



83rd Texas Legislature Position Statements and Outcomes Summary

One Voice Texas is a network of public, private and non-profit organizations in the Greater Houston area working together to ensure that the health and human services needs of all Texans are addressed in legislative, regulatory, funding and other public policy initiatives.

One Voice Texas supports the need for strong prevention and early intervention programs, and the ability to maximize federal funding for health and human services programs, so that we can --

"Keep Texas dollars working in Texas."

The membership has developed and approved policy recommendations in each of the five priority health and human services areas. This document is a summary of those recommendations and details can be found at the website: www.onevoicetexas.org.

BASIC NEEDS

Payday and Auto Title Lending - Set standards for payday and auto title loan products including limits on rates and/or fees, limits on number of times a loan can be rolled over, assessment of borrower's capacity to repay a loan, and plans that allow payments towards loan principal.

Legislative Outcomes: Advocates supported efforts that would regulate the payday and auto title lending industry while also providing protections to consumers. As in past legislative sessions, these efforts were unsuccessful.

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BEHAVIORAL HEALTH

Continuity of Care - Support initiatives that fund, create, and expand the availability of continuity of care programs, such as Medicaid Home and Community Based Services and Money Follows the Person, for individuals living with behavioral health disorders throughout the state.

Funding and Access - At a minimum, (1) maintain current levels of funding for and access to services provided by state mental health programs, including crisis care, community based services, state psychiatric hospitals, and programs for justice-involved youth and adults and (2) maintain the current levels of funding for and access to substance abuse treatment programs, including those offered through the state's juvenile and criminal justice systems. Support initiatives that (1) better utilize existing funds and draw down additional federal funds, place an emphasis on and expand cost-effective community based services rather than institutionalization and/or hospitalization, oppose further cuts to Medicaid reimbursement rates, increase the number of behavioral health care professionals throughout the state, and further promote jail/prison diversion services for individuals living with mental illness and/or substance use disorders and (2) support initiatives that promote the expansion of integrated healthcare through the systematic coordination of physical and behavioral health care services throughout Texas.

Permanent Supportive Housing - Support initiatives that fund, create, and expand the availability of permanent supportive housing, including wrap-around services, for individuals living with behavioral health disorders throughout the state.

Legislative Outcomes: The Legislature increased funding to the base state budget for mental health and substance abuse services for biennium by more than \$300 million. Two specific pieces of legislation have the potential to strengthen the behavioral health safety net in Houston/Harris County. A mental health jail diversion pilot program is being coordinated by Harris County and state funding was allocated for the

establishment and expansion of community collaboratives by local entities to provide services to and coordinate the care of persons who are homeless, persons with mental illness, and persons with substance use disorders. This initiative requires equal amounts of public/private funds. One Voice Texas is in discussions with organizations related to these opportunities.

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CHILD AND YOUTH SERVICES

Financial Literacy for Youth in Foster Care - Update financial literacy language in the Texas Family Code to reflect current financial education needs and interests of youth in foster care. Specifically, specify a minimum list of financial literacy subjects that must be provided as part of experiential life-skills training and, when appropriate and available, experiential opportunities including assisting youth in creating savings plans and establishing savings accounts. Require that as part of the transitional planning process, youth who have a source of income receive assistance in opening a savings and/or checking account when they turn 18.

Homeless Youth - Establish a state definition of homeless youth. Allow youth who meet the Texas Family Code criteria for consent to medical treatment and emergency shelters, to contract for permanent supportive housing or transitional living arrangements; add a licensing requirement that allows licensed facilities to house youth who meet consent criteria, without the consent of a parent or guardian. Establish a "with cause" provision under the non-offender designation for children who run away from home due to abuse, neglect, or are forced to leave home without appropriate provisions for shelter. Add the designation of Family in Need of Services (FINS) to the options juvenile court judges can use to intervene with children and their families.

Kinship Placements - Require that a pre-placement visit occur prior to placement with a relative and that placement summary forms be provided to kinship placements.

Permanency Meetings and Notifications - When DFPS serves as Temporary Managing Conservator, require an additional permanency planning meeting around the time the child has been in care for 9 months. Require specific notification to child placing agencies of permanency planning meetings and court hearings and require electronic notification to professional stakeholders to reduce cost and increase timely notification.

Psychotropic Medications for Youth in Foster Care - Require that DFPS and the Health and Human Services Commission appropriately monitor the psychotropic medication use of children who are dual eligible for Medicare/Medicaid and those who are under the supervision of DFPS through an Interstate Compact Placement Commission (ICPC). Require that youth in the custody and supervision of DFPS and on psychotropic medications be seen by their prescribing physician a minimum of once every 90 days to ensure appropriate monitoring of medication and treatment goals. Require that non-pharmacological interventions be utilized before beginning a psychotropic medication except in urgent situations where the child is an immediate danger to themselves or others. Amend the current Psychotropic Medication Utilization Parameters for Foster Children to include criteria related to non-pharmacological interventions such as counseling or psychotherapy.

Include all protocols, including the PMUR process, in the DFPS/CPS handbooks to ensure that all procedures regarding psychotropic meds are clearly outlined.

Visitation for Infants and Toddlers in Foster Care - Require that a visitation plan be developed within a week of removal. The visitation plan should be leveled, including strict supervision, moderate and light, or no supervision. Visits between infants/toddlers and their parents/guardians should be scheduled at a minimum of two times a week. If these standards cannot be met, DFPS must indicate why that is the case and what specific steps will be taken to resolve these barriers. Developmentally appropriate toys should be available at all visits. Appropriate guidelines for visitation should be provided to parents before each visit occurs. In order to assist in supervising visits between children and their parents, DFPS should employ the use of volunteers including those who are directly engaged with the department as well as those who work for organizations that serve children in state care. The standard criminal CPS and criminal background checks should be employed.

Legislative Outcomes: Five critical areas were prioritized including, for the first time, policies addressing visitation standards for youth in foster care. Specific policy outcomes included:

- ★ raising the minimum visitation standards and practice for all children in the Temporary Managing Conservatorship of DFPS when these children have a permanency goal of reunification;
- ★ making more effective use of permanency placement meetings for children who are in the Temporary Managing Conservatorship of DFPS;
- ★ strengthening psychotropic medication accountability for youth in foster care;
- ★ requiring stronger financial literacy preparation of youth as they prepare to age out of foster care;
- ★ enabling consent by certain minors to housing and services provided through a transitional living program; and, additionally, the collaborative supported;
- ★ greater flexibility by Children's Protective Services in its use of federal funds; and

- ★ development of a more appropriate response to families who cannot find community based behavioral health services for their children, as opposed to bringing these children into the foster care system.

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EARLY CHILDHOOD EDUCATION

Early Childhood Intervention Funding - Restore (1) funding cuts to meet the needs of all Texas children with disabilities and/or developmental delays and (2) eligibility criteria in place prior to the 82nd Legislature and oppose proposals to further narrow eligibility criteria and/or restrict services.

Maintain and Restore Proven Quality Investments - Restore funding for all proven, high-quality early childhood programs, including pre-kindergarten quality improvement grant funding, Child Care Licensing through DFPS, and the Texas Public School Pre-kindergarten Initiative funded by the Foundation School Program.

Texas Child Care Subsidy Program - Increase quality incentives, create and provide specific definitions of quality, provide technical assistance to centers, and create a state-wide Texas Rising Star Review Work Group.

Legislative Outcomes:

- ★ Improved incentives for quality in child care for low income children.
- ★ Fully funded pre-K reform initiative to help children enter school ready to learn.

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HEALTHCARE

Medicaid - Support the continued transformation of Medicaid into a system that provides quality, coordinated and cost-effective care to those most in need, while expanding Medicaid eligibility to low-income Texans currently served by safety net programs that are funded solely at the county and state levels without federal support and improve access to care for Medicaid beneficiaries by ensuring that reimbursement rates are adequate to cover the costs of providing care. Continue to support the 1115 Transformation Waiver process initiatives developed by the Texas Health and Human Services Commission that maximize Medicaid federal matching funds. Build upon the performance improvements of 2010 in Medicaid and CHIP eligibility systems to fully eliminate delays, backlogs, and erroneous denials by assuring staffing levels, technical resources and processes are designed to meet or exceed federal processing standards. Support access to community care, women's health, and primary care.

Immunizations/Vaccinations - Revise the meningitis vaccine law by eliminating the requirement for students older than 22 to receive the meningitis vaccine. Ensure that the Department of State Health Services (DSHS) is the only agency empowered to grant exemptions to vaccination. Require DSHS to conduct an annual study on the impact of vaccine exemptions and the reasons why individuals claim exemptions.

Immunization Registry - Increase the efficiency and reduce the cost of the state's immunization registry, ImmTrac and modify the current consent process from an opt-in to an opt-out system.

Legislative Outcomes:

- ★ While new funding was added to women's healthcare, concerns remain as to whether or not programs – now funded with 100% state general revenue (as opposed to 90% federal funding) – can meet the demands.
- ★ The age requirement for the meningitis vaccine in institutions of higher learning was lowered.
- ★ The opt-out immunization registry, while passing out of the House with strong bipartisan support, did not receive a hearing in Senate Health and Human Services Committee.
- ★ The 2013 Texas Legislature failed to expand the state Medicaid program, pursuant to the Affordable Care Act (ACA), by failing to advance either stand-alone legislation or rider language which had been incorporated into the biennial appropriations bill. The June 2012 US Supreme Court decision upholding basic tenets of the ACA allowed states to opt out of Medicaid expansion without jeopardizing base federal Medicaid funding.

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