 2619** by Naishtat ensures each child in foster care has a designated educational advocate to help with navigating the school system. The bill also requires all parties and individuals involved in a child's case, including the courts, to actively work to address a child's educational needs. The bill codifies federal standards that require state child welfare agencies to address educational stability for children entering substitute care and that say children removed from their home are entitled to remain in their school of origin. Finally, it allows excused absences for students in foster care that need to attend case-related appointments (such as court hearings, therapy, or visitation with family).

A new law, **SB 1404** by Patrick, aims to improve graduation rates for students in foster care by allowing school districts to award partial credits if appropriate for certain coursework. The bill also requires schools to provide opportunities for students in foster care to complete courses for graduation and to review personal graduation plans, when moves and upheaval in their lives get in the way of graduating on time. Schools also must provide students information about the tuition and fee waiver for dual credit courses—a benefit not often utilized by youth in care.

Supported the people providing kinship care and foster care to children.

Foster and relative caregivers provide the security and support that children who experienced abuse and neglect need. The legislature advanced a number of bills in support of these caregivers.

SB 769 by Uresti establishes a pilot program to provide specialized training to foster parents, so they can recognize and address trauma-related symptoms; it also promotes collaborative efforts and individualized services that will make it more likely for children to be successful and stay placed with that family, as opposed to being shuffled among many foster homes. Another important bill supported by Texans Care for Children was **SB 502** by West, which supports stability in kinship homes by requiring a pre-placement visit between the child and the relative who will be his or her caregiver. This extends to relative caregivers the same access to information that foster parents receive; with the bill's passage, as DFPS will now provide relatives a form with pertinent information about the child and other case-related details.

Lastly, **HB 3259** by Wu ensures adoptive parents have the full history of a child's needs and experiences in foster care. It requires the Department, child-placing agencies, and/or other individuals placing a child in an adoptive home to provide prospective adoptive parents with information about any abuse or neglect a child experienced while in foster care.

Took some steps to address foster children's behavioral health.

Two major bills filed this session continued efforts to ensure children in foster care receive appropriate treatment services while in the state's care. **HB 915** by Kolkhorst strengthens accountability of psychotropic medication prescriptions to children affected by abuse and neglect. Supported by Texans Care for Children, this bill requires a child's attorney to review a child's medical care, ask the child directly how he or she feels about their medication, and address any concerns related to medication with the court. The bill also provides accountability for judges, requiring that they review a child's medical care and determine whether alternatives to medication were considered. The bill as passed includes a provision from **HB 838** by Zerwas, which requires face-to-face visits between a child and a prescribing clinician every 90 days. **HB 915** also requires DFPS to include information about medication management in a child's transition plan and includes language from **HB 1143** by Strama to extend medication monitoring provided through the health insurance program for foster youth, STAR Health managed care, to foster youth who are also eligible for Medicaid and Medicare. Texans Care joined other advocates in bringing youth with experience in the foster care system to testify on **HB 915**, and lawmakers remarked publicly on the value of hearing from the youth directly about such an important bill.

To help the state make good choices about services and placements for children after they have been removed from their homes, it is important to have good information from the moment they enter the child welfare system. Texans Care for Children continued to work to improve behavioral assessments used in the child welfare system this session and pushed for the passage of **HB 1143** by Strama. If passed, this priority bill would have ensured all children coming into foster care receive a comprehensive, multi-disciplinary, psychosocial assessment within 45 days of entering care, including a trauma screening, which has been shown to be an extremely effective tool for children entering child welfare settings. Additionally, the bill would have required DFPS to develop a schedule of approved assessment tools to be used by clinicians during the assessment process and guidelines for what must be included in their reports. Although the bill received unanimous support in the House, it died waiting for a Senate committee hearing and represents a missed opportunity to improve services for 16,000 kids who enter the child welfare system each year.

Worked to improve foster care services and outcomes.

Ensuring the adults responsible for children in the state's official care can do their jobs well is vital to protecting kids and putting them on a path to a better life. **SB 771** by Uresti, which Texans Care for Children supported, requires DFPS to develop an employee training program that equips managers for their role.

Texans Care also actively supported **SB 534** by West, a bill that strengthens permanency planning for children by requiring the Department to address barriers to timely decisions about a child's permanent placement after being removed from home, as well as to define strategies to support a child's path to a permanent home. It requires DFPS to highlight these items in a permanency planning meeting that occurs five months after a child comes into foster care. Additionally, the bill was amended before its passage to include language from **HB 3399** by Uresti, which requires child-placing agencies that request a child be moved provide a discharge notice to DFPS, including information regarding the reason for the request, and recommendations for the next placement that would be best for the child—all measures aimed at promoting long-term placement stability. This bill further strengthens the state's ability to get children into permanent homes.

SB 425 by Nelson, another bill supported by

Texans Care for Children, requires DFPS to consult all parties, including Court Appointed Special Advocates (CASA) volunteers appointed to a child's case, when making a placement change in most circumstances. CASA volunteers help kids throughout their time in the child welfare system. They will now have access to certain information in the state's case management system to support their hands-on work with children with the passage of **HB 1227** by Dukes.

Meaningfully engaging foster youth in decisions that impact their lives empowers vulnerable kids and gives them opportunities to assert power in a system where they can sometimes feel powerless. Texans Care for Children's priority bill, **HB 843** by Lucio, requires DFPS to notify youth 10 and older, and other kids as deemed appropriate by the court, of upcoming permanency and placement review hearings. All other parties and individuals involved with foster children's cases were already required to receive timely notification of hearings, but kids were not until passage of this bill. Texans Care brought foster care alumni and youth currently in the system to the Capitol so they could express their support for the bill and help get the bill passed into law.

Texans Care for Children works to strengthen parental involvement and family reunification efforts when it is safe for kids to maintain or rebuild connections with their original family. **SB 352** by West, a bill we supported, raises the minimum standards and practice for visits between parents and children in the temporary managing conservatorship of the department. The bill ensures visits between a child and parent within three days of a child's entry into substitute care; the development of a temporary visitation schedule prior to a court hearing; and the development of a visitation plan produced in collaboration with parents, which gets reviewed by and filed with the court. The bill gives parents the right to file a motion to modify and/or amend the visitation plan at any time and encourages the use of community members and other volunteers, including CASA volunteers, to help facilitate visits. This is important because often caseworkers are responsible for visits between a child and parent, and, due to high caseloads and other case-related demands, they often face challenges in scheduling and facilitating visits, despite the key role visits play in promoting family reunification.

Made progress in supporting foster youth as they age out of care.

Youth making the transition from foster care to adulthood face many barriers to success, so several bills filed this session addressed the needs of these youth "aging out" of foster care. Texans Care for Children's priority bill **SB 1589** by Zaffirini strengthens the experiential learning opportunities and the Preparation for Adult Living (PAL) training provided to older youth. The bill provides guidelines for what should be included in financial literacy training and encourages providers to assist youth, 18 and under, with opening independently managed savings accounts, where a co-signer is not needed (many of these youth have no adult in their life who can fill this role). Also, this bill requires transitional living providers to assist youth over 18 with opening up an account when they get a job or might otherwise need one. **SB 1589** became law, but another priority bill aimed at providing savings opportunities for transitioning youth, **HB 445** by Dukes (**companion SB 980 by Davis**), which would have created a structure for an Individual Development Account (IDA) program for youth in foster care, failed to make it to the House floor for a vote.

Texans Care for Children worked to neutralize a harmful proposal in **SB 1210** by Zaffirini. Thanks to our and other advocates' efforts, the bill, which creates additional eligibility requirements for the tuition and fee waiver benefit–a benefit provided to youth aging out of care and other Texans, passed with the inclusion of an amendment. Sponsored by Representative Branch, the amendment excludes foster youth from the bill requirements

so these youth who already face so many barriers to completion of higher education continue to receive the benefit without these additional academic requirements.

Youth who enter adulthood without a supportive family to turn to are at higher risk for a host of ills, from homelessness to health challenges. **SB 109** by West supports strategies to address the high rates of homelessness among youth exiting the foster care system by including this population in the state low-income housing plan and report developed by the Texas Department of Housing and Community affairs. Texans Care for Children priority bill, **HB 2111** by Strama, adds nutrition education to the life skills training provided to older youth through the PAL program. Research shows an estimated 27% of children in foster care are obese, compared to 17% of the general population.

The federal Fostering Connections Act of 2010 allows states to receive reimbursements for their costs when they extend foster care for youth, ages 18-21. **SB 886** by Uresti clarifies provisions that allow Texas to receive federal reimbursement on behalf of young people between the ages of 18 and 21 residing in extended foster care to ensure the maximum federal reimbursement of costs. Finally, **HB 2719** by Guillen recognizes research that indicates a strong correlation between child welfare involvement and future involvement in the adult criminal justice system. This bill will provide the state more accurate data and promote the development of strategies that will ensure the best outcomes for children served by our state's child protection system.

Made thoughtful changes in judicial aspects of child abuse and neglect cases.

Punitive measures that hinder a parent's ability to be involved in reunifying with their children when it's safe to do so ultimately harm kids, so Texans Care for Children worked to prevent passage of several harmful proposals, none of which became law. These include **HB 165** by Flynn, which would have halved the waiting period for foster parents to file suit to terminate parental rights in most cases and reduced it even more for children under two; **HB 2321** by Parker, which was similar, applying to children removed from their homes on more than one occasion; and **HB 1209** by Parker, which would have shortened the timeframe for relatives seeking custody of a child. If passed, these bills would have challenged the state's ability to reunify kids with their families, even when that is what's best for the child.

Bills were filed this session to improve child and parental representation during legal proceedings of child abuse and neglect cases, a recommended practice for improving child outcomes. **SB 1759** by Uresti requires continuing education and training for attorneys appointed to both parents and children, so these lawyers know specifically how to represent parents in child welfare cases. **SB 768** by Uresti would have expedited the time in which parents are appointed an attorney, ensuring parents have legal guidance and support needed to navigate the child welfare system successfully and work towards reunification. This was a good bill and received unanimous support in the Senate, but was not successful when heard on the House floor. Also, **SB 429** by Nelson would have improved final orders by ensuring judges are determining other standing orders that may be in effect,

prior to rendering a final order and recommending a case be closed—a move that would improve clarity for all parties involved in a case. This bill was vetoed by the governor. **SB 130** by Nelson allows a prosecutor representing DFPS in a suit against the parent to also represent the family in an action to obtain a protective order. Before the law's passage, this was deemed a conflict of interest.

Worked to prevent child abuse and neglect in the first place.

Texans Care for Children joined with many child welfare advocates in working for legislation related to child abuse and neglect prevention training, and one major bill passed this session. **SB 939** by West (Companion **HB 2495** by Parker) requires training for all school employees in child abuse prevention techniques and identification of signs of abuse, as well as staff at institutions of higher education. Additionally, the bill requires colleges and universities to adopt policies regarding reporting of child abuse and neglect.

Additionally, **SB 66** by Nelson strengthens the composition of the child fatality review team committee and further pushes the state to look at child fatalities resulting from maltreatment in a more comprehensive and systematic way. This new law creates a commission to study the relationship between child protection services and the rate of child fatalities, and identify strategies to address and reduce child deaths from abuse and neglect, a provision adopted from **HB 1633** by Dukes.

As it relates to abuse and neglect in foster care, **HB 932** by Turner, Sylvester, and Rose (companion **SB 728** by Davis) would have required that legislators be notified of a child's death due to allegations of abuse and neglect while in foster care. Unfortunately, this bill was left pending in the Senate committee and its passage was not successful.

SB 423 by Nelson supports the Department's effort to implement a more therapeutic approach to investigations and allows DFPS to move forward with implementation plans of a "flexible" response system that will target families and children not in immediate danger. This new process aims to provide a less punitive, more individualized approach to families being investigated for allegations of abuse and neglect. Lastly, the governor signed into law **HB 1205** by Parker. This bill makes the punishment for professionals who willingly fail to report child abuse and neglect more severe, making it a state jail felony.

Passed laws to curb human trafficking.

Texas continues to combat human trafficking and find ways to support victims of these crimes. **HB 1272** by Thompson strengthens the Human Trafficking Prevention Taskforce by requiring local agencies to provide data, if requested by the taskforce, on issues related to human trafficking in their local jurisdictions. This bill guides the taskforce to work with DFPS in developing training and indicators that direct delivery staff can use to identify victims of human trafficking and youth in DFPS custody who may be at risk of human trafficking. The bill also requires a cross-systems plan for connecting identified victims to services.

Another bill aimed at improving training and assessment practices for those working with young victims of human trafficking was **SB 1356** by Van de Putte. This bill requires the Texas Juvenile Justice Department (TJJD) to provide trauma-informed care training to staff working in our juvenile justice systems, including training on human trafficking. Additionally, TJJD must evaluate best practices for identifying minor sex trafficking victims in juvenile justice settings and provide recommendations for best practices that may be used in facilities.

HB 2725 by Thompson defines and creates standards for shelters that serve human trafficking victims, including confidentiality of records for individuals residing in facilities. Similarly, **SB 427** by Nelson was amended before its passage to include language from

HB 1452 by Gonzalez that excludes certain facilities that provide residential services to victims of human trafficking from licensing standards. This provision aims to address the housing needs of human trafficking victims and support the local organizations that help them.

Child victims of sex trafficking are often served in our local juvenile justice system, but great strides have been made to treat these victims more appropriately and in a less punitive way. Building on these efforts, a new law, **SB 92** by Van de Putte, creates a legal framework for the use of diversion programs for young victims of sex trafficking and provides juvenile courts with more flexibility in sentencing and jurisdiction of minors in need of supervision. **SB 484** by Whitmire also supports diversion efforts by establishing a structure for prostitution-prevention programs in local counties.

The 83rd Legislature and Youth Success

What Texas Got Done Regarding School Discipline

School disciplinary practices can be a means to redirect children towards better choices, but when misguided and excessively punitive, they can lead to juvenile justice involvement for youth Schools currently are one of the major points of entry into the Texas juvenile justice system, so Texans Care considers improving school discipline practices a critical component of our juvenile justice work.

Reduced some ticketing and increased accountability in school discipline.

Disciplinary actions vary widely district to district across the state, and the impact of these actions is not always clear to parents and community members. Texans Care for Children continues to promote transparency and accountability in school discipline. Texans Care helped to develop and support **SB 420** by West that would require school districts that disproportionately discipline students of color or students in special education to develop and implement a remediation plan. While it was not brought up for a vote, the committee hearing opened up dialogue about the importance of addressing the disproportionate impact of school discipline on students in special education and students of color.

Texans Care also supported **SB 1115** by Whitmire that would have allowed the Texas Education Agency (TEA), at its discretion, to require schools that disproportionately discipline students or suspend or expel excessive numbers of students to hold public hearings to bring attention to these practice or alternately require the districts to implement remediation plans. This legislation passed out of the Senate, but, like its counterpart **HB 3810** by Farney, it stalled in the House Committee due to concerns over TEA exerting too much control over school districts.

One bill that Texans Care for Children worked against and that will likely increase the number of students removed from the classroom did pass. **SB 1541** by Van de Putte allows school bus drivers to send students to the principal's office for misbehavior that occurred on the school bus. The principal will then be required to discipline the student in the manner outlined in the student code of conduct for similar behavior in the classroom–oftentimes suspension, placement in a disciplinary alternative education program, or expulsion–rather than the school bus driver and principal redirecting the misbehavior. While many districts already allow for the school bus driver to send students to the principal, some

districts do not.

Additional legislation sought to increase transparency regarding the practice of issuing Class C Misdemeanors for misbehavior in schools and on the school bus, but these bills shared similar fates. It is estimated that as many as 300,000 Class C Misdemeanor tickets were issued to students in school in the 2011-12 school year–for anything from talking in class to schoolyard fights. Bills filed by three legislators would have required schools to report data on citations issued in schools. **HB 946** by Giddings would have required data collection and reporting of citations issued to students under the age of 12 for offenses determined to be nonviolent, but the bill did not pass. Texans Care for Children and coalition partners worked with Representative Armando Walle to develop **HB 918** that would have required schools and school police offers to collect and report data regarding all arrests of and citations issued to students, disaggregated by race and offense. Despite the bill's reliance on an existing reporting mechanism and a determination that there would be no cost to TEA, **HB 918** did not get a vote in committee because of concerns about cost and a time burden in collecting this information. Another bill supported by Texans Care for Children, **HB 2221** by Wu, would have required ticketing and arrest data that is reported to federal entities be made available publicly, but it did not receive a hearing.

While no legislation passed providing greater transparency in the use of school police to correct classroom misbehavior, multiple pieces of legislation furthering Texans Care's legislative priority to reduce the practice did pass. Building on reforms last session that prohibit ticketing of students in 6th grade or below for minor misbehavior, a number of legislative leaders stepped up to reduce the number of Class C Misdemeanors issued to students in the classroom. The Supreme Court Judicial Council developed a large number of policy recommendations to reduce the use of Class C Misdemeanors for school discipline. Texans Care for Children, in coalition with our juvenile justice advocacy partners, actively supported these recommendations.

SB 393, **SB 394** and **SB 395**, all by West, encompassed most of these recommendations. (Numerous other bills representing the priorities were also filed by other legislators.) While negotiations during the session changed some of the proposals, all three bills passed. **SB 393** eliminates the option to write tickets to students in school, rather requiring that complaints for the same offense be filed with the court, creating additional paperwork and accountability for officers that will likely reduce the number of complaints that would be filed. The original legislation required that a school implement progressive sanctions before a complaint could be filed against a student; however, in the last weeks of session, the bill stalled because of concerns that progressive sanctions created an additional burden on schools, and the progressive sanctions became optional.

Senator Whitmire was also successful in passing multiple pieces of legislation to increase accountability and reduce the number of students receiving Class C Misdemeanors in the classroom. **SB 1114**, supported by Texans Care, changed the two Class C Misdemeanor offenses included in the Education Code, but not the Penal Code–disruption of class and disruption of transportation–to be citable offenses only for persons who are not students. The legislation also requires that tickets issued to or complaints filed against students while at school must include an offense report, witness statement, and victim statement (if there was a victim); if the report or statements are not filed, the citation or complaints are not valid. Currently, citations are often issued by officers who did not see the offense but write citations based on requests from teachers and administrators. These provisions provide increased accountability and transparency by requiring teachers and administrators to personally confirm the student should receive a criminal citation or complaint. The additional

steps and accountability will likely further reduce the number of citations and complaints. **SB 1234**, also by Whitmire and supported by Texans Care, would have reduced the number of Class C Misdemeanor complaints filed against students for the Education Code offense of failure to attend school, as it requires school districts to adopt truancy prevention measures before a student has enough absences to commit failure to attend school. However, **SB 1234** was vetoed by the governor due to his concerns that it would conflict with prevention measures already being implemented by schools.

Another bill impacting truancy, **SB 1419** by West, creates a truancy prevention fund by increasing fees collected from persons convicted in municipal or justice court for offenses other than parking violations by $2. A local government entity could then apply to the Criminal Justice Division of the Governor's office for funds to prevent truancy in their community. Funds can be used for programming or new case managers and could be used for prevention after a youth is already court involved for truancy.

What Texas Got Done for Juvenile Justice

With many reforms occurring within the state juvenile justice agencies during the last few legislative sessions, Texans Care for Children looked to keep stability within the system so these previous reforms could be fully implemented. With that lens, Texans Care actively supported legislation that ensures youth safety in facilities, provides appropriate rehabilitative treatment to system-involved youth, reduces the impact of juvenile justice involvement later in life, and keeps kids in the juvenile justice system rather than pushing them to the adult system.

Failed to provide adequate funding to ensure stability in the juvenile justice system.

Decreasing the number of youth held in juvenile justice facilities means a great savings in human potential and in hard costs to the state. That said, in the short term, perceived savings from having fewer kids in lock-ups should be reinvested in what has historically been an underfunded system. Additionally, given that our state is now focused on those youth with the highest degree of needs, the cost per youth is increasing. Given this reasoning, and in light of the fact that the Legislative Budget Board began using a new formulation of costs, Texans Care advocated for maintaining the Texas Juvenile Justice Department and its services in the budget. And while Texans Care supports having fewer children in secure facilities, we understand that closing facilities does not mean a reduction of youth in facilities, but rather will result in a redistribution of youth among existing facilities. Despite our push for maintenance of funding, the Legislature required, through a budget rider, the closing of one secure facility while cutting funding to the point where the agency may be forced to close two. With hopes of preventing the instability and safety concerns that came about after last session's budget cuts forced the closure of three facilities, the Legislature provided the agency additional time to plan for facility closure–requiring a comprehensive plan to close the facility by

September and the plan's approval by the Legislative Budget Board before the final movement of youth and before the closure deadline of January 1, 2014.

However, the Legislature did fund the agency's exceptional item request, supported by Texans Care, to provide additional dollars to ensure mental health professionals can be available in all probation departments to provide services to youth, as well as the request to increase funding for the Office of the Independent Ombudsman, replacing grant funding the office was scheduled to no longer receive. At the same time, legislators cut $3.6 million from the agency's central office budget which includes indirect administration staff and computer needs. Agency officials argue that with the central office cuts, the agency will lose key personnel necessary for the agency to continue planning for and implementing reforms.

Last legislative session, the Texas Juvenile Justice Department was given the responsibility of delinquency prevention and intervention but was provided no funding to carry out this responsibility. During the interim, the agency used a small amount of money within its existing budget to support small intervention pilot projects coordinated by county probation departments throughout the state. Texans Care supported the agency's request for additional funding to continue providing grants to select counties to implement delinquency prevention programs. The legislature provided the requested $3 million per year for these grants for a total of $6 million for the biennium.

Passed laws aimed at improving treatments and handling of kids in the system.

Texans Care also supported initiatives that provide appropriate treatment for youth in the justice system. **SB 1356** by Van de Putte, as originally filed, would have provided front-line staff with training on how to effectively interact with trauma-exposed youth. It is estimated that more than half of all youth in the system have experienced traumatic events, and currently most staff are already provided some information regarding trauma. While, as filed, this bill would have built on this foundation to truly equip staff to serve youth, Legislators opposed a level of training that they felt would incur costs and instead passed a weaker training requirement.

HB 144 by Raymond, supported by Texans Care, codifies in statute an important practice already occurring in the juvenile justice system; it allows a court to order a youth involved in the system to be evaluated for chemical dependency. If it is determined the youth suffers from chemical dependency and is not receiving treatment, the probation department will be required to refer the youth to the local mental health authority or another appropriate provider. Representative Raymond has filed this legislation for multiple sessions, and with the Governor's signature, it finally became law.

Representative Sylvester Turner successfully passed legislation that will provide appropriate, timely legal counsel for youth. **HB 1318**, supported by Texans Care, requires that youth who qualify for appointed legal counsel have counsel appointed before their first detention hearing, rather than waiting days or weeks before counsel is appointed. Before passing the House, the bill was amended to allow the court to not appoint counsel if it is determined not feasible due to exigent circumstances and to allow a public defender's office to not accept the case if it puts the office over their maximum caseload. An amendment in the Senate requires data collection regarding how often indigent counsel is provided.

One bill, while it would have allowed for youth to stay closer to home, which Texans Care supports, also could pose a risk of reduced youth safety and reduce access to appropriate treatment. **SB 511** by Whitmire, as filed, would have allowed for all counties operating secure post-adjudication facilities to commit kids to the secure facility in their county instead of to the state-run secure facilities. Texans Care expressed concerns regarding the legislation,

legislation, related to county probation departments not having the resources necessary to meet the needs of higher-needs youth who would be committed for longer periods of time; the lack of protections to ensure youth safety and protection of youth rights or oversight; the lack of appropriate planning structures for parole or release from facilities; no guarantees of appropriate rehabilitative programming and treatment being available for these committed youth; and the legislation providing no assurances that counties would not increase the number of youth sent into the adult system either by certifying them as adults or through early transfers of youth on determinate sentences. After much pushback, the legislation was changed into a time-limited pilot project confined to within Travis County. Unfortunately, the pilot project still does not include the oversight and protections Texans Care pushed for.

Mostly maintained the status quo in facilities without any major steps forward to improve safety.

In 2011, the Texas Legislature gave the Office of the Independent Ombudsman of the Texas Juvenile Justice Department the authority to collect and analyze abuse, neglect, and exploitation data from county-run juvenile probation departments, but the office did not receive the authority to investigate concerns or act on complaints received. Texans Care for Children actively supported **HB 1543** by Allen as well as similar proposed amendments that would have allowed the Ombudsman to investigate safety and rights concerns in both county facilities and in Texas Department of Criminal Justice facilities housing youth. The important legislation passed out of the House Committee on Corrections; however, concerns from the Texas Department of Criminal Justice and county probation leaders kept the bill from getting to a full vote in the House.

After learning about a proposed amendment that would have eliminated juvenile probation departments' requirement to implement the provisions of the federal Prison Rape Elimination Act, Texans Care and many of our juvenile justice partners successfully stopped the amendment from coming up for a vote. The argument from county representatives was that they did not have the necessary funding to implement these measures that work to ensure youth safety.

Keeping youth in seclusion, sometimes called solitary confinement, for long periods of time has been proven to create health and safety concerns for youth–particularly youth with mental health concerns–while also hampering a youth's rehabilitation. Senator Leticia Van de Putte filed and Texans Care supported **SB 1517** that, as filed, would have prohibited using seclusion for 24 hours or more for nonviolent offenses like horseplay and disrespecting staff within juvenile probation facilities. Seclusion for violent offenses and for purposes of protecting the safety of the youth or others would still have been allowed. However, because of resistance from juvenile probation departments, the bill that would have had a great impact on increasing rehabilitative opportunities and kept youth from harmful isolation was changed into a requirement for collection of data. After the bill was changed, Texans Care unsuccessfully worked to improve the data requirements to increase accountability. The bill passed both as an amendment to **HB 2862** and as an amendment to **SB 1003**.

Missed opportunities regarding youth in the adult system.

Last legislative session, legislation was passed that required county juvenile probation boards to each develop a policy on whether to allow youth certified to stand trial as an adult to be held in juvenile facilities or in the adult county jail while awaiting trial. Two pieces of legislation were filed this session to modify that policy, though neither passed. **HB 529** by Turner, a Texans Care priority, would have made holding juveniles certified as adults in juvenile facilities the norm. Counties wishing to hold these youth in adult jails while awaiting trial would have to develop a plan to opt out. With many concerns expressed to Rep. Turner by county officials regarding implementation of the bill as drafted, Rep. Turner decided to not move the bill forward this session and rework it during the interim. **SB 1839** by Whitmire would have changed the law to allow county jails that house youth and adults in the same facility to use the same staff with both the youth and adults. It also would have removed some "sight and sound separation" requirements, allowing youth and adults to pass one another in the hall as long as staff are on hand to supervise the youth. **SB 1839** was set on the House Calendar but the session ended before it had the chance to come up for a vote.

HB 2862 by McClendon was characterized by its author as a "clean up" bill, one intended to merely clarify existing law. The bill clarifies law regarding placement of youth and court procedures and was amended in the last days of session to include **SB 1440** by West. **SB 1440** includes a provision requiring youth certified to stand trial as an adult who are being held in a juvenile facility while awaiting trial to be transferred to an adult facility once they reach age 17. It also includes a provision that allows a juvenile's record be shared with military personnel, though this information cannot be used to prevent a youth's entry into service.

Texas is one of only 13 states that considers all youth over the age of 17 to be adults for justice purposes, while still using 18 for adulthood in nearly all other purposes of legal definition. If Texas were to include 17 year olds in the juvenile justice system, many more youth would have access to rehabilitative programming support services to help get them back on track to a productive life. That is why Texans Care for Children supported **HB 3634** by McClendon, which would have created a task force to determine the feasibility of raising the age of jurisdiction in juvenile court while looking at all factors, including impact on community safety, capacity in and costs to the juvenile system–as well as reduced costs in the adult system—that would need to be considered before implementation of an age change. **HB 3634** did not get a vote in the House Committee on Corrections, and while a similar provision was made in an amendment to **HB 990**, that bill did not pass the Senate.

A handful of bills were filed to address the recent Supreme Court Decision Miller v. Alabama that ruled mandatory life sentences without the possibility of parole for juveniles to be unconstitutional. **SB 187** by Huffman received the most traction during the course of the session and would have changed the mandatory life sentence without parole for 17 year olds convicted of capital offenses to a mandatory life sentence with the possibility of parole after 40 years. Texans Care expressed concerns with the bill during the session because it did not fully address the Supreme Court's recommendations to provide a range of sentencing options and allow judges and juries to hear factors regarding the youth and the offense that could change the length of the sentence. The legislation did not pass. However, the governor added the issue to the call of legislative special sessions; time ran out in the first special session before the bill could pass.

Texans Care supported **SB 345** that abolished the state boot camp for adult offenders aged 17-26. Boot camps have been proven to be ineffective and can even increase recidivism. This good piece of legislation provides a cost

savings to the state while also doing right by youth. It passed both chambers and was signed by the governor.

Improved measures to keep juvenile records from interfering with kids' future.

A juvenile's record, regardless of successful rehabilitation, can impact their opportunity to enroll in college, receive financial aid and scholarships, and secure a job or entry into the military. A number of bills were passed that would help to mitigate some of these concerns. **HB 528** by Turner and **SB 394** by West, both supported by Texans Care for Children, close a loophole in statute that requires that records of youth who were convicted of fine-only misdemeanors other than traffic offenses remain only accessible to law enforcement. These misdemeanors are often due to misbehavior at school. A change in law last legislative session sought to make these records confidential, however, as the law was adopted it did not make confidential the records of youth who received deferred adjudication or had their cases dismissed. The legislation passed this session corrects that oversight and ensures all these fine-only misdemeanors remain confidential.

And finally, when youth touch the juvenile justice system they are fingerprinted and their fingerprints are put into databases that may follow that youth forever. It is possible for a youth to not have a record because of deferred adjudication for a low-level misdemeanor offense, but a future employer or college admissions officer might find their fingerprints on file in a criminal database. **SB 1769** by Rodriguez, creates a committee to study the feasibility of safely eliminating or reducing the practice of fingerprinting minors. Fingerprinting is historically done in the criminal justice system so repeat offenders can be tracked, but most juvenile offenders are not repeat offenders.

End Notes

[1] The Texas Women's Healthcare Coalition, "Texas Women's Healthcare in Crisis," 2013.
[2] TXPEP Family Planning Data Finder, "Texas State: DSHS Family Planning Clinic Closures," http://www.prc.utexas.edu/txpep/#state.
[3] The Texas Women's Healthcare Coalition, "Texas Women's Healthcare in Crisis," 2013.
[4] HHSC, "Women's Health Program Enrollment," http://www.hhsc.state.tx.us/research/wh-final-count.asp.
[5] HHSC, "Rider 48 Report: 2011 Annual Saving and Performance Report for the Women's Health Program," May 2012
[6] Finer LB and Zolna MR, Unintended pregnancy in the United States: incidence and disparities, 2006, Contraception, November 2011, 84(5): 478–485.
[7] Eric A. Miller, Texas Pregnancy Risk Assessment Monitoring System Annual Report 2004 (PRAMS), (Austin: Division of Family and Community Health Services, Texas Department of State Health Services. 2004), Accessed May 3, 2012, http://www.dshs.st at e.tx.us/mch/pdf/ PRAMS%20annuai%2QQ4.pdf; Frances Deviney, et al., The State of Texas Children: Kids Count Annual Data Book: The Importance of Investing in Children, (Austin: Center for Public Policy Priorities, 2011), Accessed May 3, 2012, http://www.cppp.org/sotc/pdf/TKC_11.pdf.
[8] The National Campaign to Prevent Teen and Unplanned Pregnancy, "Fast Facts: The consequences of unplanned pregnancy," (May 2008). Accessed at http://www.thenationalcampaign.org/resources/pdf/fast-facts-consequences-of-unplanned-pregnancy.pdf, February 8, 2013; Frances Deviney, Pace Phillips, Carrie Dickerson and Laura Tibbitt, The State of Texas Children: Kids Count Annual Data Book: The Importance of Investing in Children, (Austin: Center for Public Policy Priorities, 2011), http://www.cppp.org/sotc/pdf/TKC_11.pdf.
[9] DSHS, "Exceptional Item (EI): Primary Health Care Expansion," March 2013.
[10] The Texas Women's Healthcare Coalition, "Texas Women's Healthcare in Crisis," 2013.
[11] DSHS, "2010 Health Texas Babies: Infant and Maternal Health Data," July 2012.
[12] TXDPS, "2011 Crime in Texas: Family Crime," http://www.txdps.state.tx.us/crimereports/11/citCh5.pdf

End Notes

[13] March of Dimes, “Peristats: Texas,” http://www.marchofdimes.com/peristats/ViewSubtopic.aspx?reg=48&top=4&stop=43&lev=1&slev=4&obj=1&dv=ms; March of Dimes: “2012 Premature Birth Report Card: Texas,” http://www.marchofdimes.com/peristats/pdflib/998/TX.pdf

[14] Lorch, SA et al, “The differential impact of delivery hospital on the outcomes of premature infants,” Pediatrics, Aug. 2012 , http://www.ncbi.nlm.nih.gov/pubmed/22778301

[15] CDC, “Screening for Congenital Heart Disease,” http://www.cdc.gov/ncbddd/pediatricgenetics/cchdscreening.html

[16] Hoelscher D.M., Perez A., Lee E.S., Sanders J., Kelder S.H., Day R.S., Ward J. School Physical Activity and Nutrition (SPAN) III Survey, 2004-2005. UT School of Public Health, Houston.

[17] Texas Comptroller Susan Combs. “Gaining Costs, Losing Time: The Obesity Crisis in Texas.” February, 2011.

[18] Texas Comptroller Susan Combs. “Gaining Costs, Losing Time: The Obesity Crisis in Texas.” February, 2011.

[19] Brownell et al. "The Public Health and Economic Benefits of Taxing Sugar-Sweetened Beverages." The New England Journal of Medicine. September 16, 2009. http://www.nejm.org/doi/full/10.1056/NEJMhpr0905723. Accessed August 10, 2010.

[20] Woodward-Lopez G, Kao J, and Ritchie L. To what extent have sweetened beverages contributed to the obesity epidemic? Public Health Nutrition, Sept 2010.

[21] Baxandall, Phineas. "Taxing Habits." Regional Review, 2003. http://www.bos.frb.org/economic/nerr/rr2003/q1/taxhabits.htm. Accessed September 2010.

[22] http://scorecard.assetsandopportunity.org/2013/state/tx

[23] Elias, M. J., Gara, M. A., Schuyler, T. F., Branden-Muller, L. R., and Sayette, M. A. (1991). “The promotion of social competence: Longitudinal study of a preventive school-based program.” American Journal of Orthopsychiatry, 61(3), 409-417.; Greenberg, M. T., Domitrovich, C. E., Graczyk, P. A., & Zins, J. E. (2005). “The study of implementation in school-based preventive interventions: Theory, research, and practice.” Promotion of Mental Health and Prevention of Mental and Behavioral Disorders. http://casel.org/publications/the-study-of-implementation-in-school-based-preventive-interventions-theory-research-and-practice/ ; President’s New Freedom Commission (2003). Achieving the Promise: Transforming Mental Health Care in America. Final Report. http://store.samhsa.gov/shin/content//SMA03-3831/SMA03-3831.pdf

[24] Wagner, M. (1995). “Outcomes for youths with Serious Emotional Disturbance in Secondary School and Early Adulthood.” Critical Issues for Children and Youths. 5(2).

[25] Justice Policy Institute. (2011). Education Under Arrest: The Case Against Police in Schools. http://www.justicepolicy.org/research/3177

[26] Public Policy Research Institute, Texas A&M (2005) Study of Minority Over-Representation in the Texas Juvenile Justice System. http://dmcfinalreport.tamu.edu/DMRFinalReport.pdf

[27] US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Mental Health (1999) Mental Health: A Report from the Surgeon General. http://www.surgeongeneral.gov/library/mentalhealth/home.html

[28] http://www.dshs.state.tx.us/legislative/83rd/DSHS-SFCpresentation-013012.pdf

[29] Kaiser Family Foundation. (2007). Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007. http://statehealthfacts.org/comparetable.jsp?typ=2&ind=53&cat=2&sub=14&sortc=1&o=a)

[30] Hogg Foundation for Mental Health: Advancing Recovery and Wellness in Texas, “Child Relinquishment to Obtain Mental Health Services for Children with Serious Emotional Disturbance,” Interim Study Recommendations for the 82nd Legislature, 2012, http://www.hogg.utexas.edu/initiatives/Interim_Recommendations.html#ChildRelinquishment.

[31] Texas Homeless Network 2013 Point-In-Time Results http://www.thn.org/kb/balance-of-state-continuum-of-care/assessment/2013-pit-count/PIT%20BOS%202013.pdf

[32] Texas Homeless Network. 2013 Homelessness in Texas. http://www.thn.org/kb/2013Homelessness_in_Texas.pdf

TEXANS CARE for CHILDREN

Texans Care for Children is a 501(c)(3) nonprofit organization and the leader in policy advances for Texas children. Texans Care works to promote the wellbeing of children in Texas in the areas of health, protection, mental wellness, youth success, and early opportunities. With members statewide, the organization is a nonpartisan voice for children, a source on children, and a network for people who put kids first.

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